



Service address:

RiverSource Life Insurance Co. of New York

70751 Ameriprise Financial Center, Minneapolis, MN 55474

Client Services: 800.504.0469 Fax: 612.547.1705



Withdrawal Form

RiverSource Contract Number

Complete form and mail or fax to the Company

Client Name (please print):

Address on record:

(Changes made below)

Please check the applicable option(s) for each section.

Section 1

- I wish to make a **partial** withdrawal of \$ _____ (your account requires a \$600 minimum balance)
- Along with the partial withdrawal, please increase my monthly contribution to \$ _____
- I wish to make a **full** withdrawal. (all billing is stopped when a full withdrawal is made)

Section 2

- You are liable for income tax on the taxable portion of your distribution. If total withholding is not adequate, you may be required to make estimated tax payments or pay tax penalties.
- State withholding is required in many states and may apply to your annuity and/or insurance contract. The state you reside in may have special withholding rules. A state-specific form may be required.
- Any amounts withheld for federal or state income taxes pursuant to elections or under the tax law will not be refunded.
- Withholding choices are not generally available if your distribution is an eligible rollover distribution from certain employer sponsored plans. For eligible rollover distribution, 20% federal withholding will apply even if you indicate otherwise.
- For all tax-qualified arrangements: Withholding is taken from the total amount distributed. (E.g., For a distribution of \$10,000, 10% withholding results in a net distribution sent to you of \$9,000 even though part of the distribution may be non-taxable. The other \$1,000 is remitted to the IRS and is credited against income tax owed for the year.)
- For non-qualified annuities: Withholding is taken from the taxable amount distributed. (E.g. For a distribution of \$10,000, consisting of \$4,000 taxable and \$6,000 non-taxable, 10% withholding results in a net distribution sent to you of \$9,600, with \$400 remitted to the IRS and is credited against income tax owed for the year.)
- Different withholding rules apply if we do not have a valid Taxpayer Identification Number (e.g., Social Security Number) on the account, if payment is delivered outside the United States or if you are a nonresident alien.
- Please consult your tax professional for additional information regarding federal and/or state withholding.

Please check your tax withholding election: If no election is made, then the default is to withhold 10% for federal income tax.

- Do not withhold federal income tax from my withdrawal.
- Withhold 10% federal income tax from my withdrawal.



Section 3

**We cannot send your check directly to a bank or another investment company/ it must be made payable to owner(s)

- Please send my check to the above address of record via First Class Mail; or
- I have a NEW ALTERNATE address to send the check to: (Please print)

Section 4 (Reason for withdrawal)

- Need Money
- Investments
- Dissatisfied with service / rate
- Taxes
- Moving money to Variable product

Taxpayer Identification Number and Certification

Check appropriate box for federal tax classification (required):

- | | |
|--|---|
| <input type="checkbox"/> Individual/Sole proprietor Corporation | <input type="checkbox"/> Partnership Trust |
| <input type="checkbox"/> C-Corporation | <input type="checkbox"/> Revocable (Optional Additional Trust Detail) |
| <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Irrevocable (Optional Additional Trust Detail) |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Estate |
| <input type="checkbox"/> C-Corporation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> S-Corporation | |
| <input type="checkbox"/> Partnership | |

Check here if owner is an Exempt Payee (defined in Form W-9 instructions)

Exempt Payee code: _____

A code must be supplied for accounts with an Exempt Payee type.

Foreign Account Tax Compliance Act (FATCA) 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.

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 in the instructions for Form W-9), and
4. The payee is exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification instructions. You must cross out item 2 above 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.

Owner Signature

X _____

Date

Social Security Number

Daytime Phone

Signature of Spouse (if a joint account)

X _____

Social Security Number of Joint Owner

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