BENEFICIARY INFORMATION FORM

The following information is required by USAA Life Insurance Company when a beneficiary designation is requested on a Structured Settlement. This form should be completed and signed by the annuitant.

1.	Legal Name Annuitant					
2.	Social Security Number	r:				
3.	Annuitant's Date of Bi	rth:		Circle One:	Male	Female
4.	Home Telephone Nun	nber:				
5.	Home Address:	Street			_Apt	
		City	State	Zip		
6.	Beneficiary/Contingent h	peneficiary designation. I	f annuitant is a minor, beneficiary	must be the Estat	e of the	minor
	unless beneficiary is name		a martine to a marrow, beneficially	made so the Botal	e or the	IIIIIO
	PRIMARY:		CONTINGENT:			
	Name:		Name:			
	Relationship:		Relationship:			
	SS#:		SS#:	The contract of the second		
	Date of Birth:		Date of Birth:	***************************************		
	Address:		Address:	and the second s		
	City:	State:	City:	State: _		
	Phone:		Phone:			
			5			
Signature:			Date:			