

## Change of Beneficiary Form

RiverSource Contract Number



- This form is used to establish a beneficiary and to change the beneficiary designation of a deferred annuity contract.
- Refer to your contract to determine when death benefits are payable.
- Questions concerning the legal and/or tax effects of this beneficiary designation should be referred to your attorney.

### Part 1 Owner Information

Contract Owner

Contract Co-Owner

### Part 2 Beneficiary Designation

- All fields marked with an asterisk (\*) are required to be completed.
- All other fields should be completed to ensure timely payment of death benefit proceeds.
- The percentages or fractions must equal 100% for both primary and secondary beneficiaries.
- A letter will be sent to the contract owner confirming the changes below.
- If a trust is designated as the beneficiary, please include the Trustee Certificate/Certificate of Trust form (Form 273420) located on [riversource.com/forms](http://riversource.com/forms). As an alternative, we will accept a copy of the trust document pages that state the name, date, trustees, and successor trustees of the trust, and the signature page.
- If a Testamentary Trust is designated as the beneficiary, a copy of the Will and a Trustee Certificate/Certificate of Trust form is required. You must provide the article and paragraph number from the Will in the designation. The execution of this designation requires that your Will be admitted to probate and the Trustee(s) make claim for the proceeds accompanied by due proof of the trustee(s)' appointment. In the event there are multiple testamentary trusts and the trust is not clearly identified, settlement may be delayed because a court order may be required at time of settlement.
- All beneficiary designations are subject to the approval of RiverSource Life Insurance Co. of New York.

Primary or Secondary Status\* (Select one)

Primary

Secondary

Percentage or Fraction\*

%

Date of Birth (MMDDYYYY)

Beneficiary Name\*

(Provide full name of Person, Trust, or Organization)

Trust Date\* (MMDDYYYY)

(If Trust named)

Relationship to Owner\*

(Identify the relationship between the beneficiary and the owner)

Social Security/Tax ID Number

Address of Beneficiary

Telephone Number

City

State

ZIP Code

Only RiverSource Life Insurance Co. of New York is authorized to sell insurance and annuities in New York.

**Beneficiary Designation** continued

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary		Percentage or Fraction* <input type="text"/> %	Date of Birth (MMDDYYYY) <input type="text"/>
Beneficiary Name* (Provide full name of Person, Trust, or Organization)		Trust Date* (MMDDYYYY) (If Trust named)	
Relationship to Owner* (Identify the relationship between the beneficiary and the owner)		Social Security/Tax ID Number <input type="text"/>	
Address of Beneficiary <input type="text"/>		Telephone Number <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>	

  

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary		Percentage or Fraction* <input type="text"/> %	Date of Birth (MMDDYYYY) <input type="text"/>
Beneficiary Name* (Provide full name of Person, Trust, or Organization)		Trust Date* (MMDDYYYY) (If Trust named)	
Relationship to Owner* (Identify the relationship between the beneficiary and the owner)		Social Security/Tax ID Number <input type="text"/>	
Address of Beneficiary <input type="text"/>		Telephone Number <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>	

  

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary		Percentage or Fraction* <input type="text"/> %	Date of Birth (MMDDYYYY) <input type="text"/>
Beneficiary Name* (Provide full name of Person, Trust, or Organization)		Trust Date* (MMDDYYYY) (If Trust named)	
Relationship to Owner* (Identify the relationship between the beneficiary and the owner)		Social Security/Tax ID Number <input type="text"/>	
Address of Beneficiary <input type="text"/>		Telephone Number <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>	

**Beneficiary Designation** continued on next page...

**Beneficiary Designation** continued

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary	Percentage or Fraction* _____ %	Date of Birth (MMDDYYYY) _____
Beneficiary Name* (Provide full name of Person, Trust, or Organization)	Trust Date* (MMDDYYYY) (If Trust named)	
Relationship to Owner* (Identify the relationship between the beneficiary and the owner)	Social Security/Tax ID Number	
Address of Beneficiary	Telephone Number	
City	State	ZIP Code

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary	Percentage or Fraction* _____ %	Date of Birth (MMDDYYYY) _____
Beneficiary Name* (Provide full name of Person, Trust, or Organization)	Trust Date* (MMDDYYYY) (If Trust named)	
Relationship to Owner* (Identify the relationship between the beneficiary and the owner)	Social Security/Tax ID Number	
Address of Beneficiary	Telephone Number	
City	State	ZIP Code

**Part 3** **Minor Beneficiaries**

I hereby request that the proceeds be paid to the custodians listed below under the State \_\_\_\_\_  
UTMA (not available in VT or SC).

Custodian Name  
\_\_\_\_\_

Successor Custodian Name  
\_\_\_\_\_

**Part 4 Marital Status and Consent of Spouse**

**Owner Marital Status** (Select One)

Single       Married (See Consent of Spouse.)       Widowed       Divorced

Consent of spouse must be signed if the following conditions are present:

- (a) the spouse of the owner is living
- (b) the spouse is **not** the sole primary beneficiary named, and
- (c) the owner and spouse are residents of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin).

I have reviewed the above beneficiary designation and, as the spouse of the owner, I consent to the payment of my spouse's interest to the above named beneficiary(ies), in the event of the death of my spouse.

Spouse Name

Spouse Signature

Date (MMDDYYYY)

X

**Part 5 Disclosures and Signatures**

**Change of Beneficiary.** The undersigned hereby revokes any and all prior beneficiary designations and/or elections by the Owner(s) of a method of settlement for the beneficiary of the proceeds upon the death. Any amount payable to a beneficiary after the Retirement Date will be paid as provided in the Annuity Payment Plan then in effect.

**Right of Revocation Reserved.** The right to revoke this instrument and to change the designated beneficiaries upon written notice to, and acceptance by, the Company is reserved to the Owner without the consent of the revocable beneficiaries. Unless a Pre-Election for Payment of Death Benefits (Form 272743) is signed, dated and received at the same time as this form, election of a different settlement option, consistent with the Policy/Contract provisions, may be made after the death of the individual indicated in the General Instructions based on the type of Policy/Contract by the beneficiary or class of beneficiaries then immediately entitled to demand and receive full payment of the proceeds. (See Pre-Election of Death Benefits Form for acceptable contracts.)

**Spendthrift Clause.** Except as otherwise specifically provided herein, no beneficiary entitled to any payment hereunder shall have the right to withdraw, surrender for cash, borrow against, commute, anticipate, encumber, alienate, or assign such payment, or any part thereof, or any interest therein, nor shall such payment, or any part thereof, or any interest herein be in any way subject to such person's debts, contracts, or engagements, nor to any judicial process to levy upon or attach the same payment thereof. No provision of this contract or beneficiary designation shall be construed to prevent the owner or the beneficiary from assigning its interest in this contract to a nursing home or a government agency to qualify for government assistance programs. This clause shall be effective to the extent permitted by law.

Owner Name

Owner Signature

Date (MMDDYYYY)

X

Co-Owner Name

Co-Owner Signature

Date (MMDDYYYY)

X

If signing as fiduciary, in what capacity are you acting?

POA     Conservator/Guardian     Other