

**Instruction.** Please read the instructions below completely, before completing this form for submission to Ameriprise Financial.

Instructions for Completing the

# Ameriprise® Financial Planning Service Cancellation and Refund Request Instructions



Form 402004

## Overview of the Ameriprise Financial Planning Service Cancellation and Refund Request form (Form 402004):

Use the Ameriprise Financial Planning Service Cancellation and Refund Request form ("Form") to cancel an Ameriprise Financial Planning Service ("Service") relationship and/or request a full or partial refund of a payment toward a financial engagement. Clients may request and receive a refund of the entire fee paid during an engagement period at any time up to 30 days after the end of the engagement period, provided that they have not received written recommendations under this Agreement. If they request a refund after receiving written recommendations, their refund may be limited. Advisors, including terminated and/or former advisors who are part of the Agreement, are not eligible for any refunds of Service fees.

If you wish to cancel the Service without a refund, you may call 1.800.862.7919 to work with a Home Office agent over the phone.

## Who will use the Ameriprise Financial Planning Service Cancellation and Refund Request form?

Advisors, clients, RP's and corporate office employees must use this Form to cancel an Ameriprise Financial Planning Service (AFPS) account relationship and/or to request a full or partial refund of a payment toward a financial engagement.

## When must the Ameriprise Financial Planning Service Cancellation and Refund Request form be completed?

This Form must be completed to cancel an Ameriprise Financial Planning Service (AFPS) relationship and/or request of a full or partial refund of a client payment toward a financial planning engagement.

### Part 1 Client and Account Information

List the Ameriprise Financial Planning Service (AFPS) account number (0191-XXXXXXX-013) along with the Account Holder Name or Name of Business, Estate, Trust and/or Co-Account Holder Name (if applicable).

### Part 2 Request Information (Requestor, Request Type, Recurring Charge)

- Complete this section to cancel a Service relationship.
- Once the Form is processed, the Ameriprise Financial Planning Service Agreement will be canceled.
- Submitting this form will cancel indicated agreement and cannot be used to skip a planning year.
- Following the processing of this paperwork, no additional payments or compensation can be applied to this financial planning service account. If canceling the Service relationship, Systematic Payouts (SPOs) and bank authorizations will automatically be canceled.
- If you wish to cancel a recurring credit card payment, you must indicate that here.

### Part 3 Cancellation with Refund Request

- Complete this section to cancel a Service relationship and/or to request a full or partial refund of a client payment toward a financial engagement.
- Clients may request and receive a refund of the entire fee paid during an engagement period at any time up to 30 days after the end of the engagement period, provided that they have not received written recommendations under this Agreement. If they request a refund after receiving written recommendations, their refund may be limited. Advisors, including terminated and/or former advisors who are part of the Agreement, are not eligible for any refunds of Service fees.
- Select the Reason for Fee Refund Request from the list provided. Use the space below the list for further explanation if needed. **If no Reason for Fee Refund Request is selected, the refund request will not be processed.**
- Systematic Payments (SPOs) and bank authorizations will automatically be canceled.
- Complete Part 5 for the method of refund.

### Part 4 Refund Request Only

- Complete this part when continuing with the Service relationship, but requesting a full or partial refund.
- Complete Part 5 for the method of refund.

**Part 5 Refund Information**

- Complete this part if requesting a refund from Parts 3 or 4.

**Part 6 Client Signature Information**

- Client to sign and date Form. (Required only if Form is being completed by the Client).

**Part 7 Advisor Information**

- Required only if Form is being completed by the Advisor. Advisor signature required if mailed or faxed.

**Part 8 Registered Principal Information**

- Required only if Form is being completed by the Registered Principal. Registered principal signature required if mailed or faxed.

**Where to send the completed form?**

Advisors, **Clients**, and RP's can mail the form to:

Ameriprise Financial Services, Inc.  
70100 Ameriprise Financial Center  
Minneapolis, MN 55474

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