



RiverSource Change of Ownership/ Annuitant - NY



Client ID

- i**
- Change of ownership/annuitant is not allowed for qualified or inherited nonqualified stretch contracts (except for inherited IRA to IRA transfer of ownerships).
 - For annuity divorce requests, use form 131136.
 - For national policies issued by RiverSource Life Insurance Company; use form 116931.
 - If the new owner is a revocable trust or an irrevocable grantor trust, the annuitant must be the grantor of the trust to ensure compliance with Section 72(s) of the Internal Revenue Code. For joint grantor trusts, both grantors must be annuitants, unless only one grantor's separate property is used to fund the annuity, in which case that grantor must be the annuitant.
 - RiverSource Annuities linked to a brokerage account (prefix 9935) require either an Ameriprise brokerage or SPS account matching the requested new annuity registration.
 - This form must be signed by all current and new owners or Authorized Person(s).
 - Existing payout annuity arrangements or scheduled distributions will remain on the contract. If a change is needed, use form 200158.
 - The current beneficiary designation will remain in effect unless changed by the new owner(s).

Current Client and Policy/Contract Information

Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	
Additional Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	
Entity or Trust Name	<input type="text"/>	
Client ID	<input type="text" value="001"/>	



Policy/Contract Number 1

Policy/Contract Number 2

Policy/Contract Number 3

Policy/Contract Number 4

Policy/Contract Number 5

Policy/Contract Number 6

Is this ownership change request for an account currently registered under UGMA/UTMA where the former minor has now reached age of majority?

- Yes
- No

Is the former minor retaining ownership?

- Yes
- No

Note: the former minor's signature must be notarized.

Gifting or Value Received Information



- Gift: A transfer of assets to an individual where full value is not received in return. The owner is 'giving' the assets/positions to the new owner.
- For value received: A transfer of assets where the original owner receives full value payment for the assets from the new owner. The new owner is 'buying' the assets/positions from the original owner at fair market value (FMV).

Is this transfer a gift? *If no option is selected, the default is gift.*

- Yes You hereby absolutely and unconditionally sell, transfer and convey with the intention of making a gift.
- No You hereby absolutely and unconditionally sell, transfer and convey for full value received.

Is this a transfer to a spouse, owner's revocable trust, owner's living trust, spouse's revocable trust, or spouse's living trust?

- Yes
- No



Generally, any transfer of annuity ownership, whether by gift or for value received, is a taxable event. A transfer of a life insurance policy is generally not a taxable event but may be subject to gift taxes. You may request an IRS Form 712 for your life insurance transfer by contacting our home office. Consult your tax adviser, a Form1099 may be issued.

RiverSource Annuities linked to a brokerage account (prefix 9935)

RiverSource Annuities must be linked to an Ameriprise Brokerage account in the exact same ownership.

New Ameriprise Brokerage linking account number:

133

New Ownership Registration



- To designate an Attorney-In-Fact, a completed Ameriprise Power of Attorney form (402540) is required. If the new account registration is for an IRA, the choice below must be **Individual**, or if the IRA owner is a minor/protected person, **UGMA/UTMA**.



- Joint owners and joint annuitants are not allowed for annuity contracts with *SecureSource Flex* or *SecureSource Stages NY* single life withdrawal benefit.
- If you own a variable annuity with the Guarantor Withdrawal Benefit for Life (GWB for Life) or *SecureSource*® rider single life benefit, transfer of ownership may result in a reset of the Annual Lifetime Payment (ALP). If the ALP will decrease, the Benefit Impact Acknowledgement form will be required before processing will occur. If required, this form will be mailed to you or you may contact our office for assistance.
- If you own a variable annuity with the *SecureSource*® Flex or *SecureSource Stages NY*® single life benefit and the covered person changes as a result of the ownership change, the rider terminates.
- If you own a variable annuity with the *SecureSource* joint life benefit, transfer of ownership to anyone other than the covered spouses or their revocable trust is not allowed.
- If you own an annuity with the *SecureSource Flex* or *SecureSource Stages NY* joint life benefit, transfer of ownership to anyone other than the covered spouses or their revocable trust will terminate the rider.
- If you own an annuity with the *SecureSource 3 NY*®, *SecureSource 4 NY*®, *SecureSource 4 Plus NY*®, *SecureSource Core NY*®, *SecureSource Core Plus NY*®, *SecureSource 5 NY*SM, *SecureSource 5 Plus NY*SM, *SecureSource Core 2 NY*SM or *SecureSource Tempo NY*SM benefit, the covered person (for joint, covered spouses) will not change and the rider will not terminate as a result of an ownership change. For single life benefit, the rider will terminate at the death of the covered person or any owner (even if the covered person is still living). For joint life benefit, the rider will terminate at the death of the last covered spouse or any owner (unless spousal continuation is chosen by a covered spouse).
- If you own a variable annuity with a death benefit rider, transfer of ownership may terminate the rider or reset the death benefit guaranteed amount, and/or change the M&E fee.

Acknowledgment for annuity contracts issued in New York with the *SecureSource Legacy* benefit

An ownership change will result in an owner and annuitant that are no longer the same person. The benefits provided under the *SecureSource Legacy* benefit are only payable at the annuitant's death. By signing this document, you acknowledge that you understand:

- If the owner dies before the annuitant, the Standard Death Benefit value will be paid to the beneficiary(ies).
- If the annuitant dies before the owner, the *SecureSource Legacy* benefit value will be paid to the beneficiary(ies).
- The annuitant cannot be changed.

Choose Ownership Type

- Individual**
- UTMA/UGMA**
- Joint Tenants with Rights of Survivorship (WROS)** - For annuities, rights of survivorship are only available if the joint owners are legally married, or are domestic partners or a civil union in an approved state. In all other cases of annuity joint ownership, owners are tenants in common. For Louisiana state residents: Joint Tenants with Rights of Survivorship (WROS) registration is not available.
- Community Property** - Community Property ownership registration for annuity contracts is always established with rights of survivorship. For all other types of accounts Community Property ownership registration is established without rights of survivorship unless otherwise indicated.
- Community Property WROS**
- Marital Property** - Marital Property ownership registration for annuity contracts is always established with rights of survivorship. For all other types of accounts Marital Property ownership registration is established without rights of survivorship unless otherwise indicated.
- Marital Property WROS**
- Tenants by Entirety** - For Louisiana state residents: Tenants by Entirety registration is not available.
- Tenants in Common** - Tenants in Common registration is not permitted between two trusts on RiverSource annuities held in a brokerage account.
- Trust**
- Entity**



New Ownership Information

i We are required by law to obtain certain personal information from you which will be used by us to verify your identity. If you do not provide us the information, we may not be able to open your account. If we are unable to verify your identity we reserve the right to close your account or take other such steps as we deem reasonable.

Is the client a bank, savings and loan association, insurance company, registered investment company, investment advisory firm, or broker-dealer?

Yes No

Do the total assets owned by the client(s) exceed \$50MM?

Yes No

Note: if no elections are made to the above question, we will apply "no" as the default answer.

Individual Owner

New Owner First Name MI Last Name

Client ID 001 Relationship to Current Owner(s)

Joint Owners

Additional Owner First Name MI Last Name

Client ID 001 Relationship to Current Owner(s)

UTMA/UGMA for Minor or Authorized Person for Minor/Protected Person

UTMA UGMA

Authorized Person or UTMA/UGMA Custodian

First Name MI Last Name

Client ID 001 State Governing UTMA/UGMA

Minor/Protected Person First Name MI Last Name

Client ID 001

Trust

i • Provide a completed Certificate of Trust using eForms - Authorized Person for new clients or for changes to trustees.

Trust or Organization Name Trust Date (MMDDYYYY)

TIN Client ID 001



Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	
Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	

Entity



- Provide a completed Corporate Resolution using eForms - Authorized Person for new clients or changes to either Officers or Entity name.
- Provide a completed Entity Relationships Form (113969) for Corporation, Partnership, LLC and LLP ownerships to avoid processing delays.

Client ID	<input type="text" value="001"/>	
Entity Name	EIN	
<input type="text"/>	<input type="text"/>	
Authorized Signer First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Client ID	<input type="text" value="001"/>
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Entity Type :

- | | |
|--|---|
| <input type="radio"/> Corporation - S-Corp | <input type="radio"/> Partnership |
| <input type="radio"/> Corporation - C-Corp | <input type="radio"/> Non-Profit |
| <input type="radio"/> LLC - S-Corp | <input type="radio"/> Estate |
| <input type="radio"/> LLC - C-Corp | <input type="radio"/> Government Entity |
| <input type="radio"/> LLP | |

Industry Classification:

Is this an Operating Entity Yes No

Is the entity domiciled/incorporated in U.S.? Yes No

Foreign country that the entity is domiciled/incorporated (Required if the Entity is not domiciled/ incorporated in U.S.):

State that the entity is domiciled/incorporated (Required if the Entity is domiciled/incorporated in U.S.):

Annuitant Change for Nonqualified Deferred Annuity Contracts



- Any annuity that is not an Advantage Fixed Series, Bonus Fixed Series, RAVA Plus, RAVA 4 or *RiverSource* annuity held in a brokerage account (9935) has the following restrictions:
- The current annuitant must be alive.
 - The contract cannot be in payout.
 - The new annuitant must be an owner.
 - No ownership changes must have occurred within the past 12 months, unless due to a documented divorce settlement .
 - No successor annuitant can be named.
 - An annuitant cannot be changed if the contract is owned by a non-person.



Annuitant First Name	MI	Last Name	Date of Birth (MMDDYYYY)
Client ID	001	Relationship to Current Owner(s)	

Designation of Successor Custodian for UTMA/UGMA, Successor Owner, Successor Annuitant

i

- The successor custodian cannot be the same person as the current custodian.
- The successor owner cannot be the same person as the current owner.
- The successor annuitant cannot be the same person as the current annuitant.

Select One: Successor Custodian Successor Owner Successor Annuitant

Successor Custodian/Owner/Annuitant First Name	MI	Last Name
Client ID	001	
Relationship to the Minor/Protected Person	Date of Birth (MMDDYYYY)	

Account Suitability

i Basic definitions for Investment Time Frame, Risk Tolerance, Investment Objectives and Liquidity Needs are provided below.

i **Note:** Based on product and ownership limitations, the assets you are receiving may be transferred into your existing accounts, or combined from multiple accounts into one account within the same ownership and product combination. If the suitability information provided on this form conflicts with the information previously on file for an existing account, the new information will replace the old. If you are receiving assets from multiple accounts in the same product type (including share class and strategy where applicable), and the suitability information you provided on this form is not the same for all accounts of the same product type, we will apply the suitability information given for the last account of that product type listed on the form.

Should this suitability apply to all new accounts?

Yes

No



Account 1

Should this suitability remain the same as the original account?

- Yes
- No

Risk Tolerance

- A. Conservative
- B. Conservative / Moderate
- C. Moderate
- D. Moderate / Aggressive
- E. Aggressive

Investment Time Frame

- A. Less than 1 Year
- B. 1 - 3 Years
- C. 4 - 7 Years
- D. 8 - 10 Years
- E. 11+ years

Investment Objectives (Select one per order of importance)

- | 1st | 2nd | 3rd | |
|-----------------------|-----------------------|-----------------------|-------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | A. Capital Preservation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C. Income |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | D. Tax Considerations |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | E. Protection |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | F. Education |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | G. Estate Planning |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | H. Speculation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I. Growth |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | J. Growth with Income |

Liquidity Needs

- A. Less than 1 Year
- B. 1 - 6 Years
- C. 7+ Years

Investment Time Frame Definition

Investment Time Frame	The expected period of time you plan to invest to achieve your current financial goal(s).
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Investment Objective Definitions

Capital Preservation	To avoid the loss of value.
Income	To receive income from the investment, with little emphasis on increasing the value of the investment.
Tax Considerations	To mitigate federal, state and/or local taxes.
Protection	To leave a monetary benefit at death to beneficiaries or a charity.
Education	To pay for education related expenses.
Estate Planning	To transfer assets to loved ones and/or providing a legacy at one's death.
Speculation	To take a higher than average risk in hopes of making a higher than average return.
Growth	To increase the capital or market value of the investment, with little emphasis on the generation of current income.
Growth with Income	To provide both growth and income, often by choosing investments which pay dividends and have earnings growth.

**Risk Tolerance Definitions**

Conservative	I am willing to accept the lowest return potential in exchange for the lowest potential fluctuation in my account value even if it may not keep pace with inflation.
Conservative / Moderate	I am willing to accept a relatively low return potential in exchange for relatively low fluctuation in account value.
Moderate	I am willing to accept a moderate return potential in exchange for some fluctuation in account value.
Moderate / Aggressive	I am seeking a relatively high return potential and am willing to accept a relatively high fluctuation and potentially substantial loss in my account value.
Aggressive	I am seeking the highest return potential and am willing to accept the highest fluctuation and could lose most or all of my account value.

Liquidity Needs Definition

Liquidity Needs	Period of time from the present until you anticipate you may need access to some of the investment dollars.
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New Client Profile (Required if you are not an existing Ameriprise client)

Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN/TIN	Date of Birth (MMDDYYYY)	Gender: <input type="radio"/> Male <input type="radio"/> Female
<input type="text"/>	<input type="text"/>	
Citizenship (Select One): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien (complete IRS Form W-8BEN)		
Country of Citizenship (Required if Resident Alien or Non-Resident Alien): <input type="text"/>		
Second Country of Citizenship: <input type="text"/>		
Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed		
Residential Address: <input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Number of Dependents	Federal Tax Bracket
<input type="text"/>	<input type="text"/>	<input type="radio"/> 0% <input type="radio"/> 1% - 12% <input type="radio"/> 13% - 24% <input type="radio"/> 25% - 35% <input type="radio"/> Over 35%
Individual Annual Income Amount	Net Worth Amount	Liquid Net Worth Amount
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Employment status		
<input type="radio"/> A. Employed <input type="radio"/> B. Self-employed <input type="radio"/> C. Not Employed <input type="radio"/> D. Retired <input type="radio"/> E. Other (Homemaker, Minor, Student, etc.)		
Industry Classification (Required if Self-employed)		
<input type="text"/>		
Specify other classification		
<input type="text"/>		
Primary Occupation Information (Required if employed or self-employed)		
<input type="text"/>		
Specify other occupation		
<input type="text"/>		



Primary Source of Income
(Select up to three)

- Employment
- Social Security/Pension
- Disability Income
- Inheritance/Trust Income
- Investment Income
- Lottery/Gambling
- Rents/Royalties
- Business Income
- Other

Employer 1 (Required if Employed or Self-employed)

Employer Name

Business Address

City	State	ZIP Code
_____	_____	_____

Country

Does the new client have more than one employer? Yes No

Employer 2

Employer Name

Business Address

City	State	ZIP Code
_____	_____	_____

Country



Are you employed by, or an associated person of, a registered broker-dealer, securities exchange, or the Financial Industry Regulatory Authority (FINRA)?

Yes No

Select which company: (Information required if **Yes** is selected)

Employer listed above

A different company

Which Employer? (Information required if **Yes** is selected)

Employer 1

Employer 2

Company Name

Business Address

City

State

ZIP Code

Country

Are you an officer, director, 10% shareholder or policymaker of a publicly traded company? Yes No

Select which company: (Information required if **Yes** is selected)

Employer listed above

A different company

Company: (Information required if **Yes is selected**)

Employer 1

Ticker Symbol

Employer 2

Ticker Symbol

Company Name

Business Address

City

State

ZIP Code

Country

Ticker Symbol



Does the client or trustee have investment experience? Yes No



Select all asset type(s) for which the client or trustee has experience. For each asset type, select the Years of Investment Experience and Average Number of Buy or Sell Trades per Year.

- Investment experience should account for years of active participation, rather than the number of years since the first purchase. (Example: If client purchased options actively in 2007 and 2008, but hasn't since that time = 2 years)
- If years of experience has not crossed the minimum of the range, select the lower range, with the exception of anything greater than none falling into 1-2 years. (Examples: 8 months = 1-2 years; 2.5 years = 1-2 years, 5.5 years = 3-5 years)
- Do not include DRIP arrangements for Equities, ETFs or systematic arrangements for Mutual Funds/529s when selecting the average number of buy or sell trades per year.

Asset Type:	Years of Investment Experience:	Avg. # of Buy and Sell Trades per Year:
<input type="checkbox"/> Alternative Investments (includes managed futures/fund of hedge funds)	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Annuities/Variable Life	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Certificates/CDs	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Commodities	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Equities (includes ETFs)	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Fixed Income (includes UITs)	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Limited Partnerships	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Mutual Funds/529s	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Non-Traded REITs/BDCs and non-traded closed end funds)	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Options	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Structured Products	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+

Does the client have any investments held outside Ameriprise? Yes No Declined to disclose

Asset Type:	Approximate Value	Asset Type:	Approximate Value
<input type="checkbox"/> Alternative Investments	\$ <input type="text"/>	<input type="checkbox"/> Limited Partnerships	\$ <input type="text"/>
<input type="checkbox"/> Annuities/Variable Life	\$ <input type="text"/>	<input type="checkbox"/> Mutual Funds/529s	\$ <input type="text"/>
<input type="checkbox"/> Certificates/CDs	\$ <input type="text"/>	<input type="checkbox"/> Non-Traded REITs/BDCs	\$ <input type="text"/>
<input type="checkbox"/> Commodities	\$ <input type="text"/>	<input type="checkbox"/> Options	\$ <input type="text"/>
<input type="checkbox"/> Equities (includes ETFs)	\$ <input type="text"/>	<input type="checkbox"/> Other	\$ <input type="text"/>
<input type="checkbox"/> Fixed Income (includes UITs)	\$ <input type="text"/>	<input type="checkbox"/> Structured Products	\$ <input type="text"/>



Authorization and Acknowledgments

- You acknowledge and agree that: a) the information you provided to us on this form is correct, b) you authorize all activity indicated within this form, c) you agree that we may deliver the documents related to the account(s) you intend to open to you in person, by mail, by email, or electronically through the secure site on ameriprise.com. You agree that we may also refer you to the applicable documents via the Ameriprise website, ameriprise.com/disclosures, and that by signing below you consent to an electronic delivery process directing you to one or more disclosure webpages on the Ameriprise website, and you acknowledge that you have access to a computer that can access the applicable documents via email, or on the Ameriprise website when notice of their availability is provided to you. You understand that you may obtain paper copies of any of these documents at any time by calling Ameriprise Financial at 800.541.2251, and d) you agree to all the terms and conditions stated in this form and in the related documents provided to you.
- You confirm that you are at least 18 years of age and full legal age in your state of residence.
- **Householding for Statements:** You understand Ameriprise Financial may use and combine information concerning accounts owned by members of a primary household group to provide members of the group with paper and/or electronic statements of account(s) and certain account information. This includes investment, insurance, annuity and brokerage accounts. A primary household consists of an individual, his or her spouse or domestic partner, and any accounts owned for, by, or with their unmarried children under age 21 who reside at the same address. You understand that if you want to receive a statement covering only accounts that you own and to not participate in household mailing, you will need to call your Ameriprise financial advisor, or the toll-free number on your statement.
- **Householding for Shareholder Documents:** You understand that Ameriprise Financial Services, LLC may use and combine information concerning accounts owned by members of a household to provide them with a single paper copy of shareholder documents. Prospectuses, supplements, annual reports, semiannual reports and proxies may be included. Household is defined as two or more shareholders who share the same address and either share the same last name or have indicated that they are married or domestic partners. This remains in effect unless notified otherwise. You understand that if you wish to continue receiving multiple copies of shareholder documents you can call 866.273.7429 and reference the client number found on your statement. Multiple mailings will resume within 30 days of the request.
- You acknowledge that you will be bound by the terms of the insurance policy/annuity contract/account, as are your heirs, executors, administrators and successors.
- Subject to the approval of RiverSource Life Insurance Co. of NY, you absolutely and unconditionally transfer ownership of the above described life insurance policy/annuity contract to the person(s) named in the "New Ownership Registration" section and his/her successors or assigns.
- Ameriprise Financial is not responsible for the sufficiency or validity of this transfer of ownership.
- If this policy/contract/account has been assigned as collateral, this transfer of ownership is made subject to that assignment.
- If any contingent owner has been named in this policy/contract, or by subsequent instrument, that designation of contingent owner is hereby revoked.
- The current beneficiary designation will remain in effect unless changed by the new owner(s).

The following statements apply to nonqualified annuity accounts owned by a non-natural or corporate owner:

- We, the undersigned as the non-natural/corporate owner listed above, understand that this contract is not treated as an annuity for tax purposes (unless it is held by a trust or other entity as an agent for a natural person within the meaning of Internal Revenue Code section 72 (u)(1)). As a result, tax deferral is generally not available and therefore, earnings on the contract may be treated as ordinary income received or accrued by the owner during the tax year. The owner/taxpayer is responsible for reporting this income to the Internal Revenue Service.
- In accordance with Internal Revenue Code section 72(s) and contract language, upon the death of the annuitant, the beneficiary will receive the death benefit and the annuity will be terminated based on the terms of the contract. The designated annuitant cannot be changed once the annuity has been issued.
- We understand our obligations with respect to the above mentioned annuity and will abide by them throughout the duration of the annuity.



Servicing Advisor Details

FOR SEP AND SIMPLE IRA OWNERSHIPS:

Is this account for you, a covered family member* of yours, or, a covered family member of anyone you will be sharing compensation with?

Yes No

If you are an Ameriprise franchise advisor, is this for a participant in a plan that you are sponsoring (i.e., your employee's SIMPLE or SEP account)? Yes No

FOR IRA OWNERSHIPS OTHER THAN SEP AND SIMPLE IRA:

Is this account for you, a covered family member* of yours, or, a covered family member of anyone you will be sharing compensation with on this account? Yes No

* Covered family members include, your spouse, your lineal ascendants (mother, father, grandmother, grandfather, great-grandmother, great-grandfather) as well as your lineal descendants (son, daughter, grandson, granddaughter, great-grandson and great-granddaughter) and any spouse of a lineal descendant. Brothers, sisters and their spouses or children are NOT included.

Advisor Name	Advisor ID			
Is this account assigned to a Compensation Sharing Arrangement (CSA)?				
<input type="radio"/> Yes <input type="radio"/> No				
Area/Branch Office Number	Phone Number	Ext	CSA ID	Compensation %

New Account Taxpayer Certification

TIN (SSN, EIN or other) for New Account

New Account Taxpayer Name (on IRS records)

--	--

W-9 TIN Certification

Check appropriate box for federal tax classification (required):

- | | |
|---|--|
| <input type="radio"/> Individual/Sole proprietor/Single Member LLC
Corporation
<input type="radio"/> S-Corporation
<input type="radio"/> C-Corporation
Limited Liability Company (LLC)
<input type="radio"/> Partnership
<input type="radio"/> C-Corporation
<input type="radio"/> S-Corporation | <input type="radio"/> Partnership
<input type="radio"/> Trust
<input type="radio"/> Revocable (Optional Additional Trust Details)
<input type="radio"/> Irrevocable (Optional Additional Trust Details)
<input type="radio"/> Irrevocable Grantor (Optional Additional Trust Details)
<input type="radio"/> Estate
<input type="radio"/> Other |
|---|--|

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.



Check here if owner is an Exempt Payee (defined in Form W-9 instructions) Exempt Payee code:

1-An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2), 2-The United States or any of its agencies or instrumentalities, 3-A state, the District of Columbia, a U.S. commonwealth or possession of the United States, or any of their political subdivisions or instrumentalities, 4-A foreign government or any of its political subdivisions, agencies, or instrumentalities, 5-A corporation, 6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth possession of the United States, 7-A futures commission merchant registered with the Commodity Futures Trading Commission, 8-A real estate investment trust, 9-An entity registered at all times during the tax year under the Investment Company Act of 1940, 10-A common trust fund operated by a bank under section 584(a), 11-A financial institution, 12-A middleman known in the investment community as a nominee or custodian, 13-A trust exempt from tax under section 664 or described in section 4947

Foreign Account Tax Compliance Act Reporting

A FATCA exemption code is required for persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, no code is required. Otherwise, submit IRS Form W-9 separately.

As used below, the word "I" refers to the applicant who is the taxpayer on the account.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions:

As used below, the word "You" refers to the applicant who is the taxpayer on the account.

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

For payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Non-U.S. persons should submit the appropriate Form W-8. Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

Required Signatures

Current Policy/Contract Owner(s)

Client or Trustee First Name MI Last Name

Client or Trustee Signature Date (MMDDYYYY)

Additional Client or Trustee First Name MI Last Name

Additional Client or Trustee Signature Date (MMDDYYYY)



New Policy/Contract Owner(s)

Client or Trustee First Name MI Last Name

Client or Trustee Signature **X** Date (MMDDYYYY)

Advisor

Advisor Name Advisor ID

Advisor Signature **X** Date (MMDDYYYY)

For UGMA/UTMA

Any request for an ownership change of an account registered under UTMA/UGMA to an owner other than the former minor originally named on the account will require that the minor, who has now reached age of majority, must sign above and have their signature notarized below.

On this day of , A.D. (year), before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared , known to me to be the person whose name is subscribed to the written instrument, and acknowledged to me that he or she executed the same as his or her free act and deed. In Witness Whereof, I have hereunto set my hand and affixed my official seal this day and year in this certificate first above written.

Notary Public in and for said County and State **X**