



USAA Life Insurance Company
USAA Life Insurance Company of New York

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



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

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

Name of Insured _____

USAA Number _____

Contract Number _____

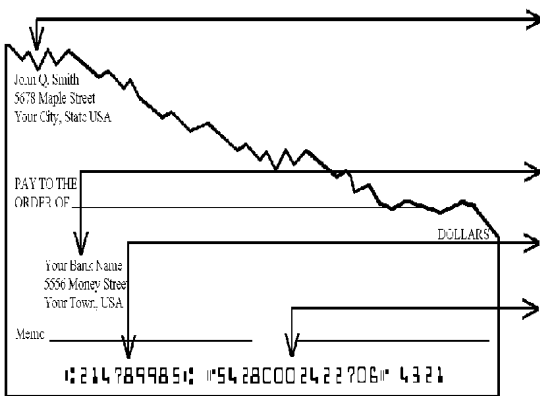
Your approval will allow USAA Life to automatically withdraw your payment from your bank account each month.

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

- Please read and submit this Authorization Form for Automatic Payment Plan along with your application, if applicable. Retain a copy for your records.
- Please list all USAA Life contracts you would like paid from this bank account.

PAYOR'S USAA NUMBER	CONTRACT/CERTIFICATE NUMBER	DRAFT AMOUNT/PLANNED CONTRIBUTION
		<input type="checkbox"/> Premium Contribution <input type="checkbox"/> Loan
		<input type="checkbox"/> Premium Contribution <input type="checkbox"/> Loan
		<input type="checkbox"/> Premium Contribution <input type="checkbox"/> Loan
		<input type="checkbox"/> Premium Contribution <input type="checkbox"/> Loan

- If you wish USAA Life to draft your account on a specific date each month, please indicate the date here: _____ Please draft on the _____ day of the month (Choose 1 - 28).
- Provide us with the information, as illustrated below, or send a voided check:



_____ Name(s) of account holder(s)

_____ Name(s) of account holder(s)

_____ Financial Institution (must be complete name)

_____ Bank Routing Code (nine digits)

Bank Account Number: Checking Savings

_____ Check Number

34559-0722
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5. I hereby authorize USAA Life to make electronic withdrawals and deposits to my account to pay premiums for the contract reflected above until I notify USAA Life that I revoke this authorization and USAA Life has reasonable time to act. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with all applicable laws.

Signature of Account Holder

Date / /

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

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