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Ameriprise Financial Services, LLC, 70100 Ameriprise Financial Center, Minneapolis, MN 55474

Ameriprise Bank, FSB Deposit Products' Payable on Death (POD) Spousal Consent Form



Client ID	
	001

- This form should only be used for Ameriprise Bank, FSB deposit account(s) (each "Account") requiring spousal consent to add or change payable on death ("POD") beneficiaries.
- This form should be completed and signed if all the following conditions are present:
 - The Account owner is married, and the Account owner's spouse is living;
 - The spouse of Account owner is not the sole primary POD beneficiary named on Account(s) in the below "Ameriprise Bank, FSB Deposit Product Account(s) Number" section of this form; and
 - The Account owner and spouse are residents of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).
- · Complete all required fields of this form.

Owner and Account Information

- Fields denoted with "*" are required field of this form.
- Return completed and signed form by mail to Ameriprise Financial Services, LLC, 70100 Ameriprise Financial Center, Minneapolis, MN 55474.

Owner First Name MI Last Name

Ameriprise Bank, FSB Deposit Product Account(s) Number					
The POD beneficiary designations in this form apply only	to the Ameriprise Bank, FSB deposit account(s) you identify below				

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POD Beneficiary Designations

- This form will revoke all prior beneficiary designations, if any, on your Ameriprise Bank, FSB deposit accounts listed
 above in the "Ameriprise Bank, FSB Deposit Product Account(s) Number" section of this form and replace with the
 POD beneficiary(ies) you list in this section. If you want to keep your current POD beneficiaries, you must include
 them on this form.
- POD beneficiaries must be natural persons.
- Up to 5 POD beneficiaries may be added to each of your Ameriprise Bank, FSB deposit accounts included in the "Ameriprise Bank, FSB Deposit Product Account(s) Number" section of this form.
- POD Beneficiary SSN, TIN, or ITIN no foreign tax ID is allowed.

Beneficiary Name (Full Name) Address of Beneficiary*		Relationship* Date of Birth*	
	Email		
3			
	Re	lationship*	
		Date of Birth*	
State	ZIP Code	Social Security Number*	
	Email		
	Re	lationship*	
		Date of Birth*	
State	ZIP Code	Social Security Number*	
	Email		
	State	State ZIP Code Email Re State ZIP Code Email	

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ourth Beneficiary De							
Beneficiary Name (Full N	lame)				Relationsh	ip*	
Address of Beneficiary*					D	Date of Birth*	
City		State		ZIP Code		Social Security Number*	
Phone Number				il			
none Number				Email			
ifth Beneficiary Deta	ails						
eneficiary Name (Full N	neficiary Name (Full Name)			Relationship*			
ddress of Beneficiary*					Date of Birth*		
City		State		ZIP Code		Social Security Number*	
Phone Number				Email			
Account Owner							
v signing this form below I, the owners or provided by me I revoke all prior included in this I designate the	w: f Ameriprise Ba in this form is or beneficiary do form. natural person	complete and a esignations, if a as included in th	accurate. any, on my A ais form as p	Ameriprise Bank payable on death	, FSB deposit), certify that all information accounts (each "Account") on my Accounts included in this eriprise.com/disclosures.	
Account Owner By signing this form below I, the owners or provided by me I revoke all prior included in this I designate the form subject to	w: f Ameriprise Ba in this form is or beneficiary do form. natural person	complete and a esignations, if a as included in th	accurate. any, on my A ais form as p	Ameriprise Bank payable on death	, FSB deposit	accounts (each "Account") on my Accounts included in this	
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provided by me I revoke all prior included in this I designate the form subject to Owner Name Owner Signature X Spouse By signing this form belowed to the consent to the	w: f Ameriprise Ba in this form is or beneficiary de form. natural person the Ameriprise w: t I am the spout that I have rea POD beneficia my statutory or	complete and a esignations, if a sincluded in the Bank, FSB De assertions of the owner of the above PC by designations	r of the Ame	Ameriprise Bank rayable on death nt Agreement av eriprise Bank, FS ary designations	, FSB deposit n beneficiaries vailable on am SB deposit acc in this form. A	accounts (each "Account") on my Accounts included in this eriprise.com/disclosures.	
Account Owner by signing this form below I, the owners or provided by me I revoke all prior included in this I designate the form subject to Owner Name Owner Signature X Spouse I represent tha ("Owner"). I acknowledge consent to the I relinquish all included in this	w: f Ameriprise Ba in this form is or beneficiary de form. natural person the Ameriprise w: t I am the spout that I have rea POD beneficia my statutory or	complete and a esignations, if a sincluded in the Bank, FSB De assertions of the owner of the above PC by designations	r of the Ame	Ameriprise Bank rayable on death nt Agreement av eriprise Bank, FS ary designations	, FSB deposit n beneficiaries vailable on am SB deposit acc in this form. A	accounts (each "Account") on my Accounts included in this eriprise.com/disclosures. Date (MMDDYYYY) counts included in this form as the spouse of the Owner, I	

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