



RiverSource Life Insurance Company  
RiverSource Life Insurance Co. of New York  
70100 Ameriprise Financial Center, Minneapolis, MN 55474



# Third Party Notification Option

Client ID	<input type="text" value="001"/>
Account Number	<input type="text"/>

- i**
- Applies to insurance products only.
  - You may add or change the designation of the third party at any time by sending an updated Third Party Notification Option form to RiverSource.
  - If the third party designee is an Ameriprise client, we will send the lapse notification to their primary mailing address on file.
  - This completed form may be mailed to the address above or you may fax it to 612-424-8268.

RiverSource allows for the designation of a third party(ies) to receive notice prior to the lapse of an insurance policy in specific circumstances. A policy owner may elect in writing to have notices sent to a third party if premiums required to keep the policy in force have not been paid. The notice will not be sent until after the policy enters the grace period. Please refer to the language in your policy for specific information concerning premiums, grace periods and the termination of coverage.

Please make the following changes:

- Add**            I elect to have the person designated below.
- Remove**        I elect to remove the person designated below.
- Update**         The name or address for the third party I have elected to receive notifications.

**Please print clearly**

Name of third party designee	Client ID (if applicable)
<input type="text"/>	<input type="text" value="001"/>

Third party designee mailing address

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone number

After we have mailed the lapse notice to the third party designee referenced above, the policy will lapse according to the terms of the contract if payment is not received, even if the notice was unable to be delivered by mail to the designee.



Owner's Name

Owner's Signature

Date (MMDDYYYY)

**X** \_\_\_\_\_

Joint Owner's Name

Joint Owner's Signature

Date (MMDDYYYY)

**X** \_\_\_\_\_