



SPECIAL POWER OF ATTORNEY AND AUTHORIZATION

What you need to do:

- Print in black ink.
- Complete all required questions.
- Sign where indicated.
- Return this form in the enclosed envelope.

STATE OF _____

COUNTY OF _____

I, _____
Your Name

Your Street Address/City/State/Zip

do hereby make, constitute and appoint:

Name

Street Address/City/State/Zip

Telephone Number

as my true and lawful attorney in fact to act in my name, place and stead as set out herein.

The attorney in fact named herein is empowered to perform any and all acts whatsoever requisite and necessary in connection with, arising out of, or relating to my insurance policies, coverages and transactions with United Services Automobile Association (USAA), and any other insurer in the USAA group with the following exceptions:

- (1) named insured's signature required on any application or subscriber's agreement or,
- (2) rejections or reductions of coverage which the law requires the named insured to make in writing.

USAA and any other insurer in the USAA group is authorized to act upon the instructions of said attorney in fact and I hereby authorize the release of any information concerning my USAA account to said attorney in fact. The authority of my attorney in fact specifically (CHECK ONE) _____ includes _____ excludes the authority to settle claims.

I hereby specifically instruct that all premium notices concerning any insurance policies I have with the USAA group be mailed to (CHECK ONE) _____ my attorney in fact at the above address _____ me personally at the above address.

The authority of said attorney in fact shall commence as of the date hereof and shall continue in force until revoked by me in writing delivered to USAA. I agree that USAA may handle transactions with me personally from time-to-time and that such acts will not constitute a revocation of this Power of Attorney.

Dated this _____ day of _____ 20 _____

Signature

Name