



Service address:

**RiverSource Life Insurance Co. of New York**  
70751 Ameriprise Financial Center, Minneapolis, MN 55474  
Client Services: 1-800-633-3565



## Change of Beneficiary Form - Privileged Assets

<b>RiverSource Contract Number</b>

New York Insurance Regulation requires insurance companies to request supplemental beneficiary information. Please complete all information in Part 1 of this form.

### Print Full Name of Owner

First Name, Middle Initial, Last Name

Change of Beneficiary/Settlement Agreement: Subject to the rights of the assignee of record, if any, and subject to the limitation, if any, in the Beneficiary Designation or Settlement Agreement, the owner may, as often as desired, change the beneficiary, or may change the Settlement Agreement to any other method of payment upon which the owner and the Company may agree. Such change of beneficiary shall be made by filing with the Company a written request in a form satisfactory to the Company. No such change will be effective unless recorded by the Company, but on being so recorded, shall take effect as of the date the request was signed, provided that any interest created thereby shall be subject to any payment made or other action taken by the Company before such recording.

### Part 1 Primary Beneficiary(ies): In Equal Shares or as Designated Below

First Name, Middle Initial, Last Name, Address

Relationship to Insured

% of Proceeds

Phone Number

Social Security Number

Birthdate

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name, Middle Initial, Last Name, Address

Relationship to Insured

% of Proceeds

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First Name, Middle Initial, Last Name, Address

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First Name, Middle Initial, Last Name, Address

Relationship to Insured

% of Proceeds

Phone Number

Social Security Number

Birthdate

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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as shall then be living, and if no such beneficiary is then living,



**CONTINGENT BENEFICIARY(ies): IN EQUAL SHARES OR AS DESIGNATED BELOW**

First Name, Middle Initial, Last Name, Address

[Empty text box for beneficiary name and address]

Relationship to Insured	% of Proceeds	Phone Number	Social Security Number	Birthdate
[Empty]	[Empty]	[Empty]	[Empty]	[Empty]

First Name, Middle Initial, Last Name, Address

[Empty text box for beneficiary name and address]

Relationship to Insured	% of Proceeds	Phone Number	Social Security Number	Birthdate
[Empty]	[Empty]	[Empty]	[Empty]	[Empty]

First Name, Middle Initial, Last Name, Address

[Empty text box for beneficiary name and address]

Relationship to Insured	% of Proceeds	Phone Number	Social Security Number	Birthdate
[Empty]	[Empty]	[Empty]	[Empty]	[Empty]

**Trust Beneficiary**

If you would like to name your trust as a Primary (P) or Contingent (C) beneficiary, please complete the section below.

(P) (C) %  
  [ ]

[ ] as Trustee(s) or the successor or successors in trust under the

(Name of Trustee(s))

[ ] trust dated [ ]

(Name of Trust)

(Date of Trust)

and supplements or amendments thereto, if said agreement shall then be in force; if not, the payment may be made to the Annuitant's Estate.

[ ]

(Address of Trust)

[ ]

(TIN of Trust)

[ ]

(Phone Number of Trustee)

It is understood and agreed that the Company shall not be responsible for the application or disposition of the proceeds by the Trustee and that payment of the proceeds to the Trustee shall fully and finally discharge the Company from all liability under the Policy.

Please attach the trust document pages that state the name, date, trustees and successor trustees of the trust along with the signature page.

**Part 2 Any of the Following May Be Checked if Desired**

- 1. **POSTPONEMENT OF PAYMENT CLAUSE:** In no case shall any payment be made to any beneficiary designed in the form until midnight of the 30th day following the Insured's death and in the event of the death of a beneficiary during such period payment shall be made in the same manner as provided in this form had said beneficiary predeceased the Insured.
- 2. **CHILDREN'S CLAUSE (PER STIRPES):** If a child of the Insured predeceases the Insured leaving children who survive the Insured, the share such deceased beneficiary would have received had such beneficiary survived the Insured, shall be paid in equal shares to the surviving children of such deceased beneficiary.
- 3. **IRREVOCABLE BENEFICIARY:** I request, agree and understand that I may not revoke and change this beneficiary designation during the beneficiary's lifetime without his or her written consent. While this policy remains payable to this designated beneficiary during his or her lifetime, I may not make loans on this policy, except for the sole purpose of paying a premium or premiums on this policy, or interest on any indebtedness on this policy, or both, and I may not exercise, without this beneficiary's written consent, any other option, right or privilege under this policy, including but not limited to the right to elect non-forfeiture or the right to assign this policy.



**Part 3 Marital Status and Consent of Spouse**

**Owner Marital Status (Select One)**

Single     Married (See Consent of Spouse)     Widowed     Divorced

**Consent of Spouse**

This consent of spouse must be signed if **all** of the following conditions are present:

- (a) the spouse of the owner is living
- (b) the spouse is not the sole primary beneficiary named and
- (c) the owner and spouse are residents of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).

I have reviewed the above beneficiary designation and, as the spouse of the owner, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter and I relinquish all my statutory or other rights thereto.

Spouse Name

[Redacted Spouse Name]

Date Signed

[Redacted Date Signed]

Spouse Signature

**X** [Redacted Spouse Signature]

Date Signed

[Redacted Date Signed]

**Part 4 Disclosures and Signatures Change of Beneficiary**

- The undersigned hereby revokes any and all prior beneficiary designations and/or elections by the Owner(s) of a method of settlement for the beneficiary of the proceeds upon the death. Any amount payable to a beneficiary after the Retirement Date will be paid as provided in the Annuity Payment Plan then in effect.
- The right to revoke this instrument and to change the designated beneficiaries upon written notice to, and acceptance by, the Company is reserved to the Owner without the consent of the revocable beneficiaries.
- Except as otherwise specifically provided herein, no beneficiary entitled to any payment hereunder shall have the right to withdraw, surrender for cash, borrow against, commute, anticipate, encumber, alienate, or assign such payment, or any part thereof, or any interest therein, nor shall such payment, or any part thereof, or any interest therein be in any way subject to such person's debts, contracts, or engagements, nor to any judicial process to levy upon or attach the same payment thereof. No provision of this contract or beneficiary designation shall be construed to prevent the owner or the beneficiary from assigning its interest in this contract to a nursing home or government agency to qualify for government assistance programs. This clause shall be effective to the extent permitted by law.

Signature of Owner

**X** [Redacted Signature of Owner]

Date Signed

[Redacted Date Signed]

Signature of Joint Contract Owner

**X** [Redacted Signature of Joint Contract Owner]

Date Signed

[Redacted Date Signed]

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