



RiverSource Life Insurance Company

Client Service: 1-800-333-3437 riversource.com

RiverSource Life Insurance Co. of New York

Client Service: 1-800-504-0469

Return completed form to: 829 Ameriprise Financial Center, Minneapolis MN 55474



RiverSource Contract Number

Assignment of Life Insurance Policy or Annuity Contract as Collateral

If you are a client of Ameriprise Financial, please contact your Ameriprise financial advisor or go to ameriprise.com/forms to access servicing forms.

Part 1 Creditor Information

Creditor Name	Date
Creditor Address	
Borrower/Policy/Contract Owner	
Amount Assigned (see part 9, "Tax Consequences") \$	

In this agreement, **I, me** and **my** refer to the Borrower/Policy/Contract Owner. **You** and **your** refer to the Creditor named above.

Part 2 The Assignment

By signing this, I assign you an interest in an insurance policy or annuity contract. The interest protects you in case I do not live up to my obligations. The interest I am assigning to you covers the Policy/Contract described below:

Policy/Contract	Upon the life of (Insured or Annuitant Name)
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Your interest also covers any other Policies/Contracts issued in connection with the above Policy/Contract.

Your interest covers the obligations described below (check one):

- My obligations to pay every debt I owe you now or may owe you later.
 - My obligation to pay the debt covered by the note dated
- My obligations under part 6 also are covered.

Rights Assigned

I assign to you all of my rights as owner of the Policy/Contract except the rights described in part 3 and subject to your obligations described in part 4, including:

- The right to collect the Policy/Contract proceeds when they become payable because the Insured, Annuitant or Contract Owner dies, or the Policy/Contract matures.
- The right to surrender the Policy/Contract and to receive the surrender value of the Policy/Contract from the Insurer.
- The right to borrow from the Insurer or anybody else, and to assign the Policy/Contract to the lender as security.

Rights Not Assigned

Until you surrender the Policy/Contract, I keep the following rights:

- The right to collect any disability benefits payable in cash that do not reduce the amount of insurance.
- The right to change the beneficiary.
- The right to choose any mode of settlement.

Your Obligations

You agree as follows:

- If you receive more money from the Insurer than is needed to pay off my obligations to you, you will pay the extra money to me or others as called for by the Policy/Contract.
- You will not surrender the Policy/Contract or borrow from the Insurer unless I am in default.
- If I ask you to, you will forward the Policy/Contract to the Insurer so that the Insurer can amend it to show a change of beneficiary or mode of settlement.

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

Not valid without all pages

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Insurer's Rights

The Insurer has all the rights under the Policy/Contract it had before I assigned it to you. The Insurer may deal with you as if you were the only owner of the Policy/Contract. For example, the Insurer may make any payments called for by the Policy/Contract to you alone and without my permission.

Keeping the Policy/Contract in Force

You need not pay any premiums or repay loans against the Policy/Contract. If you do, I will repay you. I will pay interest at the highest rate allowed by law on any amounts I owe under this paragraph.

Default

I will be in default if:

- I do not pay all of my obligations when they are due.
- I am in default under any other agreement I have with you.
- I file for bankruptcy.
- I die.
- I do not pay premiums on the Policy.

Multiple Creditors

If this Policy/Contract has been assigned as collateral security to more than one creditor:

1. All rights assigned under part 2 must be exercised jointly by the multiple creditors.
2. All payments which may be due the creditors in accordance with the terms of this agreement will be paid to the multiple creditors jointly.

Tax Consequences

Annuity contracts issued after, or containing earnings on investments received after 8/13/82:

I understand that by assigning my (nonqualified) annuity to you, I may be required to report some or all of the earnings that have been deferred inside the contract on my tax return for this year and a 10 percent IRS penalty tax may apply.

Life insurance policies:

If my policy is a "modified endowment contract" as that term is defined in the Internal Revenue Code of 1986, I understand that by making this assignment to you, I may be required to report some or all of the earnings that have been deferred inside the policy on my tax return for this year and a 10 percent IRS penalty tax may apply.

Part 3 Signatures

Creditor Name Information and Signature of Authorized Representative

Creditor Name - Company Name or Individual (please print)

Name of Authorized Representative (company only - please print)

Title of Authorized Representative (company only - please print)

Signature of Authorized Representative

Date (MMDDYYYY)

X _____

Signature of Policy/Contract Owner

Policy/Contract Owner Name (please print)

Address

Policy/Contract Owner Signature

Date (MMDDYYYY)

X _____



Notarization

State of _____ County of _____ Name of Owner _____
On _____, 20____
Month, Date Yr

personally appeared before me, 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:

NOTE: No faxes accepted. Please mail.

Part 4 Corporate Office Use Only

Received in Minneapolis, Minnesota, on _____ Date (MMDDYYYY) _____

The Company assumes no obligation or responsibility as to the effect, sufficiency or validity of the above assignment.
Assistant Secretary Name for RiverSource Life Insurance Company and RiverSource Life Insurance Co. of New York

Assistant Secretary Signature _____ Date (MMDDYYYY) _____
X

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