



Change of Ownership/Annuitant



- For Brokerage platform products, you must first create the applicable product account via eForms New Business in the appropriate ownership and submit the signed summary application.
- Brokerage account ownership changes require an account first be established in the desired ownership and listed in Part 4. Full account ownership transfers will inactivate arrangements and features on the original account including, but not limited to: check writing, systematic payouts, bank authorizations, dividend methods, etc.
- This form may not be used for Qualified Accounts, except in limited situations.
- For all annuities linked to a brokerage or SPS account, before proceeding, ensure the brokerage or SPS 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.
- Ownership changes on *RiverSource*[®] annuities issued in California with the *Enhanced Legacy*[®] or *SecureSource Legacy*SM benefit require the acknowledgment to be initialed in Part 5.

Client ID

Part 1 Current Account Owner(s)

i Complete Suitability Information in Part 6 for each new account.

Account Number (s)

1. 2.

Account Number Admin Code Account Number Admin Code

Owner or Fiduciary Name

Trust or Entity Name

Joint Owner Name Joint Owner Client ID

Part 2 Gifting/Value Received Information

1. Is the Change of Ownership due to a divorce? Yes No

2. Product (Select all that apply):

Life Insurance policies and Annuity contract (2A) Brokerage and Managed Accounts (2B) Certificates (2B)

Sign on page(s) 3, 4, 19 and 20
Fax # 1.866.478.8767



2A. Life Insurance policies and Annuity contracts only



Questions 1 and 2 *below* are valid for Life Insurance policies or Annuity contracts ONLY.

- 1. 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 No
- 2. 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 For full value received



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. A transfer of a life insurance policy is generally not a taxable event but may be subject to gift taxes. You may request an IRS form 712 for your life insurance transfer by contacting our home office. Please consult your tax adviser.

2B. Brokerage and Managed Accounts (All questions must be completed)



Questions 1 - 4 *below* are valid for Brokerage, and Managed Accounts ONLY.

GIFT: The transfer of assets to an individual where full value is not received in return. The owner is 'giving' the assets/positions to the new owner. For value received: The transfer of assets where the original owner receives full value payment for the assets from the new owner. The new owner is 'buying' the assets/positions from the original owner at fair market value (FMV).

- 1. Is this transfer a Gift? *If no option is selected, the default is gift. However, the scenarios below* will be treated as a Sale for Full Value Received in accordance with tax reporting regulations.*
 Yes No - *if 'No', select one of the following options*
 Sale for Full Value Received Other (Please specify)
- 2. Is any recipient of the transfer a:
 Spouse Trust Ex-Spouse Other (Please specify)
- 3. Is this transfer within 1 year of date of divorce OR pursuant to divorce decree? Yes No (Please specify)
- 4. If any current owner OR any recipient is a trust, is the trust a:
 Revocable Trust
 with one Grantor with two Grantors who are spouses with multiple Grantors
 Irrevocable Trust
 Irrevocable Trust treated as Grantor Trust
- 5. If the account is currently owned by a revocable trust, is the transfer due to the death of a grantor of a revocable trust?
 Yes- *if 'Yes', date of death of the grantor is required (Death certificate is required if one is not on file)*
 No Date of death of grantor MM/DD/YYYY

* Scenarios to be treated as a Sale for Full Value Received:

- Transferring ownership between spouses (includes adding/removing a spouse as joint owner or transferring from one spouse to another. Does not include transfers to a non-resident alien spouse.)
- Transferring between a person and their revocable trust. The SSN of the person must be the registered taxpayer of the trust. (Includes transfers to a spouse's revocable trust.)
- Transferring to an ex-spouse due to divorce or court order related to divorce adding or removing spouse as joint owner due to divorce.



Part 3 Transfer Amount and Authorization



Third Party Annuity or Insurance (Except RiverSource® annuities held in a brokerage account (Prefix 9925))

- This form cannot be used to change the ownership, request divorce settlement, or enable hold restrictions for annuity contracts and/or insurance policies linked to the indicated brokerage account number.
- Ameriprise Financial, Inc. cannot process the ownership change for annuities or insurance products held at a third party carrier. Please contact the carrier directly to obtain the required paperwork and to facilitate the desired ownership change.

- Remain linked to the existing Ameriprise® brokerage account.
- The currently linked Ameriprise brokerage account ownership no longer matches the third party annuity/insurance contract ownership, link all associated annuity/insurance contracts to the following account :



For Brokerage, SPS Advantage and Active Portfolios® accounts:

- Please indicate the amount of cash or securities to be transferred. If no amount is specified, we will transfer 100%.
- If you are requesting a cash amount, there must be sufficient cash in the sweep account to cover the amount requested.
- If your default lot relief method is average, we are unable to process a request for specific tax lots.

- Transfer all Cash and Securities Transfer all Cash Only
- Transfer all Securities Only Transfer Percentage of Entire Account: %
- Transfer Partial Cash Amount \$
- Transfer Partial Securities Only – Transfer the individual securities identified in the table below.

Complete the table to provide instructions for the transfer of individual securities held in your account. If there is insufficient room to list all securities below, you may attach a list signed and dated by the current owner and enter **see attached list** in this part.

CUSIP	Security Description	Security Type (Stock/Bond/MF)	Purchase Date MM/DD/YYYY	Price	Quantity	Total Cost

For All Change of Ownership Requests:

- 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.

All owners and fiduciaries identified in Part 1 must sign below:

Date Signed

X _____

MM/DD/YYYY

X _____

MM/DD/YYYY



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, must sign above and have their signature notarized below.

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 Transfer to Another Existing Account Held in the Requested Ownership

For Brokerage, Ameriprise ONE® financial accounts and Ameriprise Managed Accounts that are to be transferred to existing Brokerage, Ameriprise ONE® financial accounts and Ameriprise Managed Accounts of the same type, please list the receiving account numbers below.

Account Number	Account Number	Account Number

- i** Any change in the account ownership will require a new account number to be established. If an account does not currently exist in the desired ownership, your Ameriprise Financial Advisor must create an account for the requested ownership and provide the account number(s) below to avoid any processing delays. If the source account is an Ameriprise Brokerage account and you do not have an Ameriprise Advisor, please contact 1-800-862-7919 to request the applicable new business application.
- If transferring 100% of the account, all open orders must be canceled or closed.

For Ameriprise Managed accounts only:

- New Owner will be terminating the existing Managed Accounts agreement(s) after re-registration and agrees to the following terms;
 - No account management fee will be charged
 - No Managed Account services will be provided
 - Account activity will be limited to full liquidations and in-kind transfers only. Partial liquidations are not permitted when terminating an existing Managed Account.
 - The new owner is responsible for full liquidation or in-kind transfer of the account within 90 days of completion of the Change of Ownership/Annuitant form and may call 1.800.862.7919 for further instructions. If the account is not liquidated within 90 days after completing the Change of Ownership, we will transfer the account assets into an Ameriprise Brokerage account in the same ownership. All applicable brokerage fees as described in the Ameriprise Brokerage Client Agreement and Other Important Disclosures document will apply to the account.
- Signing this form establishes consent for the money settlement option as outlined below.
 - For all non-qualified accounts regardless of product type, and for all types of IRA, Coverdell ESA, Custodial, Trusteed, Defined Benefit and 401(k) qualified plans, (excluding 401(a) accounts in retail brokerage) and SPS Advantage accounts, your money settlement option will be the Ameriprise Insured Money Market Account (AIMMA), a FDIC-insured multi-bank deposit product. For 401(a) accounts in retail brokerage, your money settlement option will be the Ameriprise Insured Money Market Account (AIMMA) and for 401(a) accounts in SPS Advantage, your money settlement option will be Dreyfus Government Cash Management – Institutional Shares. For all TSCA/403(b) accounts in retail brokerage and for SPS Advantage accounts, your money settlement option will be Dreyfus General Government Securities MMF – Dreyfus Class. For all Discretionary Managed accounts in a qualified ownership, your money settlement option will be Dreyfus Government Cash Management – Institutional Shares.

Margin Account Agreement - SPS Advantage accounts only

Complete this section if the original source account is authorized for margin and currently carries margin debt.

If you do not elect to have a margin account by checking the box below, no margin account will be provided.

- Yes, you agree to have a margin account*

Indicate your expected use of the margin account (select at least one option. If neither expected use box is checked, Ameriprise assumes the client will use margin to leverage equity).

- Use margin to Leverage Equity. This account will leverage current portfolio to purchase additional securities.
- Use margin to Maintain Liquidity. This account will leverage current portfolio to provide liquidity/cash flow.

(Margin is not allowable on all types of ownerships. Please consult with your advisor as to whether margin is available for this ownership.)

* By checking this box you agree that you have received the Ameriprise® Strategic Portfolio Service Advantage Client Agreement and are bound by the terms set forth in the margin agreement therein.

Part 5 New Account Registration (Select One)

State of Residence



- Owners of Brokerage, SPS Advantage, Active Portfolios® investments, and Ameriprise ONE® Financial Accounts must also complete Part 7 of this form.
- Please contact our office at 1.800.862.7919 if the ownership registration you need is not listed.
- To designate an Attorney-In-Fact, a completed Ameriprise Power of Attorney form (402540) is required. If the new account registration is for an IRA, the choice below must be **Individual**, or if the IRA owner is a minor/protected person, **UGMA/UTMA**.
- 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. For all other withdrawal benefits with the single life benefit, if the covered person changes as a result of the ownership change, the rider terminates.
- If you own a variable annuity with the SecureSource, SecureSource® Flex, SecureSource Stages®, or SecureSource Stages 2® joint life benefit, transfer of ownership to anyone other than the covered spouses or their revocable trust is not allowed.
- If you own an annuity with the SecureSource 3®, SecureSource 4®, SecureSource 4 Plus®, IncomeSureSM, SecureSource CoreSM, SecureSource Core PlusSM joint life benefit, transfer of ownership to anyone other than the covered spouses or their revocable trust will terminate the rider. Does not apply to contracts issued in California.
- For contracts issued in California, if you own an annuity with the SecureSource 3, SecureSource 4, SecureSource 4 Plus, IncomeSure, SecureSource CoreSM, or SecureSource Core PlusSM single life 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). For all other withdrawal benefit riders, California contracts follow the rules stated above.
- For contracts issued in Florida with the SecureSource 3 joint life benefit, transfer of ownership to anyone other than the covered spouses or their revocable trust is not allowed. For all other withdrawal benefit riders, Florida contracts follow the rules stated above.
- If you own a variable Annuity with a death benefit rider, transfer of ownership may terminate the rider or reset the death benefit guaranteed amount.
- Joint owners and/or joint annuitants are not allowed on a variable annuity with the Enhanced Legacy benefit.
- Joint owners and joint annuitants are not allowed for annuity contracts with any of the following single life benefits: SecureSource Flex, SecureSource Stages, SecureSource Stages 2, SecureSource 3, SecureSource 4, SecureSource 4 Plus, IncomeSure, SecureSource Core, or SecureSource Core Plus. Exception: Contracts issued in California with the SecureSource 3, SecureSource 4, SecureSource 4 Plus, IncomeSure, SecureSource Core, or SecureSource Core Plus single life benefit do not have any limits on ownership changes.

Acknowledgment for annuity contracts issued in California with the Enhanced Legacy benefit (ELB) or 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 Enhanced Legacy or 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 Enhanced Legacy or SecureSource Legacy benefit value will be paid to the beneficiary(ies).
- The annuitant cannot be changed.

Initials of current owner _____

Initials of new owner _____



Choose Registration (Select one)

- Individual** (Complete 5A and if appropriate 5E)
- Joint Tenants with Rights of Survivorship (WROS)** (Complete 5A and 5B) - For annuities, rights of survivorship are only available if the joint owners are husband and wife. In all other cases of annuity joint ownership, owners are tenants in common. For Louisiana state residents: Joint Tenants with Rights of Survivorship (WROS) registration is not available.
- Guardian/Conservator/Next Friend** (Complete 5A and 5D) - If a fiduciary ownership such as Guardianship or Conservatorship is chosen, a court-certified copy of the court order appointing the fiduciary and an Ameriprise Fiduciary Information Form (402541) are required.
- UGMA/UTMA/CESA** (Complete 5D and 5E) - If UTMA ownership is selected for a Minor/Protected Person owner, Social Security Number for the Minor/Protected Person must be included.
- Community Property** (Complete 5A and 5B) - Community Property ownership registration for annuity contracts is always established with rights of survivorship. For all other types of accounts Community Property ownership registration is established without rights of survivorship unless otherwise indicated.
- Trust** (Complete 5C) - Complete and submit the required Ameriprise Certificate of Trust form (131202). The Taxpayer Identification Number (TIN) for the Trust as well as the names of all trustees and the date of the trust must be included (Ameriprise Financial Services, Inc. will not permit continued use of a decedent's personal TIN for accounts registered in Trust ownership).
- Organization** (Complete 5C) - Complete and submit the required Ameriprise Corporate Resolution form (402400) identifying those officers authorized to sign on behalf of the organization must be included along with a copy of a government-issued business license or a copy of the Articles of Incorporation for the organization.
- Tenants by Entirety** (Complete 5A and 5B) - For Louisiana state residents: Tenants by Entirety registration is not available.
- Tenants in Common** (Complete 5A and 5B)
- Change Annuitant** (Complete 5F)

New Registration Information (for all types of accounts)

Select one: Change TIN Change Owner

We are required by law to obtain certain personal information from you which will be used by us to verify your identity. If you do not provide us the information, we may not be able to open your account. If we are unable to verify your identity we reserve the right to close your account or take other such steps as we deem reasonable.

Is this account for a client that is a bank, savings and loan association, insurance company, registered investment company, investment advisory firm, or broker-dealer?

Yes No

Do the total assets owned by the client(s) exceed \$50MM?

Yes No

Note: if no elections are made to the above question, we will assume that the answers to both the questions is "no".

5A - Individual Owner

Name as it appears in IRS Records	Social Security Number
Relationship to Current Owners 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	
Gender: <input type="radio"/> Male <input type="radio"/> Female	
Country of Citizenship (Required if Resident Alien or Non-Resident Alien): <input style="width: 100%;" type="text"/>	
Second Country of Citizenship: <input style="width: 100%;" type="text"/>	
Marital Status (Select One): <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Widowed	
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



5C - Trust or Organization



- Trust: Provide a completed Certificate of Trust Form (131202) for new clients or changes to trustees.
- Corporations and Organizations: Provide a completed Corporate Resolution Form (402400) for new clients or changes to either Officers or Organization name.
- Entity Relationships Form (113969) is required for Corporation, Partnership, LLC and LLP ownerships and must be submitted with this form to avoid processing delays.

Trustee or Officer of Organization Name(s)

Date of Trust (MMDDYYYY)

Trustee or Officer of Organization Name(s)

Trust or Organization Name

TIN

If Trust is new owner (Select One): Revocable Irrevocable Grantor Trust Irrevocable Non - Grantor Trust

Entity Type

- Revocable Trust
- Irrevocable Trust
- Corporation - S-Corp
- Corporation - C-Corp
- LLC - S-Corp
- LLC - C-Corp
- LLP
- Partnership
- Non-Profit
- Estate
- Government Entity

Industry Classification:

Industry Classification is required if the Client is an entity and entity type is one of the below

- Corporation - S-Corp
- Corporation - C-Corp
- Partnership
- Non-Profit
- LLC - C-Corp
- LLC - S-Corp
- LLP

Operating Entity: Yes No

Operating Entity is required if the Client is an entity and entity type is one of the below

- Corporation - S-Corp
- Corporation - C-Corp
- Partnership
- Non-Profit
- LLC - C-Corp
- LLC - S-Corp
- LLP

Entity is domiciled/incorporated in U.S.?: Yes No

Foreign country that the entity is domiciled/incorporated (Required if the Entity is not domiciled/incorporated in U.S.):

State that the entity is domiciled/incorporated (Required if the Entity is domiciled/incorporated in U.S.):

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"/>

5B - Joint Owner with Individual Owner in Part 5A

Name as it appears in IRS Records	Social Security Number	
<input type="text"/>	<input type="text"/>	
Relationship to New Owner in Part 5A	Date of Birth (MMDDYYYY)	
<input type="text"/>	<input type="text"/>	
Citizenship (Select One): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien	Gender: <input type="radio"/> Male <input type="radio"/> Female	
Country of Citizenship (Required if Resident Alien or Non-Resident Alien):	<input type="text"/>	
Second Country of Citizenship:	<input type="text"/>	
Marital Status (Select One): <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Widowed		
Residential Address: <input type="checkbox"/> Please check here if this is an address change. For alternate address requests, please submit Form 518.		
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

5D - UTMA/UGMA for Minor or Fiduciary for Minor/Protected Person or Protected Person, CESA Change of Beneficiary or Controller

<input type="radio"/> UTMA	<input type="radio"/> UGMA	<input type="radio"/> CESA Fiduciary
Fiduciary, UTMA Custodian or CESA Controller Name (CESA controller must be a parent or legal guardian of the CESA beneficiary)		
<input type="text"/>		
Relationship to Minor/Protected Person	Date of Birth of Fiduciary (MMDDYYYY)	State Governing UGMA/UTMA
<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship of Minor/Protected Person (Select One): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien	Gender: <input type="radio"/> Male <input type="radio"/> Female	
Country of Citizenship (Required if Resident Alien or Non-Resident Alien):	<input type="text"/>	
Second Country of Citizenship:	<input type="text"/>	
Name of Minor/Protected Person	Social Security Number	
<input type="text"/>	<input type="text"/>	
Address to be used on account: <input type="checkbox"/> Please check here if this is an address change. For alternate address requests, please submit Form 518.	Date of Birth (MMDDYYYY)	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>



5E - Designation of Successor Custodian for UTMA, Successor Controller for CESA, Successor Owner, Successor Annuitant



- This designation must be completed by the current Custodian/Controller/Fiduciary named in Part 5D.
- 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.
- If this designation is for a Successor Controller under CESA, the person indicated must be a parent/legal guardian of the CESA beneficiary.

Select One: Successor Custodian Successor Controller Successor Owner Successor Annuitant

Name of Successor Custodian/Controller/Owner/Annuitant

Relationship to the
Minor/Protected Person

Date of Birth (MMDDYYYY)

5F - 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, RAVA Plus, RAVA 4 or *RiverSource* annuity held in a brokerage account (9925) has 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.
- For annuities issued in California with the *Enhanced Legacy* or *SecureSource Legacy* benefit, the annuitant cannot be changed.

Name as it appears in IRS Records

Date of Birth (MMDDYYYY)

Relationship to Current Owner(s) in Part 1

Part 6 Account Suitability- Change of Ownership Only



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 may 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.

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 1).** Apply this suitability to all accounts. Suitability to remain the same as the original account**Investment Time Frame**
(Select only one)

- A. Less than 1 Year
- B. 1 - 3 Years
- C. 4 - 7 Years
- D. 8 - 10 Years
- E. 11+ Years

Liquidity Needs
(Select only one)

- A. Less than 1 Year
- B. 1 - 6 Years
- C. 7+ Years

Risk Tolerance
(Select only one)

- A. Conservative
- B. Conservative / Moderate
- C. Moderate
- D. Moderate / Aggressive
- E. Aggressive

Investment Objectives (Select one per column in 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 |

"B. Capital Appreciation" is no longer an option. 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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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 loved ones and/or providing a legacy at 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.

**Risk Tolerance Definitions**

Conservative	I am willing to accept the lowest return potential in exchange for the lowest potential fluctuation in my account value even if it may not keep pace with inflation.
Conservative / Moderate	I am willing to accept a relatively low return potential in exchange for relatively low fluctuation in account value.
Moderate	I am willing to accept a moderate return potential in exchange for some fluctuation in account value.
Moderate / Aggressive	I am seeking a relatively high return potential and am willing to accept a relatively high fluctuation and potentially substantial loss in my account value.
Aggressive	I am seeking the highest return potential and am willing to accept the highest fluctuation and could lose most or all of my account value.

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 7 Client Profile

Client Name	Phone Number	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Dependents	Federal Tax Bracket	
<input type="text"/>	<input type="text"/>	
Individual Annual Income Amount	Net Worth Amount	Liquid Net Worth Amount
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
A. Employment status		
<input type="radio"/> A. Employed <input type="radio"/> B. Self-employed <input type="radio"/> C. Not Employed <input type="radio"/> D. Retired <input type="radio"/> E. Other (Homemaker, Minor, Student, etc.)		
Industry Classification (Required if Self-employed)		
<input type="text"/>		
Primary Occupation Information (Required if employed or self-employed)		
<input type="text"/>		



Primary Source of Income
(Select up to three)

- Employment Social Security/Pension Disability Income
- Inheritance/Trust Income Investment Income Lottery/Gambling
- Rents/Royalties Business Income
- Other (explain below)

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



Does the trustee 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"/>

**Part 8 Additional Requests and Requirements****Supplemental Instructions for Brokerage, Ameriprise ONE® Financial Accounts and Ameriprise Managed Accounts.****Options Trading**

If the new owner is receiving an account that includes an option contract, you must complete and submit Form 8340 - Option Account Agreement.

Fund of Hedge Funds

If the new owner(s) or registration of the account is receiving Fund of Hedge Funds as a result of the change of ownership, you must complete the Fund of Hedge Funds Application (Form 291039).

Additional requests that are not permitted on this form are described below:

(To select one of these options the claimant must complete, sign, date and attach the appropriate form to this change of ownership form).

- This Change of Ownership/Annuitant form can only be used to retitle the account assets in the name of the new owner or to change the annuitant.
- Any additional requests must be submitted on the appropriate form(s) and will not be processed until the ownership or annuitant change has been completed.
- Please also be aware that any arrangements, requests, instructions and features set up on the original owner's account may not be continued for the new owner or account unless the appropriate form is included. This may include but is not limited to scheduled payouts, delivery of dividends or interest, check writing or other features.
- Please speak to an Ameriprise financial advisor for complete information and forms specific to your accounts.

Some of the more commonly submitted requests are:**Asset Movement**

Systematic Payout - Outgoing Money	Complete via eForms - Money Movement	Variable Annuity Transaction Request	Form 33443
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Bank Authorization - Incoming Money	Complete via eForms - Money Movement	Annuity Divorce Surrender	Form 131001
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Beneficiary Designations

Transfer on Death/Payable on Death	Advisors, use eForms - Beneficiary Update. Clients please contact your advisor.	Life Insurance/Annuity Change of Beneficiary	Advisors use eForms - Beneficiary Update. Clients, please contact your advisor.
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Account Features

Additional Account Features	Form 15028	Look-Through Trust Documentation Form for IRAs	Form 200475
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Part 9 Authorization and Acknowledgments - (Must be signed by all new owners or fiduciaries)**The following statements apply to all accounts:**

- You confirm that you are at least 18 years of age and full legal age in your state of residence.
- **Householding for Statements:** 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. You understand that if you want to have a statement covering only accounts that you own and to not participate in household pricing, you will need to 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.
- You acknowledge that you will be bound by the terms of the insurance policy/annuity contract/account, as are your heirs, executors, administrators and successors.
- Brokerage, investment and financial advisory services made available through Ameriprise Financial Services, Inc. Member FINRA and SIPC.

**The following statements apply to Brokerage and Managed Accounts only:**

- You authorize American Enterprise Investment Services, Inc. to lend to itself or to others, either separately or in common, any holding in your account that Ameriprise Financial Services may be carrying for you on margin. You understand that you may borrow against your account at the rates and terms explained in the client agreements (non-qualified accounts only).
- You realize that the clearing agent, American Enterprise Investment Services, Inc., will release my name, address and security position to requesting companies in which American Enterprise Investment Services, Inc. holds securities for my account, unless you specify otherwise to Ameriprise Financial Services.
- If the new account is a Non-Qualified account, you acknowledge that you have received the *Ameriprise* Brokerage Client Agreement and agree to abide by its terms as currently in effect or as the terms may be amended from time to time. **This account is governed by a predispute arbitration clause, which is found in Section 28, page 3 of the client agreement. I acknowledge receipt of the predispute arbitration clause.**
- If the new account is a tax-qualified account, You acknowledge that you have received the *Ameriprise* Brokerage Client Agreement and agree to abide by its terms as currently in effect or as the terms may be amended from time to time. **This account is governed by a predispute arbitration clause, which is found in Section 28, page 3 of the client agreement. You acknowledge receipt of the predispute arbitration clause.**
- **Ameriprise Insured Money Market Account ("AIMMA"):** AIMMA is an FDIC insured, interest-bearing bank deposit product made available by Ameriprise Financial and held in an omnibus Account(s) at one or more FDIC member banks (collectively, the "Program Banks"). The Program Banks may serve individually as custodians for all or a portion of the assets held within your AIMMA, as described in the Other Important Brokerage Disclosures. For a copy of the Other Important Disclosures, visit our website at ameriprise.com/disclosures or by calling our service line at 1.800.862.7919. Deposit products are FDIC insured up to \$250,000 per depositor at each Program Bank and up to \$2.5 million per depositor across all Program Banks combined. Deposit products are not covered by the SIPC. See the Money Settlement Options section of the Ameriprise Brokerage Client Agreement for further information.
- By selecting AIMMA as your sweep option, you agree to accept the proprietary algorithm applied by Promontory Interfinancial Network, LLC (PIN), which determines the Banks into which your deposits are placed. The Banks are identified on the Bank List published at Ameriprise.com/cashrates. You also understand and agree that PIN will periodically change the order of the Banks to optimize the amount of FDIC insurance available in the AIMMA program. Under ordinary business conditions, changes to the Bank List will be published at least five business days prior to the effective date, and current interest rates for each interest rate tier will be published three to five business days prior to their effective date. Interest rate information is also available at Ameriprise.com/cashrates.

The following statements apply to IRAs (excluding annuities):

- You appoint Ameriprise Trust Company as custodian of your IRA and understand that the Individual Retirement Custodial Account Agreement in **Your Guide to IRAs** and your IRA application, if applicable, comprise your custodial agreement with Ameriprise Trust Company.
- You assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, or distributions from your IRA.
- You acknowledge that any IRA beneficiary designation you submit will apply to all investment accounts and products held in this IRA plan.
- You authorize Ameriprise Trust Company to invest, directly or indirectly, in deposits of itself or its affiliates that bear a reasonable rate of interest to facilitate cash sweep services.

The following statements apply to non-qualified annuity accounts owned by a non-natural or corporate owner:

- We, the undersigned as the non-natural/corporate owner listed above, understand that this contract is not treated as an annuity for tax purposes (unless it is held by a trust or other entity as an agent for a natural person within the meaning of Internal Revenue Code section 72 (u)(1)). As a result, tax deferral is generally not available and therefore, earnings on the contract may be treated as ordinary income received or accrued by the owner during the tax year. The owner/taxpayer is responsible for reporting this income to the Internal Revenue Service.
- In accordance with Internal Revenue Code section 72(s) and contract language, upon the death of the annuitant, the beneficiary will receive the death benefit and the annuity will be terminated based on the terms of the contract. The designated annuitant cannot be changed once the annuity has been issued.
- We understand our obligations with respect to the above mentioned annuity and will abide by them throughout the duration of the annuity.



Taxpayer's Identification Number to Be Used

Name Associated With This Tax Number (on IRS Records)

W-9 TIN Certification

Check appropriate box for federal tax classification (required):

- Individual/Sole proprietor/Single Member LLC
- Partnership
- Corporation**
 - C-Corporation
 - S-Corporation
- Limited Liability Company (LLC)**
 - C-Corporation
 - S-Corporation
 - Partnership
- Trust
 - Revocable (Optional Additional Trust Details)
 - Irrevocable (Optional Additional Trust Details)
 - Irrevocable Grantor (Optional Additional Trust Details)
- Estate
- Other

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.

You understand that your IRA is governed by a predispute arbitration clause, found in the custodial agreement in Article VIII, Number 14, Page 9 of "Your Guide to IRAs", Article VIII, Number 14, Page 8 of "Your Guide to SIMPLE IRAs", and Article IX, Number 14, Page 8 of "Your Guide to Roth IRAs". You acknowledge receipt of the predispute arbitration clause.

The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

Owner or Fiduciary Name

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

State

Date Signed

X _____

(MMDDYYYY)

Joint Owner/Fiduciary Name


Date Signed

X _____

(MMDDYYYY)



Servicing Advisor Information

 Do not complete this section if you will not act as the servicing advisor of the named beneficiary.

FOR SEP AND SIMPLE IRA OWNERSHIPS:

Is this account for you, a covered family member* of yours, or, a covered family member of anyone you will be sharing compensation with?

Yes No

If you are an Ameriprise franchise advisor, is this for a participant in a plan that you are sponsoring (i.e., your employee's SIMPLE or SEP account)? Yes No

FOR IRA OWNERSHIPS OTHER THAN SEP AND SIMPLE IRA:

Is this account for you, a covered family member* of yours, or, a covered family member of anyone you will be sharing compensation with on this account? Yes No

* Covered family members include, your spouse, your lineal ascendants (mother, father, grandmother, grandfather, great-grandmother, great-grandfather) as well as your lineal descendants (son, daughter, grandson, granddaughter, great-grandson and great-granddaughter) and any spouse of a lineal descendant. Brothers, sisters and their spouses or children are NOT included.

Name				Advisor ID
Advisor Signature				Date (MMDDYYYY)
X				
Team ID	Comp %	Phone	Ext	Branch Office Number

Co-Advisor Information

Name				Advisor ID
Advisor Signature				Date (MMDDYYYY)
X				
Team ID	Comp %	Phone	Ext	Branch Office Number

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