

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



## Systematic Investment Plan (SIP)

- i** • **If you are a client of Ameriprise Financial, do not use this form.** Please contact your Ameriprise financial advisor or call 1-800-541-2251 for a copy of the correct form.
- For questions regarding the completion of this form, call our office at 1-800-504-0467.
- SIP: The authorization for RiverSource Life Insurance Co. of New York (RiverSource Life) to debit money from your account at your financial institution and credit the amount indicated into the RiverSource Life contract.
- SIPs are not available for *RiverSource*<sup>®</sup> annuities with the Guaranteed Minimum Accumulation Benefit (GMAB) or *Accumulation Protector Benefit*<sup>®</sup> rider or inherited nonqualified stretch annuities.
- **If the bank account is not already authorized for use, complete the Standing Instruction: Bank form (Form 113758) to authorize the bank account. This form can be obtained by calling our office at 1-800-504-0467.**

RiverSource Contract Number

### Part 1 Account Information

Contract Owner Name

Contract Co-Owner Name

### Part 2 SIP Payment Detail

- The payments will be applied to your *RiverSource* annuity according to your new money allocation. To update your new money allocation, please complete the Investment Options form located on [riversource.com/forms](http://riversource.com/forms).
- Due to system constraints, one-time payments will be setup as a recurring arrangement with an immediate end date.
- IRA contributions should not exceed the annual limits imposed by the IRS.
- You cannot set up a SIP on an account with outgoing systematic withdrawals.
- The date of first payment is the day targeted for payment receipt. The debit will typically be sent to the client's financial institution **two business days prior to the date indicated**. Please make changes as early as possible to avoid service problems.

Select One

- Establish new       Modify existing       Discontinue

Date of First Payment (MMDDYYYY)

End Date (MMDDYYYY)

Payment Amount (*product minimums must be met*)

\$

Frequency (If frequency is not indicated, SIP will be set up monthly.)

- Monthly       Quarterly       Semiannually       Annually

Only RiverSource Life Insurance Co. of New York is authorized to sell insurance and annuities in New York.

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**Part 3 Bank Details**



- Provide financial institution account information and type.
- Money Market accounts may either be checking or savings. Check with your financial institution.

**ACH from existing bank**



If the bank instruction is not already authorized for use:

- **Complete the Standing Instruction: Bank form to authorize the bank account for use.**
- The bank account must be authorized and approved prior to submitting this request. If we receive this form prior to the bank being authorized, the withdrawal request will not be processed.

Bank account type (*Select One*)

- Checking       Savings

Name of Financial Institution

Bank Routing Number /RTN(Always 9 digits in length)

Bank Account Number

*RTNs must start with 0, 1, 2, or 3.*

**Part 4 Acknowledgements and Signatures**

I have read and understand the following with respect to my request:

- If a systematic payment, as scheduled, falls on a date that is not a normal business day, the payment debited will be made on the next normal business day following such date.
- Systematic payments are subject to the provisions of my contract, the current prospectus and such other rules as RiverSource Life shall establish.
- If this request is received by the RiverSource Life administrative office after the requested start date, my systematic investment plan will begin on the date specified in the following month.
- A systematic investment plan does not assure profit or protect against loss in declining markets.
- I authorize RiverSource Life to transfer my systematic payments from my bank account as described above.

Contract Owner or Authorized Signer Name

Contract Owner or Authorized Signer Signature

Date (MMDDYYYY)

**X**

Contract Co-Owner or Authorized Signer Name

Contract Co-Owner or Authorized Signer Signature

Date (MMDDYYYY)

**X**

If signing as fiduciary, in what capacity are you acting?

- POA     Conservator/Guardian     Other