



Service address:

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



Change of Ownership/Annuitant

• Life Insurance

• Annuities



- A Client Profile must be submitted prior to establishing a new account.
- This form may not be used for Qualified Accounts.
- For all annuities held within a brokerage or SPS *Advantage* account, before proceeding, ensure the brokerage or SPS *Advantage* account the annuity is to be linked with is of the exact same ownership.
- For Annuity contracts only:
If the new owner is a revocable trust or an irrevocable grantor trust, the annuitant must be the grantor of the trust to assure 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.

Client ID	001
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Part 1 Gifting/Value Received Information

1. Is the Change of Ownership due to a divorce?
 Yes (go to Part 2) No (go to next question)
2. 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 (go to Part 2) No (go to next question)
3. You hereby absolutely and unconditionally sell, transfer and convey. *If no option is selected the default is gift.*
 With the intention of making a gift (go to Part 2) For value received (go to Part 2)

If gifting is selected, or defaulted to, a 1099 may be issued. Generally transfer of annuity ownership, whether by gift or for value received, is a taxable event. Please consult your tax advisor.

Part 2 Existing Account Identification

Complete this section exactly as it appears on our records.

Client/Owner or Fiduciary Name

Trust or Entity Name

Joint Owner Name

Joint Owner Client ID

Insured/Annuitant

001

Sign on page(s) 3, 11 and 18

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



Existing Product Type and Account Number (Required):

- RAVA 5th: 9935 prefix Account Number 005
- Other: 9900, 9700 or 9790 prefix. Account Number 005

Existing Product Type and Account Number (Required):

- RAVA 5th: 9935 prefix Account Number 005
- Other: 9900, 9700 or 9790 prefix. Account Number 005

Existing Product Type and Account Number (Required):

- RAVA 5th: 9935 prefix Account Number 005
- Other: 9900, 9700 or 9790 prefix. Account Number 005

Existing Product Type and Account Number (Required):

- RAVA 5th: 9935 prefix Account Number 005
- Other: 9900, 9700 or 9790 prefix. Account Number 005

i Complete Suitability Information in Part 5 for each new account.

Part 3 Authorization to Transfer Ownership

i Must be signed by all present owners.

Annuities and Life Insurance

- Subject to the approval of RiverSource Life Insurance Co. of New York, you absolutely and unconditionally transfer ownership of the above described life insurance policy/annuity contract to the person(s) named in Part 4 A, B, C or D 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).

All owners and fiduciaries identified in Part 2 must sign below:

Date (MMDDYYYY)

X _____

X _____

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, sign below and have their signature notarized.

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 _____



Part 4 New Owner Information (Always Complete Part 4)

- New Owners must sign on Page 8.
- 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 a variable annuity with the *SecureSource* Flex or *SecureSource Stages NY* joint life benefit and transfer ownership to anyone other than the covered spouses or their revocable trust, the rider terminates.
- If you own a variable annuity with the *SecureSource 3 NY*[®], *SecureSource 4 NY*[®], *SecureSource 4 Plus NY*[®], *SecureSource Core NY*SM, or *SecureSource Core Plus 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).
- Joint ownership and joint annuitants are not allowed for annuity contracts with the *SecureSource* Flex or *SecureSource Stages NY* single life benefit.
- Complete the following client suitability information. Incomplete fields may result in any new account being restricted to sales only transactions and may delay future trading.

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. You must acknowledge by initialing below 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.

Initials of current owner _____ Initials of new owner _____

4A - Individual Owner

Name as it appears in IRS Records		Taxpayer Identification Number	
Relationship to Current Owner(s) in Part 2		Date of Birth (MMDDYYYY)	
Citizenship (Select One): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien		Telephone Number	
Country of Citizenship (Required if Resident Alien or Non-Resident Alien)		Second Country of Citizenship	
Marital Status (Select One): <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Widowed		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Residential Address: <input type="checkbox"/> Please check here if this is an address change. For alternate address requests, please submit Form 518.			
City		State	ZIP Code

New Owner Information continued on next page..



A. Employment status

A. Employed B. Self-employed C. Not Employed D. Retired E. Other (Homemaker, Minor, Student, etc.)

Industry Classification (Required if Self-employed)

Primary Occupation Information (Required if employed or self-employed)

Employer 1 (Required if Employed or Self-employed)

Employer

Employer Street Address

Employer City

State

ZIP Code

Employer Country

Employer 2 (if Applicable)

Employer

Employer Street Address

Employer City

State

ZIP Code

Employer Country

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

Yes No

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

Employer 1

Employer 2

If the company is not indicated above, enter the following required information:

Company

Company Street Address

Company City

State

ZIP Code

Company Country

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



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

Same as Employer 1

Same as Employer 2

If the company is not indicated above, enter the following required information:

Company

Company Street Address

Company City State ZIP Code

Company Country Company Ticker Symbol

Federal Tax Bracket: 0% 1% - 12% 13% - 24% 25% - 35% Over 35%

Annual Income: \$ Net Worth: \$

Liquid Net Worth: \$

Does the client have investment experience? Yes No



Select all asset type(s) for which the client 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 (includes 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 Decline 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="checkbox"/> Other	\$
<input type="checkbox"/> Fixed Income (includes UITs)	\$	<input type="checkbox"/> Structured Products	\$

Total Dependents*

*Defined as each person the client can claim on their IRS Tax Filing. For more information, see IRS Publication 501 - Exemptions, Standard Deduction and Filing Information.

4B - Joint Owner with Individual Owner in Part A

(WROS - For annuities, rights of survivorship can only be used if joint owners are husband and wife. All others will be tenants in common) or tenants in common

Name as it appears in IRS Records Taxpayer Identification Number

Relationship to Current Owner(s) in Part 2 Date of Birth (MMDDYYYY)

Citizenship (Select One): U.S. Citizen Resident Alien Non-Resident Alien Telephone Number

Country of Citizenship (Required if Resident Alien or Non-Resident Alien) Second Country of Citizenship

Marital Status (Select One): Married Divorced Single Widowed Gender: Male Female

Residential Address: Please check here if this is an address change. For alternate address requests, please submit Form 518.

City State ZIP Code

A. Employment status

A. Employed B. Self-employed C. Not Employed D. Retired E. Other (Homemaker, Minor, Student, etc.)

Industry Classification (Required if Self-employed)

Primary Occupation Information (Required if employed or self-employed)

Employer 1 (Required if Employed or Self-employed)

Employer

Employer Street Address

Employer City State ZIP Code

Employer Country

Employer 2 (if Applicable)

Employer

Employer Street Address

Employer City State ZIP Code

Employer Country



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

Yes No

Which Employer? (Information required if Yes is selected for B)

Employer 1
 Employer 2

If the company is not indicated above, enter the following required information:

Company

Company Street Address

Company City

State

ZIP Code

Company Country

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

Company: (Information required if Yes is selected for C)

Same as Employer 1

Same as Employer 2

If the company is not indicated above, enter the following required information:

Company

Company Street Address

Company City

State

ZIP Code

Company Country

Company Ticker Symbol

Federal Tax Bracket: 0% 1% - 12% 13% - 24% 25% - 35% Over 35%

Annual Income: \$ Net Worth: \$

Liquid Net Worth: \$

Does the client have investment experience? Yes No



Select all asset type(s) for which the client 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 (includes 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:

Alternative Investments

1-2 3-5 6+

0-5 6-15 16+



(includes managed futures/fund of hedge funds)

- Annuities/Variable Life 1-2 3-5 6+ 0-5 6-15 16+
- Certificates/CDs 1-2 3-5 6+ 0-5 6-15 16+
- Commodities 1-2 3-5 6+ 0-5 6-15 16+
- Equities (includes ETFs) 1-2 3-5 6+ 0-5 6-15 16+
- Fixed Income (includes UITs) 1-2 3-5 6+ 0-5 6-15 16+
- Limited Partnerships 1-2 3-5 6+ 0-5 6-15 16+
- Mutual Funds/529s 1-2 3-5 6+ 0-5 6-15 16+
- Non-Traded REITs/BDCs and non-traded closed end funds 1-2 3-5 6+ 0-5 6-15 16+
- Options 1-2 3-5 6+ 0-5 6-15 16+
- Structured Products 1-2 3-5 6+ 0-5 6-15 16+

Does the client have any investments held outside Ameriprise? Yes No Decline 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"/>

Total Dependents*

*Defined as each person the client can claim on their IRS Tax Filing. For more information, see IRS Publication 501 - Exemptions, Standard Deduction and Filing Information.

4C - Uniform Gifts/Transfers to Minors Act - Irrevocable Gift to Minor/Protected Person

Name of Custodian Relationship to Minor/Protected Person

Custodian Telephone Number

Name of Minor Minor's/Protected Person Taxpayer Identification Number

Minor's/Protected Person Date of Birth (MMDDYYYY) Gender Male Female State Which Governs UGMA/UTMA (State of Minor/Protected Person, Custodian or Donor)

Residential Address: Please check here if this is an address change. For alternate address requests, please submit Form 518.

City State ZIP Code

A. Employment status

- A. Employed B. Self-employed C. Not Employed D. Retired E. Other (Homemaker, Minor, Student, etc.)

Industry Classification (Required if Self-employed)

Primary Occupation Information (Required if employed or self-employed)



Employer 1 (Required if Employed or Self-employed)

Employer

Employer Street Address

Employer City

State

ZIP Code

Employer Country

Employer 2 (if Applicable)

Employer

Employer Street Address

Employer City

State

ZIP Code

Employer Country

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

Yes No

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

Employer 1

Employer 2

If the company is not indicated above, enter the following required information:

Company

Company Street Address

Company City

State

ZIP Code

Company Country

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



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

Same as Employer 1

Same as Employer 2

If the company is not indicated above, enter the following required information:

Company

Company Street Address

Company City State ZIP Code

Company Country Company Ticker Symbol

Federal Tax Bracket: 0% 1% - 12% 13% - 24% 25% - 35% Over 35%

Annual Income: \$ Net Worth: \$

Liquid Net Worth: \$

Does the client have investment experience? Yes No



Select all asset type(s) for which the client 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 (includes 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 Decline 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="checkbox"/> Other	\$
<input type="checkbox"/> Fixed Income (includes UITs)	\$	<input type="checkbox"/> Structured Products	\$

Total Dependents*

*Defined as each person the client can claim on their IRS Tax Filing. For more information, see IRS Publication 501 - Exemptions, Standard Deduction and Filing Information.

4D - Designation of Successor Custodian for UTMA or Successor Owner



- This designation must be completed by the current Custodian/Fiduciary named in Part C.
- If this designation is for a Successor Custodian under UGMA/UTMA it must be witnessed by a separate, disinterested third party signing below.
- This designation of Successor Custodian is not valid in the State of Ohio.

Select One: Successor Custodian Successor Owner

Name of Successor Custodian/Owner

Relationship to the Minor/Protected Person	Social Security Number	Date of Birth (MMDDYYYY)	Successor Custodian/Owner Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address: Please check here if this is an address change. For alternate address requests, please submit Form 518.

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

Signature of Custodian	Date (MMDDYYYY)
X _____	<input type="text"/>

Signature of Witness (financial advisor may serve as witness)	Date (MMDDYYYY)
X _____	<input type="text"/>

4E - Trust or Organization



A client profile form must be submitted for trusts and organizations that are new clients before the change of ownership can be processed.

Trustee or Officer of Organization Name(s)	Date of Trust (MMDDYYYY)
<input type="text"/>	<input type="text"/>

Trustee or Officer of Organization Name(s)	Trustee Telephone Number
<input type="text"/>	<input type="text"/>

Trust or Organization Name	TIN
<input type="text"/>	<input type="text"/>

If Trust is new owner (Select One): Revocable
 Irrevocable Grantor Trust (Submit Special W-9)
 Irrevocable Non - Grantor Trust (Submit Special W-9)

Business Address: Please check here if this is an address change. For alternate address requests, please submit Form 518.

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

Employment Information

Employment status of the Trustee:

A. Employed B. Self-employed C. Not Employed D. Retired E. Other (Homemaker, Minor, Student, etc.)

Primary Occupation Information (Required if employed or self-employed)



Is the trustee employed, or an associated person of, by a registered broker-dealer, a securities exchange or the Financial Industry Regulatory Authority (FINRA)? **If yes, we may be required to send the trustee's employer a duplicate copy of the trust's statements and confirmations.**

Yes No

How many companies is the trustee employed by, or an associated person of? 1 2 3 4

Company 1

Company 1 Street Address

Company 1 City

State

ZIP Code

Company 2

Company 2 Street Address

Company 2 City

State

ZIP Code

Is the trustee an officer, director, 10% shareholder or policy maker of a publicly traded company? Yes No

How many companies is the trustee an officer, director, 10% shareholder or policy maker of? 1 2 3 4

Same as Company 1

Same as Company 2

If the company is not indicated above, enter the following required information:

Company 1

Company 1 Street Address

Company 1 City

State

ZIP Code

Ticker Symbol

Company 2

Company 2 Street Address

Company 2 City

State

ZIP Code

Ticker Symbol

Federal Tax Bracket: 0% 1% - 12% 13% - 24% 25% - 35% Over 35%

Annual Income: \$ **Net Worth:** \$

Liquid Net Worth: \$

Does the client have investment experience? Yes No



Select all asset type(s) for which the client 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 (includes 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 Decline 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"/>

4F - Annuitant Change for Non-Qualified Deferred Annuity Contracts (an annuitant cannot be changed if the contract is owned by a non-person)



Any annuity that is not an Advantage Fixed Series, Bonus Fixed Series, RiverSource Retirement Advisor Advantage Plus® variable annuity and all types of RAVA 4® and RAVA 5® annuities have 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.



Name as it appears in IRS Records

Taxpayer Identification Number

Telephone Number

Relationship to Current Owner(s) in Part 2

Date of Birth (MMDDYYYY)

Residential Address: Please check here if this is an address change. For alternate address requests, please submit Form 518.

City

State

ZIP Code

4G - Brokered Annuity Association for RAVA 5 Annuity Contracts Only

i Choose one if applicable. If no selection is made, annuity will be associated with a brokerage/managed account in the same ownership as the annuity.

I request the above RiverSource® annuity account

- Remain linked to the existing brokerage/managed account
- Be linked to the following account
- Not be linked with any account

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Part 5 Account Suitability- Change of Ownership Only

i Basic definitions for Investment Time Frame, Risk Tolerance, Investment Objectives and Liquidity Needs are provided below. More detailed descriptions and examples of some of the selections can be found on your Suitability Confirmation.

- !** Complete the following account suitability information for each new account. Incomplete fields will result in any new account being restricted to sales only transactions and may delay future trading.
- The information in this part **is required** for changes of ownership other than divorces or change of annuitant.
- If you own a Variable Annuity with the SecureSource® Flex rider single life benefit and the covered person changes as a result of the ownership change, the rider terminates.

! **Please 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.

Account 1 - Complete all of the following information for each new account. (from Part 2)



Investment Time Frame (Select only one)	Risk Tolerance (Select only one)	Investment Objectives (Select at least one per order of importance)		
<input type="radio"/> A. Less than 1 Year	<input type="radio"/> A. Conservative	1st	2nd	3rd
<input type="radio"/> B. 1 - 3 Years	<input type="radio"/> B. Conservative / Moderate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> A. Capital Preservation
<input type="radio"/> C. 4 - 7 Years	<input type="radio"/> C. Moderate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> C. Income
<input type="radio"/> D. 8 - 10 Years	<input type="radio"/> D. Moderate / Aggressive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D. Tax Considerations
<input type="radio"/> E. 11+ Years	<input type="radio"/> E. Aggressive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> E. Protection
Liquidity Needs (Select only one)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> F. Education
<input type="radio"/> A. Less than 1 Year		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G. Estate Planning
<input type="radio"/> B. 1 - 6 Years		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> H. Speculation
<input type="radio"/> C. 7+ Years		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> I. Growth
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> J. Growth with Income

Planned Initial Investment Amount \$

Recommendations for this account are being made by considering

- Assets held only in this account
- Overall assets held at Ameriprise
- Overall assets held at Ameriprise and assets held outside of Ameriprise

Account 2 - Complete all of the following information for each new account. (from Part 2)

Investment Time Frame (Select only one)	Risk Tolerance (Select only one)	Investment Objectives (Select at least one per order of importance)		
<input type="radio"/> A. Less than 1 Year	<input type="radio"/> A. Conservative	1st	2nd	3rd
<input type="radio"/> B. 1 - 3 Years	<input type="radio"/> B. Conservative / Moderate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> A. Capital Preservation
<input type="radio"/> C. 4 - 7 Years	<input type="radio"/> C. Moderate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> C. Income
<input type="radio"/> D. 8 - 10 Years	<input type="radio"/> D. Moderate / Aggressive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D. Tax Considerations
<input type="radio"/> E. 11+ Years	<input type="radio"/> E. Aggressive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> E. Protection
Liquidity Needs (Select only one)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> F. Education
<input type="radio"/> A. Less than 1 Year		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> G. Estate Planning
<input type="radio"/> B. 1 - 6 Years		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> H. Speculation
<input type="radio"/> C. 7+ Years		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> I. Growth
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> J. Growth with Income

Planned Initial Investment Amount \$

Recommendations for this account are being made by considering

- Assets held only in this account
- Overall assets held at Ameriprise
- Overall assets held at Ameriprise and assets held outside of Ameriprise

Account 3 - Complete all of the following information for each new account. (from Part 2)



Investment Time Frame (Select only one) <input type="radio"/> A. Less than 1 Year <input type="radio"/> B. 1 - 3 Years <input type="radio"/> C. 4 - 7 Years <input type="radio"/> D. 8 - 10 Years <input type="radio"/> E. 11+ Years	Risk Tolerance (Select only one) <input type="radio"/> A. Conservative <input type="radio"/> B. Conservative / Moderate <input type="radio"/> C. Moderate <input type="radio"/> D. Moderate / Aggressive <input type="radio"/> E. Aggressive	Investment Objectives (Select at least 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
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Planned Initial Investment Amount \$

Recommendations for this account are being made by considering

Assets held only in this account

Overall assets held at Ameriprise

Overall assets held at Ameriprise and assets held outside of Ameriprise

Account 4 - Complete all of the following information for each new account. (from Part 2)

Investment Time Frame (Select only one) <input type="radio"/> A. Less than 1 Year <input type="radio"/> B. 1 - 3 Years <input type="radio"/> C. 4 - 7 Years <input type="radio"/> D. 8 - 10 Years <input type="radio"/> E. 11+ Years	Risk Tolerance (Select only one) <input type="radio"/> A. Conservative <input type="radio"/> B. Conservative / Moderate <input type="radio"/> C. Moderate <input type="radio"/> D. Moderate / Aggressive <input type="radio"/> E. Aggressive	Investment Objectives (Select at least 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
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Planned Initial Investment Amount \$

Recommendations for this account are being made by considering

Assets held only in this account

Overall assets held at Ameriprise

Overall assets held at Ameriprise and assets held outside of Ameriprise

Check here if any additional New Owner Account Profile Information pages are attached.

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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Risk Tolerance Definitions

Conservative	You accept the lowest return potential, lowest return variability, and the lowest fluctuation in account value, in exchange for lower risk.
Conservative / Moderate	You accept a relatively low return potential, relatively low return variability, and relatively low fluctuation in account value, in exchange for a below average amount of risk.
Moderate	You accept an average amount of risk in exchange for average return potential, average return variability, and average fluctuation in account value.
Moderate / Aggressive	You accept an above average amount of risk in exchange for a relatively high return potential, relatively high return variability, and relatively high fluctuation in account value.
Aggressive	You accept the highest amount of risk in exchange for the highest return potential, the highest return variability, and the highest fluctuation in account value.

**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 beneficiaries or provide a legacy upon 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.

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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Part 6 Authorization and Acknowledgments - (Must be signed by all new owners or fiduciaries)

- You confirm that you are at least 18 years of age and full legal age in your state of residence.
- You acknowledge that you will be bound by the terms of the insurance policy/annuity contract, as are your heirs, executors, administrators and successors.
- Householding:** 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. These accounts include 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. If you want to have a statement covering only accounts that you own and to not participate in household pricing, please call your Ameriprise financial advisor, or the toll-free number on your statement.
- Householding for Shareholder Documents:** You understand that Ameriprise Financial Services, Inc. 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. Under this, 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 prospectuses, supplements, annual reports, semiannual reports and proxies, you can call 1.866.273.7429 and reference the client number found on your statement. Multiple mailings will resume within 30 days of the request.

Taxpayer's Identification Number to Be Used on This Account (See Instructions on Page 18, Part 6)

Name (on IRS Records) Associated With This Tax Number

W-9 TIN Certification**Check appropriate box for federal tax classification (required):**

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

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 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 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.

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 this document other than the certifications required to avoid backup withholding.

All New Owners/Fiduciaries of the accounts identified in this form Must Sign Here

State

Date Signed (MMDDYYYY)

X	<input type="text"/>	<input type="text"/>
X	<input type="text"/>	<input type="text"/>

Person(s) named in Part 4A, C or D (and Part B in case of joint tenants) must always sign here.

To Be Completed by Ameriprise Financial Advisor or Area Office

Advisor Name	
Advisor Number	Phone

Change of Ownership/Annuitant

Form 38105



Please read the instructions (shown below) completely before completing this form for submission to RiverSource Life Insurance Co. of New York.

Part 1 Gifting/Value Received Information

For Life Insurance and Annuities, check the box that applies. If neither box is checked, it will default to gift.

Note: There may be tax implications as a result of transferring ownership of an annuity. Consult your tax advisor prior to the Transfer of Ownership. RiverSource may report "Gifting" on annuities purchased after April 22, 1987.

Part 2 Existing Account Identification

Use this part of the form to identify the accounts that are affected by the instruction provided on this form as well as listing the client ID numbers of the current account owner(s). Change of ownership or annuitant will not be completed for account numbers not included in your instructions.

Part 3 Authorization to Transfer Ownership

All current owners must sign and date.

Part 4 New Owner Information (Always Complete Part 4)

4A - Individual Owner

- If account is a guardianship/conservatorship account, indicate this ownership here, e.g., "John Smith as the guardian (conservator) for Mary Smith." Include the taxpayer identification number, date of birth, gender and marital status for the minor/ward/protected person.
- If new owner is a trust, a completed Certificate of Trust form (131201) must be submitted with change of ownership form.
- If new owner is an irrevocable trust, a copy of the special W-9 must also be submitted with change of ownership form.
- To designate an Attorney-In-Fact and enable them to act on your behalf, submit the Power of Attorney form (402540).

4B - Joint Owner

- Check appropriate box with rights of survivorship or tenants in common.
- For annuities, with rights of survivorship can only be used if joint owners are husband and wife. All others will be tenants in common.

4C - Uniform Gifts/Transfers to Minors Act

- This ownership constitutes an irrevocable gift to a minor/protected person.
- Only one custodian and one minor/protected person per account.

4D - Designation of Successor Custodian for UTMA or Successor Owner

- Complete for Successor Custodian or Successor Owner.

4E - Trust Ownership or Corporation

- If new owner is a corporation, a completed Corporate Resolution form (402400) must be submitted with change of ownership form.

Part 5 Account Suitability - Change of Ownership Only

- The requested account profile information should be provided for each account where account ownership is changing. The profile information selections should be based on the preferences of the new owner.
- Select one Investment Time Frame for each account that is appropriate to the new owner profile/preferences.
- Select one Risk Tolerance for each account that is appropriate to the new owner profile/preferences.
- Select at least one but up to three Investment Objectives for each account that is appropriate to the new owner profile/preferences.
- The selections for 1st, 2nd and 3rd should reflect the priority ranking of the choices.

Part 6 Authorization and Acknowledgments

Indicate the taxpayer identification number to be used on the account.

- If Joint Tenants, only one Owner can be the Taxpayer of record. Please indicate which TIN is to be listed as Taxpayer.
- If new account is an UGMA/UTMA, the correct TIN is the Social Security number of the minor/protected person.
- If new account is a guardianship/conservatorship account, the correct TIN is the Social Security number of the minor/ward/protected person.
- If the new account is a trust, indicate the taxpayer identification number for the trust.
- If you have difficulty determining what TIN to provide, please see the instructions on IRS Form W-9.

Customer Identification Program of USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

We will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers' license or other identifying documents. If you are opening an account for a corporation, trust or other entity, we may also ask for copies of the documents showing the existence of the entity.