



United Services Automobile Association  
9800 Fredericksburg Road  
San Antonio, Texas 78288

# USAA POWER OF ATTORNEY

## Important Information. Please Read.

**General.** This USAA POWER OF ATTORNEY is intended to be used by you to permit another person to conduct most transactions on personal USAA accounts that you, as Grantor, could conduct yourself. For example, you may want your agent (or "**Attorney-in-Fact**") to have access to your bank accounts, control over a life insurance policy you own or to take care of your auto and property transactions on your behalf. It provides your Attorney-in-Fact access to all of your business with USAA and allows USAA and its affiliated companies to treat the signature of your Attorney-in-Fact as though it were your signature. For this reason, it is important that you designate a trusted family member or friend as your Attorney-in-Fact under this document. The use of this form is limited to USAA business only and would not be considered a general power of attorney. This USAA POWER OF ATTORNEY form will be accepted by all USAA companies for most business transactions with USAA companies. You may check the specific box for each line of business to authorize your Attorney-in-Fact to transact business with USAA applicable to the designated line of business.

**Other Powers of Attorneys.** If you have a military power of attorney (acceptable to USAA in most cases) or a power of attorney already on file at USAA, you may want to review it with your attorney to be sure it covers your business needs and is still in effect.

**Cautionary Note: Carefully read any power of attorney form before you sign it. Be sure to consult your attorney regarding its purpose and the legal rights that are affected by the grant of such power to another person.** Your particular circumstances may indicate the need for granting either broader or more restrictive rights than are provided for in this form. **This USAA POWER OF ATTORNEY is durable and is therefore valid and effective if you subsequently become disabled or incompetent.** In the event of your death, this USAA POWER OF ATTORNEY will terminate.

## LIMITATIONS ON THE USE OF THIS FORM INCLUDE:

- **Checkwriting Privileges.** If checkwriting privileges are needed on accounts with USAA Federal Savings Bank, separate signature cards (if applicable) will be sent to the person to whom you have granted limited powers to your account(s).
- **Authority Over Other Accounts.** For business accounts, trust accounts, estate accounts, guardianship or conservatorship accounts, UGMA or UTMA accounts, qualified tuition (529) plan accounts, Coverdell Education Savings Accounts or similar accounts, other documents and applicable laws may limit your ability to grant this authority to another person. In such instances, you should consult with an attorney as to the scope of your ability to grant such authority.

 Online: [usaa.com](http://usaa.com)

 Phone: 210-531-USAA (8722) • 800-531-8722

 Mobile: #8722

135713-0721

## Instructions to Complete the Form Below:

If you decide to use this USAA POWER OF ATTORNEY form, please read the instructions below:

1. Complete the Identification Form and the USAA POWER OF ATTORNEY form.
2. All required and applicable blanks must be filled in. If not, the USAA POWER OF ATTORNEY cannot be established until the information is provided. Your Attorney-in-Fact agrees to provide any additional information that USAA requires to be considered as a power of attorney on your behalf. If not applicable, mark N/A.
3. Your signature must be acknowledged before either a notary public or a person authorized under 10 USC § 1044a to perform a notarial act for members of the armed services.
4. If you do not include a termination date, it will be presumed to be in effect until either your death or a written or oral revocation is received by USAA.
5. You have the option of appointing an alternate attorney-in-fact to represent you in case your first appointee dies or is unwilling to serve. Written notification will be required to appoint the alternate attorney-in-fact. All required identifying information must be provided for the alternate Attorney-in-Fact as well as the primary.
6. If the Attorney-in-Fact does not provide the required information, the account may be locked or closed.

**It is important that you return the completed USAA POWER OF ATTORNEY form and the Identification Form by sending it to USAA, Power of Attorney Processing, P.O. Box 659464, San Antonio, TX 78265 or faxing the printed form to 800-531-8877. If you have any questions on how to complete this form, please contact your attorney or military legal office.**



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**Identification Form for You and Your Attorney-in-Fact**

**IMPORTANT INFORMATION.** Information about others associated with your membership, such as name, contact information, date of birth, occupation and military service, is collected on behalf of each of the USAA companies, and will be used for business purposes, including identification, verification of eligibility, and to market their products and services.

The following information is required so we can verify your Attorney-in-Fact and establish your Power of Attorney:

**Your (Grantor) Information**

Your Name:                      First    MI    Last

USAA Number    Social Security Number                      Date of Birth (mm/dd/yy)

**Your Attorney-in-Fact Information**

Name:                                      First    MI    Last

USAA Number (if applicable)    Social Security Number                      Date of Birth (mm/dd/yy)

Relationship to member (e.g., parent, spouse, child or friend)    Telephone Number

Physical Address (P.O. Box cannot be accepted)    City    State    Zip Code

Mailing Address (if different)    City    State    Zip Code

Employer's Name    Occupation/Type of Business

Employer's Address    City    State    Zip Code

Is your Attorney-in-Fact a senior political figure or family member or associate of a senior foreign political figure?

Yes     No

Is your attorney-in-fact a U.S. citizen?     Yes     No

If no, please specify country of citizenship \_\_\_\_\_ AND provide one or more of the following valid numbers:

U.S. Alien Identification Card Number    Passport Number Issued by Country of Citizenship

Resident Status:     Resident Alien     Non-resident Alien

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Provide Your USAA Number \_\_\_\_\_

**Successor Attorney-in-Fact Information (if applicable)**

Name: First MI Last

USAA Number (if applicable) Social Security Number Date of Birth (mm/dd/yy)

Relationship to member (e.g., parent, spouse, child or friend) Telephone Number

Physical Address (P.O. Box cannot be accepted) City State Zip Code

Mailing Address (if different) City State Zip Code

Employer's Name Occupation/Type of Business

Employer's Address City State Zip Code

Is your Attorney-in-Fact a senior political figure or family member or associate of a senior foreign political figure?  
 Yes  No

Is your attorney-in-fact a U.S. citizen?  Yes  No

If no, please specify country of citizenship \_\_\_\_\_ AND provide one or more of the following valid numbers:

U.S. Alien Identification Card Number Passport Number Issued by Country of Citizenship

Resident Status:  Resident Alien  Non-resident Alien

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### USAA POWER OF ATTORNEY

I, \_\_\_\_\_ ("Grantor"), presently stationed or residing at \_\_\_\_\_ (Address) desiring to execute this USAA POWER OF ATTORNEY, do hereby appoint \_\_\_\_\_

\_\_\_\_\_ (Name of Attorney-in-Fact), whose address is \_\_\_\_\_, as my Attorney-in-Fact. If my Attorney-in-Fact is no longer able to or is unwilling to serve as my legal representative, then I appoint \_\_\_\_\_ (Name of Successor Attorney-in-Fact), whose address is \_\_\_\_\_, to serve as my

Successor Attorney-in-Fact instead of the first named person. I intend for my Attorney-in-Fact to act for me and, in my name, to do all acts whatsoever concerning my property, accounts, policies and business relationships maintained, issued, managed, administered or held by United Services Automobile Association, or any of its subsidiaries or affiliates (collectively "USAA") necessary and advisable in the judgment of my Attorney-in-Fact and as permitted by law, as fully as I could do if personally present and acting, including but not limited to:

**ALL THE POWERS LISTED BELOW.** (By checking this box, ALL powers below apply. If this box is checked, do not check any other box below.)

OR

Check the specific authorized powers for each designated USAA line of business for which you want to grant powers.

**BANKING TRANSACTIONS**

- a) To deposit or withdraw for any purpose, in or from any bank or other financial institution, any funds, checks, or other credits which I now or hereafter may have on deposit or be entitled to, and to endorse, cash and receive the proceeds of any and all checks, vouchers, or other orders for money, to open or close accounts, and to receive statements, vouchers, notices or other documents from any bank or other financial institution concerning any and all accounts or banking transactions in my name or in which I may have an interest;
- b) To have access for all purposes to any or all safety deposit boxes or vaults rented in my name or in the names of any other person or persons and myself, with full power to use the same for safekeeping any property or papers, and to remove there from any time, or from time to time, all or any part of the contents of any such box or vault;
- c) To borrow money at an interest rate agreeable to my Attorney-in-Fact and pledge as security real or personal property of the principal necessary to borrow, pay, renew, or extend the time of payment of any of my debts;
- d) To receive bank statements, vouchers, notices, or similar documents from a financial institution and act with respect to them; and
- e) To continue, modify, or terminate an account or other banking arrangement made by me or on my behalf, including but not limited to changing automatic payment plan instructions for any loan payment or deposits.

**☐ INSURANCE TRANSACTIONS**

- (a) To pay the premiums, terminate any property or casualty policies or execute rights on an annuity or any contract of insurance presently owned by me or hereafter acquired;
- (b) To procure (subject to underwriting requirements) different or additional annuities or contracts of insurance on my life or with respect to protecting me or my property from ill health, disability, accident, liability or loss;
- (c) To exercise any election or conversion rights, and to demand, receive or obtain any money, dividend, or other thing of value to which I am or may become entitled as the proceeds or other return or profit arising out of any contract of insurance or of any one or more of the insurance transactions herein enumerated;
- (d) To establish or change policy and billing addresses, although my Attorney-in-Fact does not receive the power to change ownership or make a gift of the annuity or contract of insurance;
- (e) To establish or change beneficiary designations applicable to any life insurance policy or annuity contract that I own;
- (f) To receive all notices normally provided to the owner or named insured of any contract;
- (g) To apply for, receive delivery of, or amend any property and casualty insurance contract;
- (h) To execute documents accepting or rejecting insurance coverages;
- (i) To do all things necessary to the settlement of a claim, including but not limited to, the execution of releases, receipt of insurance proceeds, authorization of repairs to insured property, or execution of any documents necessary to transfer my interest in vehicles insured by USAA to effect loan payoff and salvage titling in the event that USAA determines that any such vehicle is a total loss or total theft;
- (j) To vote or designate a proxy to vote in matters placed before the members of USAA; and
- (k) To execute subscriber agreements containing limited powers of attorney to effectuate the procurement of insurance policies to be provided by United Services Automobile Association.

**GENERAL PROVISIONS APPLICABLE TO ALL SECTIONS**

- (a) All business transacted pursuant to this USAA POWER OF ATTORNEY for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my Attorney-in-Fact for the purpose of carrying out any of the foregoing powers, shall contain my name, followed by that of my Attorney-in-Fact and the designation, "Attorney-in-Fact." This includes, without limitation, the authority to sign up for (or suspend or cancel) electronic delivery of information, statements, confirmations, prospectuses, proxies, reports, bills, notices, disclosures, agreement forms, correspondence or other documents related to my USAA accounts and products, as well as electronic web bill pay.
- (b) I hereby ratify and confirm any and all instructions, transactions, trades, dealings, or other lawful acts done or caused to be done by my Attorney-in-Fact pursuant to this USAA POWER OF ATTORNEY.

(c) **This USAA POWER OF ATTORNEY is durable and is not affected by my subsequent disability or incapacity.**

(d) If the authority contained herein shall be revoked, or terminated by operation of law, without notice, I hereby agree for myself, my executors, administrators, heirs and assigns, in consideration of my Attorney-in-Fact's willingness to act pursuant to this USAA POWER OF ATTORNEY, to indemnify, save and hold my Attorney-in-Fact harmless from any loss suffered or any liability incurred by my Attorney-in-Fact in so acting after such revocation or termination without notice. Also, I hereby agree for myself, my executors, administrators, heirs and assigns, in consideration of USAA following the instructions or directions of my Attorney-in-Fact to indemnify USAA, its officers, directors, trustees, employees, agents, successors, heirs and assigns and hold each of them harmless from any and all liability, losses, related claims and costs, including attorney's fees, which may arise out of, in connection with, or Related to any and all instructions, directions, transactions, trades, dealings, or other acts done or caused to be done by my Attorney-in-Fact (or USAA's justified refusal to follow such instructions). Revocation of this USAA POWER OF ATTORNEY is not effective until USAA receives notice of the revocation as specified in this document.

(e) Notwithstanding my insertion of a specif expiration date herein, if on the specified expiration date below I shall be, or have been, carried in a military status of "missing", "missing-in-action" or "prisoner of war", then this USAA POWER OF ATTORNEY shall automatically remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status.

**TERMINATION**

**Expiration Date (Optional):** \_\_\_\_\_. **(No date indicates the document remains effective until written or oral revocation is received by USAA).** Unless sooner revoked or terminated by me by written notice addressed to USAA, 9800 Fredericksburg Road, San Antonio, Texas 78288, or by oral notice to a USAA member service representative, this USAA POWER OF ATTORNEY shall become NULL and VOID from and after the expiration date. Upon termination or revocation, I agree to change and/or reestablish my password and PIN for access to the usaa.com website, mobile.usaa.com and any other communication channel with USAA.

IN WITNESS WHEREOF, I have set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Grantor's Signature

**TO BE VALID, YOU (THE PERSON GRANTING THESE POWERS) MUST SIGN THIS FORM AS GRANTOR IN THE PRESENCE OF EITHER (1) A NOTARY PUBLIC OR (2) A PERSON AUTHORIZED BY 10 USC § 1044A TO PERFORM A NOTARIAL ACT FOR MEMBERS OF THE ARMED FORCES. FILL OUT ONLY ONE SECTION BELOW.**

**(1) CIVILIAN ACKNOWLEDGMENT**

State Of \_\_\_\_\_ (County/City/Parish \_\_\_\_\_)

I, \_\_\_\_\_ A Notary Public in and for the State aforesaid, do hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared \_\_\_\_\_ (GRANTOR), who signed and executed the foregoing USAA POWER OF ATTORNEY. IN WITNESS WHEREOF, I have hereunto set my hand and official seal this day and year above.

\_\_\_\_\_  
Notary Public My Commission Expires \_\_\_\_\_

**OR**

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**(2) MILITARY ACKNOWLEDGMENT**

IF ACKNOWLEDGED BEFORE A PERSON AUTHORIZED TO PERFORM NOTARIAL ACTS FOR MEMBERS OF THE ARMED FORCES by 10 USC § 1044a:

With the United States Armed Forces at: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned do hereby certify that on this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, personally appeared

\_\_\_\_\_ (GRANTOR), who signed and executed

the foregoing USAA POWER OF ATTORNEY. I do further certify that I am at the date of this certificate authorized under 10 USC § 1044a to perform notarial acts for members of the armed forces, and that by statute no seal is required on this certificate.

\_\_\_\_\_  
(ORGANIZATION AND STATION)

\_\_\_\_\_  
Signature of Person Authorized to Perform Notarial Acts  
(Name, Grade, Armed Force)

THE ATTORNEY-IN-FACT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.