



INSTRUCTIONS FOR COMPLETING FORM

INSTRUCTIONS FOR ELECTRONIC PAYMENT PLAN FORM

If you want us to automatically withdraw your payment from your account, we need your signature.

You need to print, complete and sign this form to begin your request.

After completing 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
877-535-7099 from outside the United States

Questions?

Call toll-free in the United States: 800-531-8722



ELECTRONIC PAYMENT PLAN

Your approval will allow us to automatically withdraw your payment from your account.

Name of Annuitant _____

USAA Number _____

Contract Number _____

Both USAA Life Insurance Company and USAA Life Insurance Company of New York are referred to as USAA Life in this form.

I authorize USAA Life to draft my account _____ (frequency) on the ____ day of the month.
Amount \$ _____

Name of Account Holder	
Financial Institution	
Routing Code	
Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Bank Money Market	

One-time Contribution for **Previous Tax Year** Amount \$ _____

Name of Account Holder	
Financial Institution	
Routing Code	
Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Bank Money Market	

One-time Contribution for **Current Tax Year** Amount \$ _____

Name of Account Holder	
Financial Institution	
Routing Code	
Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Bank Money Market	

One-time **Rollover** Amount \$ _____

Name of Account Holder	
Financial Institution	
Routing Code	
Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Bank Money Market	

I hereby authorize USAA Life to make electronic withdrawals from and deposits to my account as shown above until I notify USAA Life that I revoke this authorization and USAA Life has reasonable time to act on such notice. I understand that the origination of Automated Clearing House (ACH) transactions to and from my account must comply with all applicable laws.

Signature of Account Holder

_____/_____/_____
Date

USAA LIFE INSURANCE COMPANY 9800 Fredericksburg Road San Antonio, Texas 78288
USAA LIFE INSURANCE COMPANY of NEW YORK Service Center 9800 Fredericksburg Road San Antonio, Texas 78288
For inquiries, call us at 800-531-8722.