

Service address:

RiverSource Life Insurance Co. of New York

70122 Ameriprise Financial Center Minneapolis, MN 55474

Client Services: 1-800-504-0469 riversource.com



Customer Service Request

- i** If you are a client of Ameriprise Financial, do not use this form. Please contact your Ameriprise financial advisor or call our office at 1-800-541-2251 for a copy of the correct form.
- For questions regarding the completion of this form, call our office at 1-800-504-0469.

RiverSource Contract Number

New York Insurance Regulation requires insurance companies to request supplemental beneficiary information. Please complete all information requested in Part 3 of this form.

Contract Information

Name of Contract Owner

Part 1 Change of Address

Reminder: The taxpayer's resident state on file is the state we use for state tax withholding. For more information on state tax withholding see riversource.com/statetax.

Owner's Address:

Number and Street

City, State and Zip Code Phone Number

Part 2 Name Change or Correction

A legible copy of one of the following documents must accompany this form:

- A driver's license
- A marriage certificate
- A divorce decree
- A court document
- A social security card
- A birth certificate
- Any document issued by the state government

Change is due to: Marriage Divorce Other

First, Middle, Last

Part 3 Change of Beneficiary

Note: If you own a variable annuity with a living benefit rider issued after May 1, 2007, with the joint life benefit, your covered spouse must be named in one of the following roles in order to continue the benefit:

- Joint owner (non-qualified annuities only),
- Sole primary beneficiary,
- Sole primary beneficiary of a trust that you name as beneficiary of this contract. (Not all trust ownerships are allowed so please contact Client Services for additional information).

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

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Change of Beneficiary continued

Primary Beneficiary(ies): In equal shares or as designated below

First name, Middle name, Last name	% of Proceeds	Relationship	
Address		Date of Birth	Phone Number
Email		Social Security Number	
First name, Middle name, Last name	% of Proceeds	Relationship	
Address		Date of Birth	Phone Number
Email		Social Security Number	
First name, Middle name, Last name	% of Proceeds	Relationship	
Address		Date of Birth	Phone Number
Email		Social Security Number	

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	
Address		Date of Birth	Phone Number
Email		Social Security Number	
First name, Middle name, Last name	% of Proceeds	Relationship	
Address		Date of Birth	Phone Number
Email		Social Security Number	
First name, Middle name, Last name	% of Proceeds	Relationship	
Address		Date of Birth	Phone Number
Email		Social Security Number	

Change of Beneficiary continued

Trust Beneficiary

If you would like to name your trust as a Primary (P) or Contingent (C) beneficiary, please complete the section below. Please attach the trust document pages that state the name, date, trustees and successor trustees of the trust along with the signature page.

(P) (C) %

_____ as Trustee(s) or the successor or successors in trust under the
(Name of Trustee(s))

_____ trust dated _____
(Name of Trust) (Date of Trust) (TIN of Trust)

_____ (Address of Trustee(s)) _____ (Phone Number of Trustee(s))

and supplements or amendments thereto, if said agreement shall then be in force; if not, payment may be made to the Annuitant's Estate.

It is understood and agreed that the Company shall not be responsible for the application or disposition of the proceeds by the Trustee and that payment of the proceeds to the Trustee shall fully and finally discharge that Company from all liability under the Policy.

Part 4 Marital Status and Consent of Spouse

Owner Marital Status (Select One)

Single Married (See Consent of Spouse) Widowed Divorced

Consent of Spouse

This consent of spouse must be signed if all of the following conditions are present:

- the spouse of the owner is living
- the spouse is not the sole primary beneficiary named and
- the owner and spouse are residents of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).

I have reviewed the above beneficiary designation and, as the spouse of the owner, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter and I relinquish all my statutory or other rights thereto.

Spouse Name

Spouse Signature

Date (MMDDYYYY)

X _____

Part 5 Disclosures and Signatures Required Change of Beneficiary

- The undersigned hereby revokes any and all prior beneficiary designations *and/or* elections by the Owner(s) of a method of settlement for the beneficiary of the proceeds upon the death. Any amount payable to a beneficiary after the Retirement Date will be paid as provided in the Annuity Payment Plan then in effect.
- The right to revoke this instrument and to change the designated beneficiaries upon written notice to, and acceptance by, the Company is reserved to the Owner without the consent of the revocable beneficiaries.
- Except as otherwise specifically provided herein, no beneficiary entitled to any payment hereunder shall have the right to withdraw, surrender for cash, borrow against, commute, anticipate, encumber, alienate, or assign such payment, or any part thereof, or any interest therein, nor shall such payment, or *any part thereof, or any interest therein be in any way* subject to such person's debts, contracts, or engagements, nor to *any* judicial process to levy upon or attach the same payment thereof. No provision of this contract or beneficiary designation shall be construed to prevent the owner or the beneficiary from assigning its interest in this contract to a nursing home or government agency to qualify for government assistance programs. This clause shall be effective to the extent permitted by law.

Signature of Owner

Date (MMDDYYYY)

X

Signature of Joint Owner

Date (MMDDYYYY)

X