



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



- 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.
- 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 and Account Information

Owner First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



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.

First Beneficiary Details

Beneficiary Name (Full Name)		Relationship*	
Address of Beneficiary*		Date of Birth*	
City	State	ZIP Code	Social Security Number*
Phone Number	Email		

Second Beneficiary Details

Beneficiary Name (Full Name)		Relationship*	
Address of Beneficiary*		Date of Birth*	
City	State	ZIP Code	Social Security Number*
Phone Number	Email		

Third Beneficiary Details

Beneficiary Name (Full Name)		Relationship*	
Address of Beneficiary*		Date of Birth*	
City	State	ZIP Code	Social Security Number*
Phone Number	Email		



Fourth Beneficiary Details

Beneficiary Name (Full Name)		Relationship*	
Address of Beneficiary*		Date of Birth*	
City	State	ZIP Code	Social Security Number*
Phone Number	Email		

Fifth Beneficiary Details

Beneficiary Name (Full Name)		Relationship*	
Address of Beneficiary*		Date of Birth*	
City	State	ZIP Code	Social Security Number*
Phone Number	Email		

Signatures and Consent

Account Owner

By signing this form below:

- I, the owners of Ameriprise Bank, FSB deposit accounts included in this form ("Owner"), certify that all information provided by me in this form is complete and accurate.
- I revoke all prior beneficiary designations, if any, on my Ameriprise Bank, FSB deposit accounts (each "Account") included in this form.
- I designate the natural persons included in this form as payable on death beneficiaries on my Accounts included in this form subject to the Ameriprise Bank, FSB Deposit Account Agreement available on ameriprise.com/disclosures.

Owner Name

Owner Signature Date (MMDDYYYY)

X _____

Spouse

By signing this form below:

- I represent that I am the spouse of the owner of the Ameriprise Bank, FSB deposit accounts included in this form ("Owner").
- I acknowledge that I have read the above POD beneficiary designations in this form. As the spouse of the Owner, I consent to the POD beneficiary designations in this form.
- I relinquish all my statutory or other rights to all present and future funds in the Ameriprise Bank, FSB deposit accounts included in this form.

Spouse Name

Spouse Signature Date (MMDDYYYY)

X _____