

Online: usaa.com

## USAA LETTER OF INSTRUCTION (LOI) FORM

This form is intended for you to provide necessary instruction on disbursement of a deceased member's banking accounts (checking, saving, non-IRA Certificate of Deposit only). Please attach any additional supporting information as necessary. All fields are required to be filled in, unless noted otherwise. If the field doesn't apply enter "N/A."

If you have any questions, please call our Bank Survivor Relations Team at 855-204-0378.

Section A: Deceased Account C	Owner's Information	on:		
Deceased Member's Name:				
Decedent's Date of Birth:				
Decedent's USAA Member Num	ber or Social Secur			
Decedent's Account Number(s)	(If unavailable, jus	t write "All USAA Bar	nk Accounts"):	
Section B: Your Information				
If we require additional docume the address and/or phone numb check, unless otherwise specifie	oer you provided. I	f applicable, the addr	ress provided will be used to s	
Your Name:				
Your Phone Number:				
Your Address:				
	City	State	Zip	
Please select one of the below of applicable to your case, select a below.				
[ ] Executor/Administrator of	the Estate			
(Supporting documents include Letter of	of Testamentary/Admin	istration issued by the cou	urt clerk.)	
[ ] Designated Payable On Dea	ath (POD)/Benefic	iary		
(If multiple PODs are listed on the accou	unt, a completed and sig	gned LOI is needed from e	every POD beneficiary.)	
[ ] Surviving Account Owner/S	Surviving Trustee			
[ ] Successor Trustee				
(Supporting documents may include, bu	ıt are not limited to, Tru	ust Documents, Certificatio	on of Trust.)	
[ ] Other Authorized Person _				
(Supporting documents may include, bu Administration etc.)	ıt aren't limited to, Sma	all Estate Affidavit. Affidavi	it of Collection of Personal Property,	Affidavit in Lieu of

Section C: Account Closure Instru	<u>ictions</u>			
[ ] Internal Transfer into a USAA	Checking/Savings acc	count.		
(The following account types aren't eligible Youth Accounts with no surviving adult acc		fer: Certificate of Deposits, Te	kas Uniform Transfer to Minor	Accounts (TUTMA),
Please specify the USAA Member N	Name/Member Numbe	er and full account numb	oer.	
Member Name (Or Member Number	er):			
USAA Account Number:				
(Please note, we're unable to transfer funds credit card or insurance product.)	s to an external account or	to make payments towards ar	nother USAA product includin	g, but not limited to, a
[ ] Issue a check				
If you're the executor, administrate check should be made payable to:	or or other court appo	inted individual authoriz	zed to handle the estate	e, select whom the
[ ] Estate of the Deceder	nt			
[ ] Name of the Executor	r/Administrator of the	Estate		
(USAA can only allow the closing check to l check will be payable to "the estate of the o		f the decedent" or to the nam	ed executor of the estate. If n	nultiple executors,
[ ] Mail the check to:				
[ ] Address listed above	in Section B			
[ ] Other:				
	City	State	Zip	
Signature:			Date:	
Signature:			Date:	