



RiverSource Life Insurance Company  
RiverSource Life Insurance Co. of New York  
Return completed form to: 70129 Ameriprise Financial Center Minneapolis, MN 55474-9900



# RiverSource Beneficiary(ies) Identification and Location Assistance Form

Decedent's Client ID

- Use this form for a deceased client or a deceased beneficiary.
- Provide information for all known lawful children of the decedent (both living and deceased). Because "lawful children" was used in the beneficiary designation, the claim cannot be processed without the information requested on this form.
- By definition, lawful children are children legally born to or legally adopted by the decedent.
- This form must be signed by one of the beneficiaries, or the spouse of the decedent, or the Executor of the decedent's estate. The Executor must provide a letter of representation from the court.
- Please return this form to the address above.

## Part 1 Decedent's Information

- If decedent did not have any lawful children, enter decedent's name below and skip to Part 3.
- To report living lawful children, complete Part 2.
- To report deceased lawful children or deceased beneficiary, complete the requested information for each lawful child of the deceased child beneficiary in Part 2.

Decedent's First Name  MI  Last Name

State of Residence

What is the total number of lawful children for this deceased individual?

## Part 2 Lawful Children of the Decedent Named in Part 1

- Provide the required information for the decedent's lawful children.
- By definition, lawful children are legally born to or legally adopted by the decedent and have survived the decedent.
- Attach separate pages for additional children, if necessary.
- If the decedent has lawful children who are deceased, complete the requested information for each lawful child of the deceased child beneficiary.

### First Lawful Child of the Decedent

Name

Date of Birth  Tax Identification Number (TIN)  Email Address

Residential Address  City  State

Sign in Part 4 - Acknowledgements and Signature





Residential Address

City

State

ZIP Code

2. Lawful Child Name of Deceased Lawful Child Beneficiary

Date of Birth



Fourth Lawful Child

Name

Date of Birth

Tax Identification Number (TIN)

Email Address

Residential Address

City

State

Telephone Number

Is this lawful child living or deceased



1. Lawful Child Name of Deceased Lawful Child Beneficiary

Date of Birth

Telephone Number

Tax Identification Number (TIN)

Email Address

Residential Address

City



**Part 4** Acknowledgements and Signature

By signing this document I attest that the information provided in this document is true and accurate and that I have correctly identified all living and de54335.241 780 -28ssTX/21 en leg pr3 documenbe 0.5 w 2a -1.s.4ob8go 1 1 pt prby thisowledgements 8 l57mSlun lf5 0 c21cbi -4 n infor1Cnderst-85