

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 O	wner's Information:			
Deceased Member's Name:				
Decedent's Date of Birth:				
Decedent's USAA Member Num	ber or Social Securi	ty Number (Optio	onal):	
Decedent's Account Number(s)	(If unavailable, just	write "All USAA E	Bank Accounts"):	
Section B: Your Information				
If we require additional docume you at the address and/or phon an official check, unless otherwi	e number you provi	ided. If applicable	, the address provided will b	
Your Name:				-
Your Phone Number:				-
Your Address:				-
	City	State	Zip	-
Please select one of the below of below is applicable to your case on your selection below.				
Executor/Administrator o	f the Estate			
(Supporting documents include Letter c	f Testamentary/Adminis	stration issued by the	court clerk.)	
Online: usaa.com	C P	hone: 855-204-0378 ((TTY:711/TRS)	

Online: usaa.com	Phone: 85	55-204-0378 (TTY:711/TRS)	
	City	State	Zip
Other:			
Mudiess listed above III Se	CHOILD		
Address listed above in Se	ection R		
Mail the check to:			
(USAA can only allow the closing check to be paya executors, check will be payable to "the estate of the control of the contro		he decedent" or to the nam	ed executor of the estate. If multiple
Name of the Executor/Adr	ninistrator of the	Estate	
Estate of the Decedent			
whom the check should be made payable	ε ι υ .		
If you're the executor, administrator or o		ted individual authoriz	zed to handle the estate, select
Issue a check			
(Please note, we're unable to transfer funds to an elimited to, a credit card or insurance product.)	xternal account or to	make payments towards ar	other USAA product including, but not
USAA Account Number:			
Member Name (Or Member Number):			
Please specify the USAA Member Name/	Member Number	and full account numb	oer.
(The following account types aren't eligible for an i (TUTMA), Youth Accounts with no surviving adult a		: Certificate of Deposits, Te	kas Uniform Transfer to Minor Accounts
Internal Transfer into a USAA Chec	king/Savings acc	ount.	
Section C: Account Closure Instructions			
(Supporting documents may include, but aren't lim of Administration etc.)	ited to, Small Estate A	Affidavit, Affidavit of Collect	ion of Personal Property, Affidavit in Lieu
Other Authorized Person			
(Supporting documents may include, but are not lin	mited to, Trust Docum	nents, Certification of Trust.)	
Successor Trustee			
Surviving Account Owner/Survivin	g Trustee		
(If multiple PODs are listed on the account, a comp	leted and signed LOI	is needed from every POD b	peneficiary.)
Designated Payable On Death (PO	D)/Beneficiary		

Signature:	Date:
Signature:	Date: