



Service address:

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



Outgoing Non-Qualified 1035 Exchange from RiverSource Life Insurance Co. of New York

- Use this form to move assets from RiverSource Life Insurance Co. of New York (RiverSource Life of NY) to another company.
- Use one form for each policy or contract being replaced.
- This form may be mailed to the address above or faxed to 1.866.432.9267.

- Consult your tax advisor regarding possible tax consequences as a result of this transaction.
- It is recommended that the client continue paying premiums on the old policy until the exchange is completed. This will eliminate the possibility of the policy lapsing or decreasing in cash value due to automatic premium loans.
- RiverSource Life of NY does not guarantee that this transaction will in fact qualify as a 1035 exchange.
- Indexed interest may not be credited if a full surrender is processed from an index account prior to the end of the term. Refer to your policy for more information.

Account Number

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For RiverSource® annuities held inside a brokerage account, enter 142 for the administration code. For all other products, enter 005.

Part 1 RiverSource Life of NY Account You Are Exchanging From

Owner Name

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Trust or Entity Name (if applicable)

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Joint Owner Name (if applicable)

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Insured/Annuitant Name (if different than owner)

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Amount to be moved: 100% **Annuities Only** Specified Amount \$

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Part 2 Account You Are Exchanging To

Company Name

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Agent/Advisor Name

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Product Name

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Policy/Contract Number

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Account You Are Exchanging To continued on next page..

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

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**Account You Are Exchanging To** continued

Product Type (Select One)

- Fixed Life Insurance
 Fixed Annuity
 Market Value Annuity
 Immediate Annuity
 Long Term Care
 Variable Life Insurance
 Variable Annuity
 Fixed Index Annuity
 Other

If Product selected is an Annuity: New Contract Existing Contract

Owner Name

Trust or Entity Name (if applicable)

Joint Owner Name (if applicable)

Insured/Annuitant Name (if different than owner)

Delivery Instructions

Make check payable to:

Mail check to:

Address

City

State

ZIP code

Part 3 Absolute Assignment and Signature

I hereby assign the portion of my rights, titles, and interest in the policy number identified above to the company named in Part 2 (company exchanging to). The purpose of this assignment is to effect a non-taxable exchange of this contract under Internal Revenue Code Section 1035(a) and the Regulations and Rulings issued under that section. Do not withhold any federal income taxes.

This paragraph applies only to nonqualified annuities, and only if the annuity is or was part of a partial 1035 exchange from one annuity to another annuity. IRS Revenue Procedure 2011-38 states if withdrawals are taken from either annuity within a 180-day period following a partial 1035 exchange, the IRS will apply general tax principles to determine the tax treatment of the previous exchange and the subsequent withdrawal. For example, a distribution from either contract within 180 days of the exchange may result in additional taxable income related to the contracts involved in the exchange. The IRS tax treatment may be different than what is reported on Form 1099-R. A tax advisor should be contacted before any withdrawals are taken from either annuity contract during the 180-day period. This 180-day limitation on withdrawals does not to apply to annuitized amounts if the annuitization is for life/lives or a period of 10 years or more.

Partial 1035 Exchanges to Qualified Long-Term Care Insurance Policies: The IRS has not yet provided rules regarding 1035 exchanges into qualified long-term care insurance products. There may be unintended tax consequences once the IRS provides guidance on these exchanges. The investment of the annuity contract will be adjusted based on the portion of the contract value exchanged, unless the IRS provides otherwise. Please consult your tax advisor.

By signing, I also acknowledge and accept the following conditions.**General**

- I am the owner of the listed RiverSource Life of NY contract and I authorize this transaction.
- I acknowledge that appropriate state replacement forms have been sent or are attached to this form.
- I hold RiverSource Life of NY harmless from any income or excise tax liability, including penalties and interest, as a result of this transaction.
- I understand and acknowledge that certain policy/contract benefit restrictions which I may have satisfied under my existing policy/contract (i.e. two year suicide exclusion, etc.) may begin anew under any replacement policy/contract.
- RiverSource Life of NY does not transfer outstanding loan balances on life insurance products. If there is an outstanding loan, it will be surrendered first, then the balance of the funds will be transferred to the company named in Part 2. I understand the surrender of the loan may create adverse tax consequences.

Charges

- I acknowledge that surrender charges may be imposed on the account value of my insurance policy/annuity contract prior to this transaction and that it may not be in my best interest to begin a new surrender charge schedule.
- I acknowledge that a market value adjustment may apply to the amount withdrawn from my annuity contract.

Expenses

- I understand that the ongoing mortality expense, administrative and annual contract charges under a new contract may be different.
- I understand that the fees for the policy features such as guarantees, death benefits and partial withdrawal features may differ.

Funds

- I acknowledge that the expenses of the underlying funds may be different.
- I understand that the new contract may have different coverage/riders than the contract with RiverSource Life of NY and that may affect the current value and the proceeds payable upon the death of the owner/insured/annuitant.

Absolute Assignment and Signature continued on next page..



Absolute Assignment and Signature continued

Annuity Contracts With a Guaranteed Withdrawal Benefit Rider (Partial Withdrawals Only)

- If your annuity has the *SecureSource 4 Plus NY*[®] or *SecureSource Core Plus NY*SM benefit, any withdrawal taken (including Required Minimum Distributions) before the Base Doublor date will permanently set the Base Doublor value to \$0.
- If you have a variable annuity with the *SecureSource*[®], *SecureSource*[®] Flex, or *SecureSource Stages NY*[®] rider, and are invested in the Portfolio Navigator Aggressive or Moderately Aggressive fund, taking this withdrawal will move the contract into the Moderate fund. Once you take a withdrawal you may invest in the Portfolio Navigator Conservative, Moderately Conservative, or Moderate fund without affecting your guaranteed benefit values. If you take this withdrawal and later choose to move to one of the more aggressive Portfolio Navigator funds, your guaranteed benefit values will be reset based on the lesser of your contract values or your guarantees at that time. You also have the option to transfer to any Portfolio Stabilizer fund. You can invest in any Portfolio Stabilizer fund while taking withdrawals without impacting your guaranteed benefit values. **It's important to note that if you transfer to one or more Portfolio Stabilizer fund(s), you will not be able to transfer back to any of the Portfolio Navigator funds.**
- **If you have an annuity with a guaranteed withdrawal benefit rider and you take a withdrawal that is higher than the maximum guaranteed amount, it is considered an "excess withdrawal." An excess withdrawal could permanently decrease your guaranteed income and benefit values.** If you would like to make a withdrawal and are uncertain of whether it would be considered an excess withdrawal or would like to see how an excess withdrawal will impact your future guaranteed income and benefit values, please call a Client Service Representative at 1-800-541-2251 to request a personalized calculation showing the effect of the withdrawal prior to submitting this request. If you do not contact us prior to submitting this form and the amount you have requested will result in an excess withdrawal, we will require that you complete the "Benefit Impact Acknowledgement Form" before processing can occur.

Owner Name	<input type="text"/>	Owner Phone Number	<input type="text"/>
Owner Signature	<input checked="" type="text"/>	Application State (i.e NY)	<input type="text"/>
Joint Owner Name (if applicable)	<input type="text"/>	Date (MMDDYYYY) Required	<input type="text"/>
Joint Owner Signature (if applicable)	<input checked="" type="text"/>	Date (MMDDYYYY) Required	<input type="text"/>
Spouse Name (if owner or spouse live in community property state - AZ, CA, ID, LA, NV, NM, TX, WA and WI)	<input type="text"/>	Date (MMDDYYYY) Required	<input type="text"/>
Spouse Signature (if community property state)	<input checked="" type="text"/>	Date (MMDDYYYY) Required	<input type="text"/>

Part 4 Letter of Acceptance and Surrender Request (Completed by company referenced in Part 2)

Please note cost basis information will be sent along with the check.
 By signature of a corporate officer below, the company named in Part 2 accepts assignment of the portion of the above identified contract for the purpose of complying with the client's intention of effecting a nontaxable exchange under IRC section 1035. Acceptance by RiverSource Life of NY of this assignment and of contract values from other insurance companies should not be construed as a guarantee that the transaction will qualify as a 1035 exchange.

Corporate Officer Signature	<input checked="" type="text"/>	Date (MMDDYYYY)	<input type="text"/>
Title	<input type="text"/>		