

Standing Instruction: Bank

RiverSource Contract Number



- **If you are a client of Ameriprise Financial, do not use this form.** Please contact your Ameriprise financial advisor or call 1-800-862-7919 for a copy of the correct form.
- For questions regarding the completion of this form, call our office at 1-800-333-3437.
- All future use standing bank instructions/authorizations, received in good order, will be processed within 1-2 business days. All requests will be reviewed and processed in the order they are received.

Part 1 Client Information

Owner Name

Joint Owner Name

Part 2 Bank Information

Bank Account Owner Name

Are you an owner of the bank account? Yes No

Is the bank owner a person or an organization? Person Organization

Bank Account Co-Owner Name

Checking: Deposit funds to my checking account through ACH.

Note: You must attach a voided check. If you do not attach a voided check, RiverSource will send a check to your address of record and your withdrawal will not be directly deposited into your checking account.

Attach voided check here.

Note: Starter checks, deposit slips and handwritten information will not be accepted.

Bank Information continued on next page...

Bank Information continued

Wire Details

Bank account type *(Select one)*

Checking Savings

(Select one)

Domestic (United States) International*

Account Ownership at Bank

Name of Financial Institution

Bank Routing Number / RTN (domestic) / SWIFT code (international) Bank Account Number / IBAN*

*Wires to the United Kingdom (UK) require 22 characters

Receiving Bank Account Owner

Address of Receiving Bank Account Owner

Phone Number

City

State

ZIP Code

Country

* City and Country are required fields for International wires

Subsequent Account (for Further Credit To)

For wires through an intermediary bank or financial institution, indicate the initial bank information above, and the final destination below.

Account Ownership at Subsequent Bank

Bank Account Number at Subsequent Bank Additional Routing Information

Savings Account

Name of Bank:

Bank Routing Number / RTN:

Must be 9 digits and begin with 0, 1, 2, or 3

Bank Account Number

Part 3 Standing Authorization

This bank will be authorized for money in and money out for the following accounts you select:

Account Number	ACH-In	ACH-Out
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 4 Signatures and Acknowledgements

In this disclosure statement, "you" and "your" refer to you, the applicant. "We," "us" and "our" refer to RiverSource Life Insurance Company.

- You authorize us to act upon your written instructions in this form and understand that we will retain said instructions on file for future use by you; your financial advisor or any other person you choose to act on your behalf pursuant to receiving your prior written authorization.
- You authorize us to use the instructions we hold on file to debit or credit your external bank account and to facilitate distributions to third parties pursuant to your instruction or pursuant to receiving your prior written authorization, by your financial advisor, or by any other person you may elect to act on your behalf.
- You authorize us to apply this authorization, upon request by you, your financial advisor or anyone acting pursuant to your written authorization, to other same ownership accounts that you may hold with us, as well as, accounts of unlike ownerships, permitted at our discretion.
- You understand that instructions to debit or credit your account or to apply this authorization to other accounts you have with us may be received in writing, by phone, by computer, or by other electronic medium and agree to the recording of all said instructions.
- You may stop any payment by notifying us at least three banking days before the payment is processed.
- If an electronic deposit fails or was returned, you understand that we may mail a check in the amount of that failed deposit to your at your address of record.
- Banking channels require 10 business days for processing before electronic deposit authorizations become effective.
- You understand and agree that the instructions and authorization that you give will remain in effect until you notify us to cancel them, allowing reasonable time to act on your cancellation. Any such notification shall be effective only with respect to entries initiated after receipt of, and reasonable time to act upon such notification, usually 15 days. We reserve the right to terminate your Electronic Funds Authorization or your access to its services without notice at our sole discretion.
- We are authorized to cancel any direct deposits if the payments are returned by your bank.
- Any submitted bank instruction may not be immediately available for disbursement from your RiverSource account(s).
- You understand that this agreement shall be binding upon your personal representatives, heirs, legatees and assignees.

By signing this authorization, you acknowledge and agree that: a) the information you provided is correct, b) you will hold RiverSource Life Insurance Company, its affiliates and agents harmless for any and all situations where properly obtained authorization was provided to the firm and its agents, and c) you agree to all terms and conditions stated herein.

For your protection we may verify signatures from a signature sample file. If you do not have a signed application or account certification form on file, we will not be able to honor your request until the signed application or account certification form has been received. Any redemption completed pursuant to these instructions revokes any trust, transfer on death ("TOD") or payable on death ("POD") designation of the funds or account being redeemed.

If this is a joint account, all owners must sign. If this is a fiduciary account (e.g., Trust, UGMA/UTMA, etc.), the fiduciary must sign and must be listed on the ownership of the account. If this request is being signed by an authorized person, that person must have full authority to act on the account (e.g. attorney in fact, corporate authorized signer, etc.).

In certain circumstances, we may contact you in an effort to validate the request before the transaction can be processed.

Signatures must be provided as defined by the Client Relationship above, RiverSource will compare its authorization documentation for correct number of signers as relevant due to ownership (e.g. Trusts, Corporations, Partnerships)

Bank Owner Acknowledgements

In this disclosure statement, "you" and "your" refer to you, the external bank owner. "We," "us" and "our" refer to RiverSource Life Insurance Company.

- You authorize us to act upon your written instructions in this form in accordance with the Client Acknowledgements above.
- You affirm that you received a copy of this form which serves as our notice to you regarding the establishment of this bank instruction and all future debit entries we initiate against your account in accordance with the Client Acknowledgements above.

Signatures and Acknowledgements continued on next page...

Signatures and Acknowledgements continued

By signing this authorization, you acknowledge and agree that: a) the information you provided is correct, b) you will hold RiverSource Life Insurance Company, its affiliates and agents harmless for any and all situations where upon properly obtained authorization was provided to the firm and its agents for any situation you deem ineligible or inappropriate payment or redemption, and c) you agree to all terms and conditions stated herein.

Owner Name

Owner Signature

Date (MMDDYYYY)

X

Joint Owner Name

Joint Owner Signature

Date (MMDDYYYY)

X

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

POA Conservator/Guardian Other