



FIXED ANNUITY TO ROTH IRA CONVERSION REQUEST

1. ACCOUNT INFORMATION			
Name			
Address			USAA Number
City	State	Zip	USAA Contract Number (if applicable)

2. TYPE OF RETIREMENT ACCOUNT			
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> 403(b)

3. TYPE OF ROTH IRA CONVERSION I WANT:			
<input type="checkbox"/> I elect to internally convert my entire fixed annuity to a Roth IRA annuity (this is a full conversion and your contract number will not change, but the status of your contract will change to a Roth IRA. If you are of Required Minimum Distribution age; this must be disbursed, prior to conversion.)			
<input type="checkbox"/> I elect to convert and place monies into my existing Roth IRA annuity - contract number: _____			
<input type="checkbox"/> I elect to submit a new application and start a new Roth IRA annuity.			

Complete step 4 and 5 if you are requesting to move an annuity contract that is outside USAA and you would like to move the funds into USAA.

4. INFORMATION ABOUT THE ACCOUNT YOU ARE CONVERTING			
Name of Current Custodian/Bank		Name of Contact Person (if known)	
Address	City	State	Zip
Phone Number	Fax Number (if available)	Contract Number	

5. INSTRUCTIONS TO PRESENT CUSTODIAN (Required for all requests)	
I authorize and direct the custodian or trustee of my account to distribute the amount stated below, less any fees and expenses, to USAA Life Insurance Company. (REMIT IN CASH - DO NOT SEND CERTIFICATES OR RE-REGISTER ACCOUNTS.) I also ask that you send any documentation requested with respect to this transaction.	
<p>Check one (required):</p> <input type="checkbox"/> Full Conversion Note: We will stop any automatic contributions upon conversion of your contract. Automatic contributions into your new Roth IRA contract will need to be established. Government allotments will be moved to your new contract. If you would like to make changes to the existing allotment contact the Finance Center. Please liquidate all and send cash	<p>Check one (required):</p> <input type="checkbox"/> Partial Conversion Note: All automatic contributions and government allotments will remain as-is unless we receive additional instructions from you. Please liquidate \$ _____ or _____ % <input type="checkbox"/> Liquidate and send upon maturity date ____ / ____ / ____ <input type="checkbox"/> Liquidate and process immediately

6. INSTRUCTIONS TO PRESENT CUSTODIAN (Required for all requests) - (Continued)

If CHECK is used:

Mail checks directly to:
USAA LIFE INSURANCE COMPANY
P.O. Box 34030
San Antonio, Texas 78265-9933

Make checks payable to:
USAA LIFE INSURANCE COMPANY
FBO (Owner's Name)

If WIRE* is used:

JPMorgan Chase Bank, N.A.
ABA Transit Routing: #021000021
Account Number: 662634385
Account Name: USAA Life Insurance Company

FBO (Owner's Name) _____
Owner's USAA# _____
Contract#: (if known) _____

* A wire fee may be assessed by your current custodian.

7. THINGS TO CONSIDER

Tax Consequences may result from the limits and conditions set forth by the Internal Revenue Code and IRS regulations. We do not offer tax advice. We recommend you consult your tax advisor. If distributions are made prior to 59 1/2, you may be subject to IRS premature withdrawal penalties.

Required Minimum Distributions must be disbursed prior to conversion. Conversion into Roth-IRAs cannot be reversed once processed.

8. YOUR AUTHORIZATION

I wish to convert the assets as indicated. I understand that I am responsible for determining my eligibility to convert within the limits set forth by IRS regulations. I assume full responsibility for this transaction. I understand I must complete and submit my tax return to substantiate the conversion. I understand this conversion cannot be reversed back to the original retirement plan.

Signature

Date

9. USAA LIFE INSURANCE COMPANY ACCEPTANCE

USAA Life Insurance Company hereby accepts the transfer of funds as requested above.



Authorized Officer Signature

Date