EASY INSTRUCTIONS FOR FIXED ANNUITY

TRADITIONAL TO ROTH IRA CONVERSION REQUEST

1. **Print, complete, sign, and date** this form for a full or partial conversion of your Traditional IRA to a Roth IRA.

Mail the completed form to: USAA Life Insurance Company USAA Life Insurance Company of New York (Service Center) P.O. Box 34030 San Antonio, TX 78265-9933

If you have questions regarding the form, or if you would like to talk to a USAA Life representative, please call us toll-free in the United States at 1-800-531-USAA (8722).

INSTRUCTIONS ONLY DO NOT RETURN THIS PAGE



FIXED ANNUITY TO ROTH IRA CONVERSION REQUEST

1. ACCOUNT INFORMATION						
Name						
Address		JSAA Number				
City State	Zip U	ISAA Contract Number (if applicable				
2. TYPE OF RETIREMENT ACCOUNT						
□ Traditional IRA □ SEP IRA □ SIMPLE IRA □ 403(b)						
3. TYPE OF ROTH IRA CONVERSION I WANT:						
 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.). I elect to convert and place monies into my existing Roth IRA annuity - contract number: I elect to submit a new application and start a new Roth IRA annuity. 						
4. INFORMATION ABOUT THE ACCOUNT YOU	ARE CONVERTING (Requ	uired if other than USAA)				
Name of Current Custodian/Bank		Name of Contact Person (if known				
Address C	Sity	State Zip				
Phone Number Fax Numl	per (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 of New York. (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.						
Check one (required): 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	government allotme unless we receive from you. Please liquidate \$	ic contributions and ents will remain as-is additional instructions or% upon maturity date/ /				

USAA LIFE INSURANCE COMPANY of NEW YORK Service Center 9800 Fredericksburg Road San Antonio, Texas 78288 Toll Free 1-800-531-USAA (8722) In San Antonio (210)456-9002

5. INSTRUCTIONS TO PRESENT CUSTODIA If CHECK is used: Mail checks directly to: USAA LIFE INSURANCE COMPANY of NEW YORK P.O. Box 34030 San Antonio, Texas 78265-9933 Make checks payable to: USAA LIFE INSURANCE COMPANY of NEW YORK FBO (Owner's Name)	If WIRE* is used: JPMorgan Chase Bar ABA Transit Routing: Account Number: Account Name: FBO (Owner's Name) Owner's USAA# Contract#: (if known)	nk, N.A. #021000021 662634575 USAA Life Insurance Company of NEW YORK
6. THINGS TO CONSIDER Tax Consequences may result from the limits regulations. We do not offer tax advice. We re prior to 59 1/2, you may be subject to IRS prem	commend you consult your ta	

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

7. INCOME TAX WITHHOLDING

By electing to convert your contract to a Roth IRA, you are authorizing the custodian to create a taxable distribution. This distribution will be subject to federal income tax withholding at a rate of 10%, unless you elect not to have withholding apply by checking the box below. Depending on your state of residence, state withholding may also apply. Any amounts withheld will generally be taxable and if done prior to 59 1/2, you may be subject to IRS premature withdrawal penalties. We suggest you consult your tax advisor.

□ NOT withhold federal income tax (or state income tax, if applicable)

Withhold	income	tay as	follows
vviumoiu	IIICOIIIE	iax as	5 10110 105.

Federal standard rate (10%)

or 🗌 % rate

State	standard rate, if applicable	or	% rate
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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 OF NEW YORK ACCEPTANCE

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

Authorized Officer Signature

Date