

Service address:
RiverSource Life Insurance Co. of New York
70500 Ameriprise Financial Center Minneapolis, MN 55474



Request for Direct Rollover to RiverSource Life Insurance Co. of New York IRA (cash only)

i This form cannot be used for RAVA 5® variable annuity products. Use Form 271243 found only on RiverSource.com.

Check attached - do NOT send out form.

PARTICIPANT INFORMATION

Name of Plan Participant			SSN
Address			
City	State	ZIP code	Birthdate* (MMDDYYYY)

*If age 72 or older, remove required minimum distribution (RMD) before rolling proceeds to an IRA.

MAILING ADDRESS

Name of Employer		
Address		
City	State	ZIP code

PLAN INFORMATION

Name of Qualified Retirement Plan
Name of Custodian or Trustee (Payer)

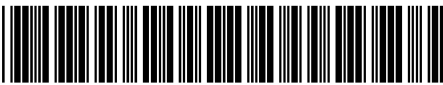
DIRECT ROLLOVER INSTRUCTIONS

Liquidate (\$ or %)	Asset Description/Account Number

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

Sign on Page 2

© 2009 - 2014, 2020 Ameriprise Financial, Inc.
All rights reserved.



Please make check for the above amount payable on my behalf to: RiverSource Life Insurance Co. of New York as Issuer of my IRA.

Mail to: Service address:
RiverSource Life Insurance Co. of New York
70500 Ameriprise Financial Center
Minneapolis, MN 55474

Reference RiverSource Life Insurance Co. of New York IRA No. [] 001 on check.

This amount represents all or part of my eligible rollover distribution. I understand there will be no 20% mandatory Federal Income Tax withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under Section 402(c)(8)(B) of the Internal Revenue Code. I realize that I will receive an IRS Form 1099-R on this distribution from my plan.

Signature of Plan Participant

Date (MMDDYYYY)

X [Signature Line]

[Date Line]

Signature of Plan Administrator (if required)

Date (MMDDYYYY)

X [Signature Line]

[Date Line]

RiverSource Life Insurance Co. of New York will deposit assets received in an IRA for the benefit of the above plan participant. RiverSource Life Insurance Co. of New York is an issuer of Individual Retirement Annuity contracts.

Accepted By: []

Date Mailed: []

ALTERNATE MAILING ADDRESS

Please forward this direct rollover request and the IRA application to the corporate office. The corporate office will assign a number to the form and forward it to the employer identified above unless you give other mailing instructions here (i.e., client, plan administrator, advisor, etc.) ->

Mailing Instructions:

[Mailing Instructions Box]

Invest the rollover proceeds as follows:

Table with 4 columns: RiverSource Investment, Account Number, Percent, Amount. Includes rows for investment details.

Advisor Name: []

Transfer Amount: \$ []

Rep. No.: []

Area Office: []

Phone: []

Expected Distribution Date: []



Service address:

RiverSource Life Insurance Co. of New York
70500 Ameriprise Financial Center Minneapolis, MN 55474



Request for Direct Rollover to RiverSource Life Insurance Co. of New York IRA (cash only)

Use this form for a direct rollover of **CASH ONLY** from an employer's tax-qualified retirement plan to a RiverSource Life Insurance Co. of New York IRA.

For a direct rollover of **SECURITIES AND CASH**, use Form 8146.

Advisors - Key Issues to Remember:

- Only pretax, eligible rollover dollars should be rolled over. After-tax dollars are not eligible for rollover to an IRA.
- The distribution from the plan will be reported to the IRS on Form 1099-R. The rollover contribution will be reported to the IRS on Form 5498. (This differs from an IRA custodian-to-custodian transfer where no tax reporting is required.)
- Send this form to the RiverSource Life Insurance Co. of New York corporate office with all the appropriate documentation (RiverSource Life Insurance Co. of New York IRA Investment Application, etc.) necessary to establish an RiverSource Life Insurance Co. of New York IRA. We will assign an account number and forward the form to the client's employer. The employer can send this form, along with their own distribution forms, to the payer (e.g., a financial services company). If you prefer that we forward this form to the client or elsewhere, please indicate this in the Alternate Mailing Instruction area.
- This form supplies the correct mailing address to the distributing company. Checks received at the Minneapolis, MN servicing address will be matched up with a copy of this form, applied to the correct investments, and receive proper tax reporting.
- If the check is attached, and we do not need to send out this form, please check the box in the area above the mailing address section.
- Please ask the client for the approximate date that RiverSource Life Insurance Co. of New York can expect the rollover dollars. Include that date at the bottom of the form. Qualified plan distributions are generally paid out daily, monthly, quarterly or semiannually.
- Follow-up procedures: Once the corporate office receives this form, we will begin tracking the rollover. If we do not receive the money within 60 days of the expected distribution date, we will contact you. We suggest that you have your client ask the employer when RiverSource Life Insurance Co. of New York can expect the money. We find that the client is most successful at getting this information, since many employers will not release confidential information to RiverSource Life Insurance Co. of New York. If we do not receive the money after a second 60-day period, we will contact you a second time.
- If limited partnerships are part of this direct rollover, please contact the Limited Partnership Service Unit, through the Service Helpline, if you have questions. RiverSource Life Insurance Co. of New York can only accept limited partnership programs that we have sold at one time. If the client is opening a limited partnership, a Subscription Agreement is required.
- Be sure to attach all originally executed documentation (IRA applications, etc.) necessary to establish an RiverSource Life Insurance Co. of New York IRA.