



USAA Life Insurance Company of New York
 Service Center
 9800 Fredericksburg Road
 San Antonio, Texas 78288

IRA TRANSFER REQUEST

NOTE: Do not use this form for direct rollovers (employer-sponsored plan to another qualified plan) or for a Traditional IRA to Roth IRA conversion.

ACCOUNT OWNER INFORMATION (Please type or print in black ink)			
First Name	Middle Initial	Last Name	USAA Number (if any)
Street Address		City	State Zip
Social Security		Daytime Phone Number	

INFORMATION ABOUT THE IRA YOU ARE TRANSFERRING (Required)			
Name of Current Custodian/Bank		Name of Contact Person (if known)	
Address		City	State Zip
Phone Number	Current IRA Type: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP		
Fax Number (if available)	Account number(s) of the IRA(s)		

INSTRUCTIONS TO PRESENT CUSTODIAN	
I authorize transfer of 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. I understand this transfer will be treated as a non-taxable transfer.	
Check one (required): <input type="checkbox"/> Please liquidate all and send cash <input type="checkbox"/> Please liquidate \$ _____ or _____%	Check one (required): <input type="checkbox"/> Liquidate and send upon maturity date <u> / / </u> <input type="checkbox"/> Process immediately
<input type="checkbox"/> SEND CHECK 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) _____	<input type="checkbox"/> WIRE* JPMorgan Chase Bank, N.A. ABA Transit Routing: #021000021 Account Number: 662634575 Account Name: USAA Life Insurance Company of New York FBO (Owner's Name) _____ Owner's USAA# _____ Contract#: (if known) _____ *A wire fee may be assessed by your current custodian.

507673-0823

EXISTING USAA LIFE INSURANCE COMPANY OF NEW YORK CONTRACT INFORMATION

Transfer assets to a USAA Life Insurance Company of New York for: <input type="checkbox"/> Traditional IRA contract number _____ <input type="checkbox"/> Roth IRA contract number _____ <input type="checkbox"/> SEP-IRA contract number _____	Date of your first Roth IRA contribution (if known). _____
---	---

IMPORTANT INFORMATION

If applicable, your Required Minimum Distribution (RMD), may be processed prior to transferring your IRA to USAA Life Insurance Company of New York. You are still required to satisfy the RMD with respect to the transferor IRA. Generally, you may satisfy the RMD by taking a distribution from any IRA you own under the IRA aggregation rules and regulations. However, we recommend you check with your Tax Advisor for more information about Required Minimum Distribution payments.

***Required Minimum Distribution (RMD)

If you are of RMD age in the year of this request or currently subject to RMDs AND transferring a Traditional or SEP-IRA annuity)

- Please distribute my Required Minimum Distribution prior to transferring my Traditional or SEP-IRA account to USAA Life Insurance Company of New York.
- Please transfer my Traditional or SEP-IRA account, including my Required Minimum Distribution.
- Please transfer the full balance of the Traditional or SEP-IRA account. My Required Minimum Distribution has already been satisfied for the current tax year.


Please provide USAA Life Insurance Company of New York with the Fair Market Value of the transferring IRA as of December 31 of the prior calendar year \$_____

YOUR AUTHORIZATION

_____ Signature of Contract Owner	_____ Date
--------------------------------------	---------------

USAA LIFE INSURANCE COMPANY OF NEW YORK ACCEPTANCE OF INDIVIDUAL RETIREMENT ANNUITY

USAA Life Insurance Company of New York hereby accepts the transfer of assets

 _____ Authorized Officer Signature	_____ Date
--	---------------