



FIXED ANNUITY
**AUTHORIZATION FOR WITHDRAWAL
 FROM 403(b)/TSA CONTRACTS**
 PLEASE PRINT

Contract Owner		Social Security Number (required)	Date of Birth (required)
Address		Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	
City, State, Zip Code		Annuitant (if other than the Owner)	
Daytime Telephone Number () -	Fax Number	USAA No.	Contract No.

INSTRUCTIONS: Please select the appropriate choice in each of Sections I, II, III, and IV. For assistance, call an Annuity Service Representative at 1-800-292-8556. Sign the completed form in Section V and mail in the envelope provided to: USAA Life Insurance Company/USAA Life Insurance Company of New York, 9800 Fredericksburg Rd., San Antonio, Texas 78288.

SECTION I - DISTRIBUTION TYPE (Select One):

* Letter of Acceptance is required from IRA Company *

- PERSONAL
- DIRECT ROLLOVER TO A TRADITIONAL IRA FROM USAA LIFE TO ANOTHER CUSTODIAN
- INDIRECT ROLLOVER PAYABLE TO THE OWNER AND WITHIN 60 DAYS REINVESTED TO ANOTHER QUALIFIED PLAN
- PURCHASE SERVICE CREDITS

DISTRIBUTION AMOUNT (Select One):

- FULL AMOUNT (100%)
- GROSS PARTIAL AMOUNT \$ _____ (Including Taxes and Surrender Charges, if applicable.)

FEDERAL WITHHOLDING (Select One):

- I UNDERSTAND THE CUSTODIAN MUST WITHHOLD TAXES AT A FLAT 20% RATE
- I ELECT TO HAVE ADDITIONAL INCOME TAXES WITHHELD FROM MY 403(b) DISTRIBUTION AT _____ %

DISTRIBUTION OF PROCEEDS (Select One):

- PLACE INTO MY EXISTING USAA PLAN CONTRACT NUMBER _____
- SEND ME A CHECK BY REGULAR MAIL
- WIRE FUNDS TO MY BANK (subject to a wire fee)
- ELECTRONIC FUNDS TRANSFER TO MY BANK (no fee)
 Bank Name _____
 Bank ABA # _____ Account # to deposit into _____
 Name(s) on account _____

SECTION II - QUALIFYING EVENT (Select One):

- ATTAINED AGE** Participant is at least age 59 1/2.
- DISABILITY** Participant may take a distribution due to disability **ONLY** if the disability renders the participant unable to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. The individual must furnish proof of said disability from a licensed physician.
- TERMINATION OF EMPLOYMENT** Participant has terminated employment for reasons other than disability or death. Please have employer complete the Employer's Supplement.
- HARDSHIP** A participant may withdraw an amount necessary to meet a financial hardship. In order to determine the eligibility for hardship, you must complete Sections III and IV. **Employee contributions are prohibited for at least 6 months after receipt of a hardship distribution.**
- Pre-TAMRA** Participant desires to withdraw Pre-TAMRA deposits made prior to January 1, 1989.

SECTION III - HARDSHIP DISTRIBUTIONS (Select One):

COMPLETE ONLY IF HARDSHIP IS MARKED UNDER SECTION II QUALIFYING EVENT.

- MEDICAL CARE** Expense for medical care described in Section 213(d) previously incurred by the employee, the employee's spouse, or any dependents of the employee, or necessary for this person to obtain medical care described in Section 213(d).

- PURCHASE OF NEW HOME** Costs directly related to the purchase of a principal residence for the employee (excluding mortgage payments).

- TUITION** Payments of tuition, related educational fees, and room and board expenses for the next 12 months or post secondary education for the employee, spouse, children, or dependents.

- PREVENTION OF EVICTION** Payments necessary to prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage on the residence.

- OTHER** Other immediate and heavy financial need as described below which cannot be met through employee's existing resources.

SECTION IV

COMPLETE ONLY IF HARDSHIP IS MARKED UNDER SECTION II QUALIFYING EVENT.

In requesting a hardship withdrawal, the employee certifies that (please initial each)

- _____ (1) the distribution is not in excess of the amount of the immediate and heavy financial need of the employee, and
- _____ (2) the employee has exhausted all other available financial resources.

SECTION V - SIGNATURE(S) AS REQUIRED

Signature of Contract Owner

Date

Signature of Spouse (Required on **ERISA Plans**)

Date

Signature of Irrevocable Beneficiary (if any)
 Loan Assignee (if TSA loan taken)

Date