



Service address:

RiverSource Life Insurance Co. of New York
70122 Ameriprise Financial Center Minneapolis, MN 55474

Claim to Defer Payment of Annuity Death Benefit Proceeds

- Complete this form if you wish to defer your distribution of the death benefit proceeds.
 - You must complete a form for each contract on which you wish to defer your distribution of the death benefit proceeds.
 - If the decedent was a client of Ameriprise Financial, do not use this form. Please call our office at 1-800-541-2251 for a copy of the correct form.
 - For additional questions regarding the completion of this form, call our office at the following number:
-
- For nonqualified deferred annuities, beneficiaries must take the death benefit proceeds (and pay the corresponding taxes) within five years of the decedent's date of death.

RiverSource Contract Number

Part 1 Decedent Information

Name

Part 2 Beneficiary Information

Name

Date of Birth

Phone Number

Relationship to Decedent



Name Your Beneficiary continued

First name, Middle name, Last name	% of Proceeds	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Date of Birth	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Social Security Number
<input type="text"/>	<input type="text"/>

First name, Middle name, Last name	% of Proceeds	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Date of Birth	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Social Security Number
<input type="text"/>	<input type="text"/>

as shall then be living, and if no such beneficiary is then living,
Contingent Beneficiary(ies): In equal shares or as designated below

First name, Middle name, Last name	% of Proceeds	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Date of Birth	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Social Security Number
<input type="text"/>	<input type="text"/>

First name, Middle name, Last name	% of Proceeds	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Date of Birth	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Social Security Number
<input type="text"/>	<input type="text"/>

First name, Middle name, Last name	% of Proceeds	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Date of Birth	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Social Security Number
<input type="text"/>	<input type="text"/>

Trust Beneficiary

~~If you would like to name your Contingent Beneficiary(ies) on Page 82 (1) of this form, to Estate, the Social Security...~~

Name Your Beneficiary continued on next page...

IRA or 403(b) Annuity Contracts

If the deceased died prior to his/her required beginning date, and if you are a spouse beneficiary, you have until the *later*

Contract Provisions

Contract fees will continue. If this option is associated with a variable annuity contract, the investment of the funds will remain the same as invested in the original contract, subject to market fluctuation, until the entire sum of the death benefit proceeds are distributed.

W-9 TIN Certification

Taxpayer Identification Number of Claimant*

Name (on IRS or Social Security Administration Records) Associated with this Taxpayer Identification Number

Trust, or Business Name

*If the claimant is an irrevocable trust or estate, it must have its own Employee Identification Number (EIN) according to IRS Revenue Ruling 84-73 and Reg. section 301.6109-1. If an EIN is not provided, mandatory withholding will apply.

Acknowledgments and Signatures continued on next page...

Acknowledgments and Signatures continued

Check here if new owner is an Exempt Payee (defined in form W-9 instructions) **Exempt Payee code:**

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 beneficiary who is the taxpayer for the death benefits.

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 beneficiary who is the taxpayer for the death benefits.

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.

Beneficiary Name

Beneficiary Signature

Date (MMDDYYYY)

X

Notarization

State of :

County of :

On , 20 , personally appeared before me,
Month, Date Yr Name of Claimant

- who is personally known to me
- whose identity I proved on the basis of
- whose identity I proved on the oath/affirmation of , a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary

Date Signed (MMDDYYYY)

X

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarizations cannot be accepted.

Notary Seal:

Notary expiration date

Note: Fax or mail. A photocopy is acceptable.