



Ameriprise Bank, FSB 70915 Ameriprise Financial Center Minneapolis, MN 55402

Ameriprise Bank, FSB Cashier's Check Cancellation Request



(For use with Ameriprise Bank, FSB official checks)

Account Number (for Ameriprise clients only)

151

- Use this form to request cancellation of a cashier's check and deposit its amount to your Ameriprise Bank, FSB deposit account from which the funds for the cashier's check were drawn.
- Only the remitter of the cashier's check can submit this form.
- On the back of the cashier's check, you must write **"Not Used For the Purpose Intended"**, sign and date it.
- Fill out this form completely, sign, and date it. The cashier's check must be included with this form.
- Mail this completed form and cashier's check to:
Ameriprise Bank, FSB
70915 Ameriprise Financial Center
Minneapolis, MN 55402

Remitter Information

| | | | |
|----------------------|----------------------|----------------------|---|
| Remitter Name | MI | Last Name | Client ID (for Ameriprise clients only) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="001"/> |
| Address | | | |
| <input type="text"/> | | | |
| Email Address | | | |
| <input type="text"/> | | | |
| Phone Number | | | |
| <input type="text"/> | | | |

Cashier's Check Details

| | |
|---------------------------------|------------------------|
| Payee Name | |
| <input type="text"/> | |
| Remitter Account Number | Check Number |
| <input type="text"/> | <input type="text"/> |
| Amount | Date Issued (MMDDYYYY) |
| <input type="text" value="\$"/> | <input type="text"/> |

Receiving Account Details

(Only applicable if the original Ameriprise Bank, FSB deposit account the cashier's check was drawn off of is closed)

Ameriprise Bank, FSB Deposit Account Number

Ameriprise Bank, FSB. Member FDIC.

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Acknowledgement and Indemnification


"I" and "me" refers to the remitter identified in "Remitter Information" section above signing this form. "Ameriprise Bank" refers to Ameriprise Bank, FSB.

By signing below, I certify that:

1. All information provided by me in this form is complete and accurate.
2. I am the lawful remitter of the cashier's check referenced in "Cashier's Check Details" section above ("Cashier's Check").
3. The Cashier's Check was in my possession at all times since its issuance and was not provided to the payee or any holder in due course.
4. I have not used and do not intend to use the Cashier's Check. I hereby request to cancel the Cashier's Check and deposit its amount to my Ameriprise Bank deposit account from which the funds for the Cashier's Check were drawn.
5. On the back of the Cashier's Check, I have written "Not Used For the Purpose Intended", signed and dated it. I have included the Cashier's Check with this Ameriprise Bank, FSB Cashier's Check Cancellation Request Form.
6. I understand that if the Cashier's Check is cancelled and Ameriprise Bank is obligated for any reason to honor the Cashier's Check, then I am obliged to (a) immediately reimburse Ameriprise Bank, FSB for the amount of this Cashier's Check, including, but not limited to, by withdrawal from my accounts with Ameriprise Bank and its affiliates, or (b) pay the amount of the Cashier's Check to the person having the rights of a holder in due course if the check is dishonored by Ameriprise Bank.
7. I hereby agree to indemnify, defend and hold the Bank harmless from and against any and all claims, damages, demands, losses, liabilities, costs and expenses (including reasonable attorney's fees) incurred as a result of the Cashier's Check, actions taken by a holder in due course or this Ameriprise Bank, FSB Cashier's Check Cancellation Request Form including, but not limited to, complying with my request or attempt to refuse the payment on the Cashier's Check. I grant Ameriprise Bank the right to set-off any such expenses and costs against my accounts with Ameriprise Bank and its affiliates

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE.

Required Signatures

| | | |
|---|----|-----------------|
| Remitter First Name | MI | Last Name |
| | | |
| Remitter Signature | | Date (MMDDYYYY) |
|  | | |