



USAA Federal Savings Bank
10750 McDermott Freeway
San Antonio, Texas 78288-0544

INDIVIDUAL RETIREMENT ACCOUNT DESIGNATION OF BENEFICIARY

What You Need To Do:

- Complete all applicable sections. Missing information may result in an ineffective designation of beneficiary.
- Sign the document where indicated.
- Return this document and any required attachments to USAA Federal Savings Bank.

Note: If a trust is being named as beneficiary, attach the trust document's first page and the trust document's signature page. You will also need to attach a completed USAA Memorandum of Trust form.

IRA Account Holder Information

Account Holder's Name

USAA Member Number

IRA Plan Selection

Select all that apply:

- ☐ Roth
☐ Traditional
☐ Inherited

Primary Beneficiary Information

I hereby revoke any Beneficiary Designation previously made with respect to this Plan. I hereby direct that in the event of my death any balance in my Individual Retirement Account(s) (IRA) be paid as indicated below. In the event of my death, pay benefits to the following or to the survivors thereof:

Note: If you are married and live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) and your spouse is not named as sole primary beneficiary, you should consult your legal adviser about how your state's community property law may affect the validity of your beneficiary designation. If no beneficiary is selected, the assets in the account will be paid according to the Custodial Agreement in effect at the time of death.

1. _____
Name Relationship to Account Holder

Address City State ZIP Code

Birth Date Social Security Number Phone Number Email Address

U.S. Citizen: ☐ Yes ☐ No (If "No" is selected, we may contact you to collect additional information.)

Percentage: _____ % (must be whole number)

2. _____
Name Relationship to Account Holder

Address City State ZIP Code

Birth Date Social Security Number Phone Number Email Address

U.S. Citizen: ☐ Yes ☐ No (If "No" is selected, we may contact you to collect additional information.)

Percentage: _____ % (must be whole number)

3. _____
Name Relationship to Account Holder

Address City State ZIP Code

Birth Date Social Security Number Phone Number Email Address

U.S. Citizen: ☐ Yes ☐ No (If "No" is selected, we may contact you to collect additional information.)

Percentage: _____ % (must be whole number)

4. _____
Name Relationship to Account Holder

Address City State ZIP Code

Birth Date Social Security Number Phone Number Email Address

U.S. Citizen: ☐ Yes ☐ No (If "No" is selected, we may contact you to collect additional information.)

Percentage: _____ % (must be whole number)

Secondary Beneficiary Information

If none of the primary beneficiaries survives me, pay benefits to the following or to the survivors thereof:

1.

Name	Relationship to Account Holder
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Address	City	State	ZIP Code
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Birth Date	Social Security Number	Phone Number	Email Address
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U.S. Citizen: ☐ Yes ☐ No (If "No" is selected, we may contact you to collect additional information.)

Percentage: _____ % (must be whole number)

2.

Name	Relationship to Account Holder
------	--------------------------------

Address	City	State	ZIP Code
---------	------	-------	----------

Birth Date	Social Security Number	Phone Number	Email Address
------------	------------------------	--------------	---------------

U.S. Citizen: ☐ Yes ☐ No (If "No" is selected, we may contact you to collect additional information.)

Percentage: _____ % (must be whole number)

3.

Name	Relationship to Account Holder
------	--------------------------------

Address	City	State	ZIP Code
---------	------	-------	----------

Birth Date	Social Security Number	Phone Number	Email Address
------------	------------------------	--------------	---------------

U.S. Citizen: ☐ Yes ☐ No (If "No" is selected, we may contact you to collect additional information.)

Percentage: _____ % (must be whole number)

4. _____
Name Relationship to Account Holder

Address City State ZIP Code

Birth Date Social Security Number Phone Number Email Address

U.S. Citizen: ☐ Yes ☐ No (If "No" is selected, we may contact you to collect additional information.)

Percentage: _____ % (must be whole number)

Agreement With USAA Federal Savings Bank

I understand this Change of Designation of Beneficiary will be effective as of the date it is received by the Custodian, provided that it is complete and acceptable to the Custodian, and that upon any change of beneficiary, the right of all previously designated beneficiaries to receive benefits under this Plan shall cease.

I retain the right to revoke this designation of beneficiary and to designate a new beneficiary at any time by communicating to the Custodian in writing.

IRA Account Holder's Signature Date (MM/DD/YY)

Delivery Instructions

Choose one of the following methods to return the completed form:

USAA Mobile App: Simply log on to usaa.com, then:

1. Select the profile icon with your initials. **Android only:** Select "Inbox."
2. Select "Send Documents to USAA."
3. Select "Upload Documents."
4. Select "Banking" as recipient.
5. Attach necessary files then select "Add Attachments to Continue."
6. Once you've added all of your documents, select "Upload."

Online: Simply log on to usaa.com, then:

1. Select the profile icon with your initials.
2. Select "Inbox."
3. Select "Send Documents to USAA."
4. Select "Upload Documents."
5. Select "Banking" as recipient.
6. Attach necessary files then select "Add Attachments to Continue."
7. Once you've added all of your documents, select "Upload."

Mail: USAA Federal Savings Bank
10750 McDermott Freeway
San Antonio, Texas 78288-0544

Fax: 800-531-5717