



ERISA

Mutual Funds Section 403(b)(7) Account Application

IMPORTANT INFORMATION. Federal law requires us to obtain, verify, and record your name, address, date of birth, and other information that will allow us to identify you when you open an account and in certain other circumstances.

STEP 1: Verify and complete all applicable sections of the application. Make changes to incorrect information directly on this application.

STEP 2: Return completed, signed and dated application in its entirety and required documents (if applicable) to USAA. We must have your completed application BEFORE we can accept your contributions from your employer.

Please print in black ink.

Account Owner's Name (first, middle initial, last, suffix)				<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																							
Date of Birth (mm/dd/yyyy)	Social Security Number			USAA Number (if any)																							
Physical Address (P.O. Box cannot be accepted.)				City				State		Zip Code																	
Mailing Address				City				State		Zip Code																	
Residence Phone Number			E-Mail Address			Business Phone Number																					
Occupation			Name of Employer				Date of Hire																				
Employer's Address				City				State		Zip Code																	

Are you a senior foreign political figure or family member or associate of a senior foreign political figure? Yes No

If yes, senior foreign political figure's name _____

Citizenship

Are you a U.S. citizen? Yes No

If non-U.S. Citizen, indicate Residence Status: Resident Alien Non-resident Alien
If non-resident alien, please call 1-800-531-8722.

If Resident Alien, please specify country of citizenship _____ AND provide the following:

U.S. Permanent Resident Card Number (Required) _____ Expiration Date _____

Passport number issued by country of citizenship (Optional) _____ Expiration Date _____

Contributions by the individual employee directly into the 403(b)(7) are not permitted, since the law specifies that all contributions must be made by payroll deduction, unless an employee transfers or rolls over funds from another company to USAA mutual funds. If you are transferring an account, please follow the instructions on the Transfer Form.

The total contribution to the employee's 403(b)(7) during the first 12 months after its establishment must be at least \$250 per fund. USAA will not accept any contribution of less than \$25 per fund per month. Contributions will be invested in the fund as indicated below. Certain funds have minimum initial investments.

Fund names, fund codes and minimums are listed on the enclosed USAA Family of Funds listing. Please write in your selection(s). (PLEASE PRINT.)

Fund Name	Fund Code	Amount of Contribution Per Pay Period or %
Fund Name	Fund Code	Amount of Contribution Per Pay Period or %
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Please be sure to indicate a fund. If you do not, you have instructed us to deposit the entire unallocated portion of your investment in the USAA Treasury Money Market Trust (59).

NOTE: If you are married and live in a community property state and your spouse is not named as sole primary beneficiary, you should consult your legal advisor about how your state's community property law may affect the validity of your beneficiary designation. Under certain circumstances, if the Custodial Account is considered to be an ERISA plan, spousal consent is required in order to designate a beneficiary other than the Employee's spouse. Please check with your employer. (see section 4 below)

If you are naming a trust(s) as a primary or secondary beneficiary, please include the name of the trustee below.

If no beneficiary is designated, the assets in the account will be paid to the account owner's surviving spouse or, if there is no surviving spouse, then the account owner's estate.

A. Primary Beneficiary(ies) I hereby appoint and designate the following primary beneficiary(ies) for my 403(b)(7). The 403(b)(7) shall be paid to the primary beneficiary(ies) who survives you. If you appoint more than one primary beneficiary, such primary beneficiaries who survive you shall share in your 403(b)(7) equally, unless you state below a specific percentage of distribution to each primary beneficiary. (Note that all such specific percentages of distribution when added together must total 100%.) If for any reason the percentages do not total 100%, any remaining assets shall be divided equally among the surviving primary beneficiaries. If your account is distributable to multiple beneficiaries and, after allocating any remainder in accordance with the preceding sentence, the allocations total at least 99% but less than 100%, the remainder shall be allocated to the first beneficiary designated. If your account is distributable to multiple beneficiaries and, due to rounding or fractional shares, your account cannot be fully allocated to all such beneficiaries, any portion of your account that is not fully allocated due to such rounding or fractional shares shall be allocated to the beneficiary whom you have designated to receive the largest share or, if more than one beneficiary has been designated to receive the same largest share, to the first such beneficiary so designated. Allocation percentages may be specified or established in intervals of no smaller than .01%.

Primary Beneficiary Name (If trust, give name of trust and trustee)	% Distribution	Beneficiary's Date of Birth (Required) (mm/dd/yyyy)
Beneficiary's Relationship to Owner	Beneficiary's Social Security Number (or Tax ID Number)	
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Beneficiary's Relationship to Owner	Beneficiary's Social Security Number (or Tax ID Number)	

Attach an additional sheet of paper if more space is needed. **Each additional sheet must be signed and dated.**

B. Secondary (Contingent) Beneficiary(ies) I hereby appoint and designate the following secondary beneficiary(ies) for my 403(b)(7). The 403(b)(7) shall be paid to the secondary beneficiary(ies) who survive you only if you survive the primary beneficiary (or all of the primary beneficiaries, if you designate multiple primary beneficiaries). In that event, surviving secondary beneficiary(ies) shall share in the 403(b)(7) assets equally, unless you state below a specific percentage of distribution to each secondary beneficiary. (Note that all specific percentages of distribution when added together must total 100%.) If for any reason the percentages do not total 100%, any remaining assets shall be divided equally among the surviving secondary beneficiaries. If your account is distributable to multiple beneficiaries and, after allocating any remainder in accordance with the preceding sentence, the allocations total at least 99% but less than 100%, the remainder shall be allocated to the first beneficiary designated. If your account is distributable to multiple beneficiaries and, due to rounding or fractional shares, your account cannot be fully allocated to all such beneficiaries, any portion of your account that is not fully allocated due to such rounding or fractional shares shall be allocated to the beneficiary whom you have designated to receive the largest share or, if more than one beneficiary has been designated to receive the same largest share, to the first such beneficiary so designated. Allocation percentages may be specified or established in intervals of no smaller than .01%.

Secondary Beneficiary Name (If trust, give name of trust and trustee)	% Distribution	Beneficiary's Date of Birth (Required) (mm/dd/yyyy)
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Beneficiary's Relationship to Owner	Beneficiary's Social Security Number (or Tax ID Number)
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Secondary Beneficiary Name (If trust, give name of trust and trustee)	% Distribution	Beneficiary's Date of Birth (Required) (mm/dd/yyyy)
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Beneficiary's Relationship to Owner	Beneficiary's Social Security Number (or Tax ID Number)
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Attach an additional sheet of paper if more space is needed. Each additional sheet must be signed and dated.

If your Account receives employer contributions or is otherwise subject to the provisions of the Employee Retirement Income Security Act (ERISA), spousal consent will be necessary in certain circumstances. Please check with your employer about the spousal consent requirement and any additional beneficiary requirements specific to your plan. In the event a married participant designates someone other than his or her spouse as a primary beneficiary, the following Consent of Spouse must be completed and signed by the participant's spouse and witnessed by a notary public.

I am the lawful spouse of the participant. I hereby understand, acknowledge and agree to the following:

1. I hereby consent to my spouse's designation of the person(s) and/or entity(ies) designated herein as beneficiary(ies) to receive any and all benefits payable because of the death of my spouse including any and all distributions from this Account. I acknowledge the right of each beneficiary to elect the method of payment of the death benefit.
2. If this Consent of Spouse and waiver is in effect at the time of my spouse's death, I have hereby waived and given up any and all rights I might then have to any benefit payable under this Account as a result of my spouse's death, except to the extent that my spouse specifically names me a beneficiary herein.
3. This Consent of Spouse and waiver set forth herein is my free and voluntary act, may result in certain tax consequences to me and/or my spouse, and if I did not grant this Consent of Spouse and waiver, I would have had certain rights protected by law to have benefits payable to me if my spouse dies while married to me but prior to my spouse's commencement of benefits.
4. This Consent of Spouse and waiver set forth herein is irrevocable and will continue to be effective in the event of my incompetency.
5. My spouse may not change the designation of beneficiary set forth herein without my further consent.

X
 Spouse's Signature _____ Date (mm/dd/yyyy) _____ Spouse's Name (please print) _____

The foregoing Consent of Spouse was signed by the participant's spouse in my presence.
The following notarization must be executed.

I, _____, a notary public in _____ jurisdiction,

do hereby certify that _____ did personally appear before me and did acknowledge that he or she executed the foregoing Consent of spouse as his or her free act and deed.

Subscribed and sworn to before me this _____ day of _____, 20 ____ .

X _____
Notary Public Date (mm/dd/yyyy) Date Commission Expires

CUSTODIAN ACCEPTANCE: USAA Federal Savings Bank hereby accepts appointment as Custodian of the USAA Mutual Funds 403(b)(7) Custodial Account for the benefit of the Employee named above.

CUSTODIAN FEES: The Employee hereby appoints USAA Federal Savings Bank as Custodian and agree to pay the Custodian Fees as follows:

- **The Custodian charges a \$20 fee for total distribution. Exceptions to the fee are: partial distributions, total transfer within USAA, and distributions due to disability or death.**
- Unless otherwise paid by the Employee, fees will be deducted from the Custodial Account by the Custodian through redemption of sufficient Investment Company shares for this purpose.

EMPLOYEE ACCEPTANCE: I hereby agree to the terms and conditions set forth in the USAA Mutual Funds 403(b)(7) Custodial Account Agreement and Application and acknowledge receipt of the current prospectus(es) of the fund(s) in which an investment is being made. I certify that the Social Security Number/Taxpayer Identification Number provided on this application is correct. I understand I have exchange privileges on my 403(b)(7) Custodial Account as set forth in the prospectus(es) of the appropriate funds.

The Employee named below hereby establishes a Retirement Plan and Custodial Account under Internal Revenue Code Section 403(b)(7) in accordance with the terms of the Agreement for Salary Reduction between the Employee and the Employer and also according to the terms of the USAA Investment Management Company Mutual Funds Custodial Account Agreement. The Employee certifies that he/she has received, read and accepts in accordance with the terms thereof and with the following additional terms and conditions.

X _____
Signature of Participant (Required) Date (mm/dd/yyyy)

Charles B. Massey
Agent for Custodian, Charles B. Massey

Printed name of Participant

Please mail to:
USAA Investment Management Company
PO Box 659453
San Antonio, Texas 78265-9825

Please fax to:
USAA Investment Management Company
1-800-292-8177