OWNERSHIP AUTHORIZATION FORM



Dated _____

A separate **Ownership Authorization Form** must be completed for each entity-owned contract.

PART A. CONTRACT OWNER INFORMATION:
Contract OwnerContract Number (Name of Trust, Corporation, Association or Organization)
Social Security Number/ Tax ID NumberUSAA Number
Address
Insured/Annuitant (if other than the owner)
Social Security Number USAA Number
Owner is a: (check one)
Corporation/Professional Association
For Profit For Non-Profit
Trust Note: First and last /signature pages of the trust document should be on file to verify trust information. Trust Date
🗖 Business 🗖 Individual 🔲 Other
□ Partnership □ Sole Proprietorship □ Other
If ownership is non-U.S. registered, please provide required country of registration.
(Please specify if a non-profit or religious organization, non-incorporated association, etc.)
PART B. TRUSTEE(S) and/or INDIVIDUAL(S) AUTHORIZED OWNERSHIP RIGHTS: Please complete: names, titles, signatures of individuals authorized to exercise ownership rights regarding the contract described above.
Printed Name Position/Title
Physical/Residence Address, Street, City, State
Citizenship Social Security Number Date of Birth (mm/dd/yyyy)
Signature
Printed Name Position/Title
Physical/Residence Address, Street, City, State
Citizenship Social Security Number Date of Birth (mm/dd/yyyy)
Signature

USAA LIFE INSURANCE COMPANY 9800 Fredericksburg Road San Antonio, Texas 78288 USAA LIFE INSURANCE COMPANY of NEW YORK Service Center 9800 Fredericksburg Road San Antonio, Texas 78288 25569-02

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TRUSTEE(S) and/or INDIVIDUAL(S) AUTHORIZED OWNERSHIP RIGHTS (continued):

Please complete: names, titles, signatures of individuals authorized to exercise ownership rights regarding the contract described above.

Printed Name Position/Title		
Physical/Residence Address, Street, City, State		
Citizenship	Social Security Number Date of Birth (m	m/dd/yyyy
Signature		
low many of the above authorized signatures will be necess	ary to exercise ownership rights?	
Unless otherwise specified, ownership rights will be give ne joinder or consent of the other(s).)	n to any one of the individuals named above	without
ART C. CERTIFICATION SIGNATURE(S)		
Print Full Name	, certify that I am Position/Title	
f	, and by my signature below, do furth	
Name of Trust, Corporation, Association, Organization		ler certify
that I have the authority to designate the aforemention rights and duties of the owner of this contract with organization. I specifically instruct the Company that designee(s) listed on this form. By my signature below hereby held harmless from any liability that may arise, upon these instructions I understand that, in complyin require such instructions to be in writing and signed by the	the company nominally owned by the aforeme it may act in reliance upon the instructions , and on behalf of the Owner of the contract, U be alleged or be levied against it for acting in g with the instructions of my designee(s), USA	entioned of my JSAA is reliance
Signature of Irrevocable Beneficiary * (If any) Date	Signature of Collateral Assignee (If any)	Date
Signature of Irrevocable Beneficiary * (If any) Date Signature	Signature of Collateral Assignee (If any) Position/Title	Date Date