



Automatic Deposit/Electronic Funds Transfer Program

Both USAA Life Insurance Company and USAA Life Insurance Company of New York are referred to as USAA Life in this form.

Through the Automatic Deposit and Electronic Funds Transfer program, USAA Life deposits TRICARE/Medicare supplement health claim, Income Replacement claim or annuity payments directly into your bank account. When you enroll in this program, you have many advantages!

- **Convenience** -- We can deposit claim or annuity payments directly into your bank or credit union account.
- **Security** -- If you are away from home, your payment doesn't sit in the mailbox, but is safely deposited in your account earning interest until you return.
- **Service** -- You gain access to your money sooner than if you have to wait for a check to come in the mail and then take or mail it for deposit. If your deposit is for a TRICARE, Medicare or Income Replacement claim, we'll notify you of the deposit on your explanation of benefits.
- **Flexibility** -- If you change banks or decide to cancel the service, just call us to complete the transaction.

To enroll, fill out and sign the authorization below.

Yes! I would like to take advantage of this program.

As a convenience to me (us), I (we) hereby authorize and direct USAA Life, and any Financial Institution it uses, to initiate electronic deposits (credits) of money owed by USAA Life for supplemental claims, Income Replacement claims or annuity payments at the financial institution listed below, and to initiate withdrawals (debits) if necessary for any deposit entries made in error. (We'll notify you before any withdrawal.) I (We) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until USAA Life has received notification from me (either of us) of its termination in such time and in such manner as to afford USAA Life a reasonable opportunity to act. I (We) also understand that if corrections in the amount of money deposited are necessary, it may involve an adjustment to my (our) account.

Provide us with the information as illustrated below.

John Q. Smith
5678 Maple Street
Your City, State USA

PAY TO THE ORDER OF _____

Your Bank Name
5556 Money Street
Your Town, USA

Memo _____

1: 2 1 4 78998 5: 1: 54 28000 24 22 706 1: 43 2 1

Name(s) of Account Holder(s): _____

Name(s) of Account Holder(s): _____

Financial Institution (must be complete name): _____

Bank Routing Code (nine digits): _____

Bank Account Number: Checking Savings _____

Check Number: _____

USAA Number _____ Date _____

Contract Number(s) _____

Signature of Account Holder(s) _____

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

17400-0802
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