INSTRUCTIONS FOR RETURNING FORMS

You need to print, complete, and sign and date this 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.
- 2. Select "Inbox" (Android only).
- 3. Select "Send documents to USAA."
- 4. Select "Upload documents."
- 5. Follow the screen prompts.

From usaa.com:

- 1. Log on to your account.
- 2. Select the profile icon.
- 3. Select "Inbox."
- 4. Select "Send documents to USAA."
- 5. 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: 800-531-8722



IRA RECHARACTERIZATION REQUEST

Name:	USAA Number:	_
	(First, Middle Initial, Last)	
1. RECHARACTERIZATION OF CONTRIBUTIONS		
Note:	Recharacterizations are allowed until the due date of the tax return, including extensions. Accrued earnings will be added to the recharacterization amount.	
	contributed to my IRA contract number:	
	now wish to recharacterize a contribution.	
	Contribution Amount: \$	
	Contributed for Tax Year:	
	☐ Change the contribution from my Roth IRA to the Traditional IRA below (choose one)	
	Existing Traditional IRA, contract number	
	New Traditional IRA (application required)	
OR	☐ Change the contribution from my Traditional IRA to the Roth IRA below (choose one)	
	Existing Roth IRA, contract number	
	New Roth IRA (application required)	
2.	ECIAL INSTRUCTIONS	
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RECHA	ACTERIZATION GUIDELINES	
may res	eceive your request for recharacterization by your tax filing deadline, including extensions. Tax consequence from the limits and conditions set forth by the Internal Revenue Code and regulations. We do not offer to recommend you consult your tax advisor.	
AUTHO	<u>ATION</u>	
recharac	echaracterize the assets as indicated above. I understand that I am responsible for determining my eligibility ize within the limits set forth by IRS regulations. I assume full responsibility for this transaction. I understand ete and submit my tax return together with IRS Form 8606 to substantiate the recharacterization.	
Signatur	Date	