

USAA Deployment Assistance™

ADVICE & ASSISTANCE CHECKLIST

» Banking

Yes	No	N/A	Review	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you established a method to pay bills while deployed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Can you transfer funds from one account to another or bank-to-bank while deployed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have you established overdraft protection?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Can your spouse/legal representative obtain an emergency loan while you are deployed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Does your spouse/legal representative have a point of contact for financial problems if they arise while you are deployed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Does your spouse/legal representative have a Power of Attorney to conduct your banking business while you are deployed, or if you should become incapacitated?

» Life Insurance

Yes	No	N/A	Review	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Do you have SGLI and is it properly designated for the person(s) you want to receive it, if you should die? What amount of SGLI do you have?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have the proper beneficiary designations in place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you have additional Life Insurance? Does your additional Life Insurance have a War Clause?

If Married:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you considered other insurance to supplement your family's security while deployed (spouse term life, etc)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Have you considered supplemental health insurance if your spouse is not near a military post?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Does your spouse have a point of contact to call if you are killed or disabled during a deployment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you and your spouse have an updated will?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are you aware of Dependency Indemnity Compensation payments to your family from the Veterans Affairs if you die?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Are you aware of potential survivor benefit payments to your family from the Social Security Administration?

➤ Automobile, Home & Property

Yes No N/A Review

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|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you established a method to pay bills while deployed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Will you leave your vehicle with someone or in a secure storage facility while you are deployed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you notified your car insurance company and checked to see if rates can be reduced? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Does your spouse/legal representative have someone to call for household repair advice? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does your spouse/legal representative have a phone number to call for an automobile accident or mechanical problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you developed home security measures while away? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a plan to cover major home system and appliance breakdowns? |

➤ Investments

Yes No N/A Review

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|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you checked your financial plans to see if you have invested properly for future deployments and future goals? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you continue to invest through the internet while deployed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you considered investing your extra income while deployed? |

If Married:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Does your spouse have access to investments or a money market fund for emergencies while you are deployed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does your spouse have a Power of Attorney to conduct your investment business while you are deployed, or if you should become incapacitated? |

➤ Other

Yes No N/A Review

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|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you identified a cost-effective method to communicate with your spouse, family or friends while you are deployed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you found out how to turn your cell phone off/on during the deployment period? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you checked to see if there will be internet capability while away? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you identified important dates (anniversary, birthdays, etc.) and developed a means to recognize them? |



WE KNOW WHAT IT MEANS TO SERVE®



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