Incoming Account Transfer and Direct Rollover

Submit a copy of your most recent statement dated within the last 90 days via eFile Delivery or Add Document on Status Manager.
For certificate transfers, contact the third party firm to determine if they require submission of their own additional paperwork.

### Receiving Account Information

<table>
<thead>
<tr>
<th>Account Owner First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entity or Trust Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Account Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional IRA</td>
</tr>
<tr>
<td>Rollover IRA</td>
</tr>
<tr>
<td>SEP IRA</td>
</tr>
</tbody>
</table>

### Delivering Firm Information

<table>
<thead>
<tr>
<th>Account Owner First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entity or Trust Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title of Account as shown on your Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Account Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional IRA</td>
</tr>
<tr>
<td>Rollover IRA</td>
</tr>
<tr>
<td>SEP IRA</td>
</tr>
</tbody>
</table>

Specify other type
Are you moving from an Annuity?
☐ Yes  ☐ No

Is the contract lost or attached?
☐ Contract Lost  ☐ Contract Attached

Delivering Firm Name

Street Address

City

State Zip Code

Phone

Plan Sponsor Information (Required for 402(b)/TSA-TSCA accounts only)

If you are currently retired, unemployed, or working for an employer who does not sponsor a 403(b)/TSA-TSCA program, your 403(b)/TSA-TSCA account is deemed associated with your most recent employer who sponsored the 403(b)/TSA-TSCA arrangement.

Receiving Plan Sponsor Entity Name/Current Employer

EIN

Street Address

Phone Number

City

State ZIP Code

Distributing Plan Sponsor Entity Name/Former Employer (if different)

EIN

Street Address

Phone Number

City

State ZIP Code

Third Party Administrator (TPA) Name

Street Address

Phone Number

City

State ZIP Code

Instructions for Delivering Firm

Select Method of Delivery
☐ Transfer  ☐ Direct Rollover (this is reportable to the IRS)
☐ Conversion to a Roth IRA
**Tax Withholding:** (For Roth conversions only)

- Any amount withheld will be considered a distribution in the form of withholding and will decrease the amount that is rolled over to the Roth IRA.
- If the amount withheld is to be rolled over to the Roth IRA, the amount withheld will have to be made up from other assets.
- Federal Withholding: You are liable for federal income tax on the taxable portion of your distribution. If total withholding is not adequate, you may be subject to estimated tax payments and/or penalties.
- State Withholding: Withholding rules vary by state. Clients may have the option to: (1) opt-out of withholding, (2) elect default state tax withholding, or (3) increase the rate of withholding. Depending on the state, state tax withholding could be mandatory, optional, unavailable, or the client may need to complete a state-specific form.
- State tax withholding may not be available with all financial institutions. For state tax withholding rules, contact them directly.
- Please note that taxes withheld per your elections or in accordance with state rules will not be refunded.
- Different withholding rules apply in certain situations: If we do not have a valid Taxpayer Identification Number on the account, if the payment is delivered outside the United States or if you are a non-resident alien.

**For Qualified Plans or a 403(b)/TSA-TSCAs** - A direct conversion from a Qualified Plan or 403(b)/TSA-TSCA to a Roth IRA results in income tax being due on the taxable portion of the transaction. Please see the Special Tax Notice provided by the plan sponsor of your Qualified Plan or 403(b)/TSA-TSCA plan. There will be no withholding on this request unless you elect withholding below.

**For Traditional, SEP, or Simple IRAs** - 10% federal income tax will be withheld from the conversion amount unless you make a different withholding election below. Amounts distributed in the form of withholding may result in a 10% IRS premature penalty tax in addition to the ordinary taxes that apply to the entire distribution amount.

Consult with a tax advisor prior to requesting this transaction.

**Federal Withholding**
- Do not withhold federal tax
- Withhold 10% federal tax
- Withhold specific percentage for federal tax

**State Withholding**
- Do not withhold state tax
- Withhold default state tax
- Withhold specific percentage for state tax

### Delivering Account Liquidation Instructions

- Brokerage (the client may need to call to liquidate the account)
  - Liquidate (sell) all positions and transfer entire account as cash.
  - Partial liquidation. List specific asset amount(s) or percent(s) below.

- Annuity
  - Liquidate annuity immediately and transfer cash.
  - Liquidate annuity at maturity and transfer cash.
  - Partial liquidation. List specific asset amount(s) or percent(s) below.

- Certificate of Deposit
  - Liquidate CD immediately and transfer cash.
  - Liquidate CD at maturity and transfer cash.
  - Partial liquidation. List specific asset amount(s) or percent(s) below.

### Delivering Account Number and/or Plan Name

<table>
<thead>
<tr>
<th>Specific Amount</th>
<th>or Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>$</td>
<td>%</td>
</tr>
</tbody>
</table>

### Check Instructions

Include client’s name and delivering account number on all checks and make payable to:

For Certificates:
- Ameriprise Financial Services, Inc.
  - Attn: Account Transfers
  - 70100 Ameriprise Financial Center
  - Minneapolis, MN 55474

For Annuities:
- RiverSource Life Insurance Company
  - Attn: Account Transfers
  - 70100 Ameriprise Financial Center
  - Minneapolis, MN 55474
Investment Instructions for Ameriprise Financial Services, Inc. or RiverSource Life Insurance Company

Receiving Account Number

<table>
<thead>
<tr>
<th>Specific Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Advisor Details

Servicing Advisor Name

Advisor ID

Acknowledgment and Authorization

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

- I understand that account(s) to be opened for me at Ameriprise Financial Services, Inc. may be restricted until an executed application is received. I further understand that if an executed application is not received within 45 days of account opening, those restrictions will include a prohibition on new purchase transactions and the deposit or transfer in of cash or securities.

- I acknowledge receipt of and consent to all terms and conditions contained in the Ameriprise Brokerage Client Agreement and the Other Important Disclosures documents. I also acknowledge receipt of information relating to the third-party cash sweep program offered by Ameriprise Financial.

- I authorize my current custodian, insurance company or trustee to execute, and release all status updates on, the above transaction to Ameriprise Financial Services, Inc. and RiverSource Life Insurance Company.

- I am aware of and acknowledge any penalty and/or surrender charges I will incur from an early withdrawal.

- If this is a request for a 403(b)/TSA-TSCA account transfer or exchange, then I certify that I am aware of the rules and requirements regarding 403(b)/TSA-TSCA account transfers and exchanges, and have had the opportunity to consult with my personal tax advisor regarding this transaction. I further acknowledge that I may need to request that my employer enter into an information sharing agreement or other necessary documentation with Ameriprise Financial in order to maintain the Tax-Qualified status of my 403(b)/TSA-TSCA account.

Required Signatures

Account Owner First Name

Account Owner MI

Account Owner Last Name

Account Owner Signature

X

Date (MMDDYYYY)

Plan Sponsor/Plan Administrator Name

Plan Sponsor/Plan Administrator Entity Name

Plan Sponsor/Plan Administrator Signature

X

Date (MMDDYYYY)
Letter of Acceptance - For Corporate Use Only

☐ Ameriprise Financial Services, Inc. or RiverSource Life Insurance Company will deposit assets received in an IRA for the benefit of the above plan participant.
   Ameriprise Financial Services, Inc. and RiverSource Life Insurance Company are qualified under applicable Treasury regulations to act as the custodian of IRA.

☐ Ameriprise Financial Services, Inc. or RiverSource Life Insurance Company will deposit assets received in a Qualified 401(a) Plan or 403(b)/TSA-TSCA plan for the benefit of the above plan participant.
   Ameriprise Financial Services, Inc. and RiverSource Life Insurance Company are qualified under applicable Treasury regulations to act as the custodian of the plan.

Acceptance for Ameriprise Financial Services, Inc. or RiverSource Life Insurance Company:

Assistant Secretary (Corporate office signature only) [X] Date (MMDDYYYY)