



INSTRUCTIONS FOR CONTRACT CHANGE OR OWNERSHIP AUTHORIZATION REQUEST

If you want to make changes or assign a new owner to your contract, we need your signature.

You need to print, complete and sign this form to begin your change request for your life insurance, health insurance or annuity contract. Make sure:

- The notary and executed by dates are the same.
- If you're transferring contract ownership, you complete the citizenship information.
- If you're designating ownership authorization for an entity-owned contract, the country of registration is provided.

We can't process your request without this information.

After completing and signing the form, you can return it to us one of three ways: by upload, mail or fax.

Upload the completed and signed form through the USAA Mobile App or usaa.com:

From the USAA Mobile app:

1. Select the profile icon with your initials.
2. Select "Inbox" (Android only).
3. Select "Send documents to USAA."
4. Select "Upload other documents."
5. Follow the screen prompts.

From usaa.com:

1. Log on to your account.
2. Select the profile icon with your initials.
3. Select "Inbox."
4. Select "Send documents to USAA."
5. Select "Upload Documents."
6. Select "Life & Health Insurance/Annuities."
7. Select "Next."
8. Follow the screen prompts.

You can also mail to:

USAA Life Insurance Company
USAA Life Insurance Company of New York
9800 Fredericksburg Road
San Antonio, TX 78288

Or you can fax to:

210-498-3243 within the United States
877-435-7099 from outside the United States

Questions?

Call toll-free in the United States:

Life Insurance and Fixed Annuities	800-531-8722
Life Claims and Benefits	800-531-8455
Medicare and TRICARE	800-531-6978
Variable Products Service	800-531-4265

**INSTRUCTIONS ONLY
DO NOT RETURN THIS PAGE**



CONTRACT CHANGE REQUEST

CONTRACT/POLICY NUMBER:	
ANNUITANT/PRIMARY INSURED'S FULL NAME: (If other than the Owner)	
ANNUITANT/RIDER INSURED'S FULL NAME: USAA NUMBER:	
OWNER'S FULL NAME: (If other than the Annuitant/Insured)	
OWNER'S USAA NUMBER:	Telephone Numbers:
Email Address: Note: Address, phone, and military rank changes can be made on usaa.com	Home: () _____ - _____ Work: () _____ - _____
NAME CHANGE: For: <input type="checkbox"/> Annuitant/Insured <input type="checkbox"/> Payor <input type="checkbox"/> Owner <input type="checkbox"/> Rider Insured <input type="checkbox"/> Other: _____ Reason for Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Adoption <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____	Signature Requirements and Other Instructions:
	<ul style="list-style-type: none"> ▪ Need owner's signature. ▪ This does not change the Owner, Primary Insured, Rider Insured or Payor for the contract.
Change From: _____	
Change To: _____ (Print New Name in Full)	
CHANGE MY BILLING FREQUENCY: Change my billing schedule to: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly	<ul style="list-style-type: none"> ▪ To change the payment method call 1-800-292-8556. ▪ Annual and Semi-Annual billing are not available for Medicare Supplement and Tricare Supplement policies.
POLICY LOAN REPAYMENT: Please start billing me directly to repay my policy loan for : Amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually Add to my current Automatic Payment Plan: Amount: \$ _____	<ul style="list-style-type: none"> ▪ For life insurance policy loans only. ▪ To start the Automatic Payment Plan, call 1-800-292-8556.

CONTRACT CHANGE REQUEST (continued)

<p>DELETE SUPPLEMENTAL INSURED: Please provide full names.</p> <p>Name: _____</p> <p>Name: _____</p>	<p>▪ Need Owner's signature</p>
<p>DELETE BENEFITS & RIDERS: Check all that apply:</p> <p><input type="checkbox"/> Accidental Death Benefit Rider</p> <p><input type="checkbox"/> Waiver of Premium Benefit</p> <p><input type="checkbox"/> Waiver of Monthly Deduction Benefit</p> <p><input type="checkbox"/> Child Rider</p> <p><input type="checkbox"/> Family Rider</p> <p><input type="checkbox"/> Spouse Rider (for In Hospital Cash contracts)</p> <p><input type="checkbox"/> Increasing Coverage Benefit</p> <p><input type="checkbox"/> Level Term Rider</p>	<p>Need:</p> <ul style="list-style-type: none"> ▪ Owner's signature ▪ Irrevocable Beneficiary's Signature (if applicable)
<p>REDUCING COVERAGE: *Not applicable for: Whole Life or Health Insurance</p> <p>Check one and indicate new reduced amount.</p> <p><input type="checkbox"/> Reduce the base coverage for this contract to \$ _____</p> <p><input type="checkbox"/> Reduce the Term Rider coverage to \$ _____</p> <p><input type="checkbox"/> Reduce the Accidental Death Benefit coverage to \$ _____</p>	<p>Need:</p> <ul style="list-style-type: none"> ▪ Owner's signature ▪ Irrevocable Beneficiary's Signature (if applicable)
<p>CHANGE DIVIDEND OPTION: Check one:</p> <p>_____ Purchase Paid-up Additions</p> <p>_____ Reduce Premiums</p> <p>_____ Accumulate with Interest</p> <p>_____ Cash</p> <p>_____ Loan Repayment (Please give a secondary option when the loan is paid in full)</p> <p>Secondary Option _____</p>	<p>Need:</p> <ul style="list-style-type: none"> ▪ Owner's signature ▪ Irrevocable Beneficiary's Signature (if applicable) ▪ Collateral Assignee's signature or release of assignment (if applicable) ▪ Dividends are paid on the contract anniversary ▪ Dividends are not guaranteed.
<p>SIGNATURES:</p>	
<p>_____ Signature of Owner</p>	<p>_____ Date</p>
<p>_____ Signature of Joint Owner (If applicable)</p>	<p>_____ Date</p>
<p>_____ Signature of Irrevocable Beneficiary (If applicable)</p>	<p>_____ Date</p>
<p>_____ Signature of Rider Irrevocable Beneficiary (If applicable)</p>	<p>_____ Date</p>
<p>_____ Signature of Collateral Assignee (If applicable)</p>	<p>_____ Date</p>