

Service address:
RiverSource Life Insurance Co. of New York
70751 Ameriprise Financial Center, Minneapolis, MN 55474

Death Claim Statement

- For questions regarding the completion of this form, call our office at 1-800-633-3565.
- Each beneficiary must complete a separate form.
- This form can be returned by mail or faxed to 612-547-1678.
- There may be tax implications as a result of claiming a deferred annuity. Please consult your tax advisor prior to making a claim.
- The death settlement option selected is permanent. It cannot be changed or reversed after the claim is processed.

Contract Number

Part 1 Contract Information

Deceased's Full Name	State of Residence	Date of Death
Marital Status:	<input type="radio"/> Married	<input type="radio"/> Widow/Widower
	<input type="radio"/> Never Married	<input type="radio"/> Divorced

Part 2 Beneficiary/Claimant Information

Beneficiary/Claimant Information continued

Name of Trust		Date of Trust	
Name of Trustee		TIN of Trust Beneficiary/Claimant	
Physical Address - Required (P.O. Box not accepted)	City	State	ZIP Code
Mailing Address (If different than physical address)	City	State	ZIP Code

Trust Information

State of: _____

What state was the trust created in? _____

Is the trust revocable or irrevocable? Revocable Irrevocable Grantor Irrevocable Non-Grantor

Grantor Information (Revocable Trusts and Irrevocable Grantor Trusts using an SSN)

How many grantor(s) are named? 1 2

Grantor/Taxpayer Name _____ Social Security Number _____

Is this grantor also a Trustee? Yes No

Is this grantor incapacitated or deceased? Yes No

Grantor Name _____

Is this grantor also a Trustee? Yes No

Is this grantor incapacitated or deceased? Yes No

Trustee Information

How many trustee(s) are named? 1 2 3 4 5

If more than one trustee is named, can all trustees act independently? Yes No

If the trustees are not able to act independently, how many trustees must work together to transact business? _____

If selections are not made, the default is for all trustees to sign.

Trustee Name _____

Date of Birth _____ Social Security Number _____ Phone Number _____ Country of Citizenship _____

Physical Address - Required (P.O. Box not accepted) _____ City _____ State _____ ZIP Code _____

Mailing Address (If different than physical address) _____ City _____ State _____ ZIP Code _____

Trustee Name _____

Date of Birth _____ Social Security Number _____ Phone Number _____ Country of Citizenship _____

Physical Address - Required (P.O. Box not accepted) _____ City _____ State _____ ZIP Code _____

Mailing Address (If different than physical address) _____ City _____ State _____ ZIP Code _____



Settlement Instructions continued

Section B: Qualified deferred annuities



- Spousal Continuation - This option allows a spouse to continue the existing contract tax-deferred, provided they are the sole beneficiary of the owner and the owner is deceased. As the new owner, you must name a new beneficiary.
 - Continue the contract as a traditional IRA or Roth IRA
 - Continue the contract as a TSA, SEP IRA or SIMPLE IRA
 - Note: Spouse must be eligible to contribute to the plan. For TSAs, If we do not have an Information Sharing Agreement with the employer, one will need to be signed prior to the spousal continuation being processed.
- Continue the contract as an Inherited IRA: This option is available to spouse and non-spouse beneficiaries
 - As the new owner, you must name a new beneficiary.

IRS Required Minimum Distribution (RMD)

Complete this section to request an RMD prior to settling the account.

- RMDs are complex and you may want to consult a tax advisor.
- If the decedent had reached his or her Required Beginning Date and had not yet taken their RMD, the beneficiary is required to distribute the RMD amount by December 31st of the year of the decedent's death.
- Amounts that represent RMDs cannot be rolled over to another qualified plan.
- All RMDs will be processed for the amount indicated below and mailed as a check to the address of the

Important IRS Federal Withholding changes

- Effective January 1, 2023, regulations require use of a Form W-4R, signed by the taxpayer or authorized signer, to choose a federal withholding standing election at a rate other than the default rate of 10%.
- If 10% withholding is not preferred, you may request 0% federal withholding without a Form W-4R by indicating your choice below.


Settlement Instructions continued

State Withholding

- If you do not indicate an election, we will generally follow your choice for federal election unless your state does not allow.
- No state tax withholding will be taken for states where withholding is not available.
- The taxpayer's resident state on file is the state we use for state tax withholding.

Do not withhold state default tax Withhold default state tax Withhold % state tax

Section C: Payout Annuity Contracts

 Qualified annuities only: Contract payment amounts and payment periods may be adjusted to meet the 10-year distribution rule. This rule, as part of the SECURE Act regulation, requires certain beneficiaries to receive payments within 10 years of the original owner's date of death.
Note: Non-natural beneficiaries are subject to a 5-year distribution rule.

This section is used to elect a mode of settlement for qualified and nonqualified payout annuities. Please verify the status and type of contract before completing this section.

- All requirements for all beneficiaries must be received before the claim will be settled.
- When a state is named as the beneficiary for an annuity in payout, we must receive a letter from the state designating an authorized signer for the death claim statement. With that letter, the named authorized signer will be able to represent the state to obtain information and settle the claim.
- Prior election of an annuity payment plan is final and cannot be changed and the contract cannot be withdrawn by you or your beneficiary.
- There may be tax implications as a result of claiming a payout annuity. Consult your tax advisor prior to making a claim.

Continuation of payments as provided by the contract

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- Prior election of an annuity payment plan is final and cannot be changed and the contract cannot be withdrawn by you or your beneficiary.
- There may be tax implications as a result of claiming a payout annuity. Consult your tax advisor prior to making a claim.

Continuation of payments as provided by the contract

Part 4 Withholding Instructions

- **Federal Withholding:** You are liable for federal income tax on the taxable portion of your distribution. If total withholding is not adequate, you may be subject to estimated tax payments and/or penalties.
- **State Withholding:** Withholding rules vary by state. Clients may have the option to: (1) opt-out of withholding, (2) elect default state tax withholding, or (3) increase the rate of withholding. Depending on the state, state tax withholding could be mandatory, optional, unavailable, or the client may need to complete a state-specific form. For state tax withholding rules, go to riversource.com/statetax.
- Please note that taxes withheld per your elections or in accordance with state rules 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 annuities: Withholding is taken from the total amount distributed.
- For nonqualified annuities: Withholding is taken from the taxable amount distributed.
- Different withholding rules apply in certain situations: If we do not have a valid Taxpayer Identification Number on the account, if the payment is delivered outside the United States or if you are a non-resident.
- Please consult your tax professional for additional information regarding federal and/or state withholding.

Deferred Annuities

Federal Tax withholding

10% federal income tax will be withheld from the taxable amount unless you make a different withholding election below.

- Withhold 0% federal tax
- Withhold 10% federal tax

As used below, the word "I" refers to the new owner 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 new owner 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 undersigned trustee(s)/grantors, individually and on behalf of the trust, its beneficiaries, heirs, successors and assigns (collectively, "you"), hereby certify, represent and warrant that the trust agreement to which this certification applies is in full force and effect and that the above information is true and complete.

- If a trustee does not sign at the time the form is submitted, a signature specimen for that trustee may be required prior to any written transaction.
- If you answered no to "can all trustee(s) can act independently?", all named trustees' signatures are required.
- Each trustee's signature must be notarized, if applicable. If trustee(s) cannot act independently and multiple signatures are required, make a copy of this page for each individual to sign separately and obtain notarization. Submit all pages (including signature pages) together to avoid processing delays.
- RiverSource Life is concerned with your privacy and will only collect and use your personal information to meet the requirements of federal law and within the provisions of the RiverSource Life Privacy Notice, which can be found at riversource.com. As required by federal law, RiverSource Life may use the information above to verify your identity.
- The undersigned on their own behalf and on behalf of their heirs, executors, administrators, assigns or beneficiaries, agree to indemnify and hold harmless RiverSource Life from any and all liability, losses, damages and claims of any kind whatsoever, which may rise out of or in connection with RiverSource Life's agreement to accept this certificate.

Date (MMDDYYYY)

- If multiple signatures are required (including when trustee(s) cannot act independently), make a copy of this page for each individual to sign separately and obtain notarization (if required). Submit all pages (including signature pages) together to avoid processing delays.
- For trust beneficiary/claimants or if a third party (e.g., Power of Attorney) is signing on behalf of the beneficiary/claimant, all signers must have their signature notarized regardless of claim amount.
- For non-trust beneficiary/claimants, if the claim is greater or equal to \$10,000, a notary is required.

Authorizations and Acknowledgements continued

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 (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.

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Client Information for the Death Claim Statement - Please Retain for Your Records

Payment of the death proceeds must be approved by RiverSource Life Insurance Co. of New York (RiverSource Life). If the death proceeds are to be used to purchase a RiverSource Life product, the claim must first be approved and all new business requirements must be received by RiverSource Life with explicit instructions to use the death proceeds as the purchase payment.

Death Claims Service

The following items will be required as documentation in order to (a) establish the death of the owner/annuitant, and (b) establish the beneficiary's right to the proceeds of the contract, as follows:

- Complete this form to request death proceeds from a RiverSource Life annuity product.
- Submit the following documents so we can process your claim:
 - o RiverSource Life Death Claim Statement
 - o If there are multiple beneficiaries, a separate death claim statement form is required for each beneficiary
 - o An original, raised seal certified death certificate indicating the cause of death
 - o The original contract if available
- State tax waiver or consent to transfer form (check with state department of revenue).
- Other documents may be required depending on the specific circumstances of your Claim (see attached FAQ).
- Please print clearly using blue or black ink, cross through any mistakes (do not use correction fluid) and initial any corrections, or we may not be able to process your claim.

Beneficiary Information and Signature Instructions

The following beneficiary information provides details regarding form completion requirements for certain claim types, and specific circumstances that require additional documentation. The Signature sections provide instructions regarding which signature(s) should be included with the beneficiary's signature.

Trust

- Beneficiary information - Provide the Trust's information, including the trust's name and date of trust in the "Name of Beneficiary" field (John Doe Trust, dtd 1-1-01)
 - o Provide a Tax Identification Number (TIN) for the Trust for tax reporting purposes
 - o Provide copy of the Trust's title page, the page that names the trustee(s) and successor trustee(s) and the signature page.
- Signature(s) - The Trustee(s) must sign and indicate either "Sole trustee" or "Co-trustee" selection as appropriate, and have each current trustee sign unless the trust document confers on one trustee the authority to act alone.

Estate

- Beneficiary information - Provide the estate's information, including the estate name in the "Name of Beneficiary" field (Estate of John Doe).
 - o Provide a Tax Identification Number (TIN) for the Estate for tax reporting purposes.
- Signature(s) - Sign and indicate either the "Personal representative," "Administrator" or "Executor/Executrix" as appropriate. Submit an original with raised or color-coded seal of the Letters of Administration/Testamentary or other court document appointing the estate's Personal Representative.
- Important Note-Small Estates - The estate may qualify as a "small estate" under the Small Estate statute or another similar statute of the decedent's state of residence. If the estate qualifies as a "small estate," we require a copy of the properly prepared affidavit or other form required by the state. State laws vary. Please consult your attorney or tax advisor for more information on small estates.

Corporation/Charitable Organization

- Beneficiary information - Provide the corporation/charitable organization information, including the corporation/charitable organization name in the "Name of Beneficiary" field (ABC Corporation).
- Signature(s) - Sign and write in the title by which you are authorized to act on behalf of the company/charitable organization (Name: E T- NamP the t 1 me of BenefRelaes
 - Beneficiary information - Provide the Trust's inpartnsenhip, including the estate name ipartnsenhip"Npanme of Beneficiary" field

Annuity Payment Plans - period elected may not exceed the beneficiary's life expectancy (You must also complete an Annuitization Options Form to elect an annuitization payout plan.)

- Life Income ¹ – Receive payment for the rest of the beneficiary's life. A birth certificate or driver's license is needed if any Life Income Option is chosen as the payout plan.
- Life Income with Guaranteed Period ¹ – Receive payment for 5, 10, or 15 years certain and continuing thereafter for the rest of the beneficiary's life.
- Life Income with Installment Refund ¹ – Receive payment for the rest of the beneficiary's life, with a number of payments guaranteed to be the amount applied divided by the first annuity payment amount.
- Joint and Full to Survivor ¹ – This option provides for the payment of a monthly income guaranteed for the life of both annuitants. At the death of the first annuitant, payments continue in the same amount to the second annuitant. At the death of the second annuitant, all payments stop. The payments are based on the birth date of both annuitants. This option is also available with the installment refund or period certain for 10, 15 or 20 years.
- Joint and 2/3 or 1/2 to Survivor ¹ – This option provides for the payment of monthly income guaranteed for the life of both annuitants. At the death of the first annuitant, payments to the second annuitant will decrease by 1/3 or 1/2, respectively. All payments stop at the death of the second annuitant. The payments are based on the birth date of both annuitants. This option is also available with the installment refund or period certain for 10, 15 or 20 years.
- Term Certain – Receive payments for a specified number of years (not less than 10 years). The term certain cannot exceed the beneficiary's life expectancy.
- Continuation of Payments – Continuation of payments as provided by contract. If contract had previously been annuitized, this option must be selected. Payments may be reduced after period certain expires.

¹Requires proof of age.

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 a contract. 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 driver's license or other identifying documents. If you are opening a contract for a corporation, trust or other entity, we may also ask for copies of the documents showing the existence of the entity.

Note: Contract refers to either an individual contract or a group certificate.

Frequently Asked Questions

Death Claim Statement Form

Q. Who is the beneficiary?

A. A beneficiary is the person or entity claiming death proceeds under a contract. Each beneficiary must complete a separate claim form.

Q. After I complete the claim form, can I fax it to you?

A. Yes. You may fax it to 612-547-1678.

Q. May I copy this claim form for other beneficiaries use?

A. Yes. You may copy the form.

Q. Does the signature on the claim form need to be notarized?

A. Yes. The claim form does have to be notarized or signature guaranteed.

Certified Death Certificate

Q. Will you accept a copy or fax of the original certified death certificate?

A. An original certified death certificate is required if the date of death value is \$200,000 or more. If the date of death value is less than \$200,000, we will accept a copy or fax.

Q. What makes it a certified death certificate?

A. Certified death certificates would have either a raised seal or a multicolored signature seal from the county, city or state that issued the certificate. In addition, it should contain the signature of an appropriate officer of the county, city or state.

Q. Will you accept a certified death certificate with a pending death cause?

A. No. We must have a certified death certificate with a final causeTd (A. l31d have eitn)Tj /TT1 1 Tf T* (Certified Form ToriWaetrvNTsup c -8mmust h a

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SPECIAL TAX NOTICE FOR PLAN DISTRIBUTIONS

For Payments Not From a Designated Roth Account

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the 403(b) annuity or custodial account relating to your employer's plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account in some employer plans that is subject to special tax rules). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies).

What types of retirement accounts and plans may accept my rollover?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, IRAs are not subject to spousal consent rules, and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary);
- Required minimum distributions after age 70½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949), or after death;
- Hardship distributions;
- Payments of employee stock ownership plans (ESOP) dividends;
- Corrective distributions of contributions that exceed tax law limitations;
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends);
- Cost of life insurance paid by the Plan;
- Payments of certain automatic enrollment contributions that you request to withdraw within 90 days of the first contribution;
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there generally will be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA); and
- Distributions of certain premiums for health and accident insurance.

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary);
- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you will be at least age 50 in the year of the separation;
- Payments made due to disability;

Do not send to corporate office

- Payments after your death;
- Payments of ESOP dividends;
- Corrective distributions of contributions that exceed tax law limitations;
- Cost of life insurance paid by the Plan;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Payments of up to \$5,000 made to you from a defined contribution plan if the payment is a qualified birth or adoption distribution;
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year);
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days;
- Payments of certain automatic enrollment contributions that you request to withdraw within 90 days of your first contribution;
- Payments excepted from the additional income tax by federal legislation relating to certain emergencies and disasters; and
- Phased retirement payments made to federal employees.

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the

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