



**RiverSource Life Insurance Company**  
829 Ameriprise Financial Center, Minneapolis MN 55474  
Client Services: 1-800-333-3437 riversource.com



**Non-Natural/Corporate Ownership Disclosure**

**RiverSource Contract Number**  
\_\_\_\_\_

If you own a RAVA series variable annuity and currently work with an Ameriprise advisor, please go to [ameriprise.com/forms](http://ameriprise.com/forms) to access servicing forms. If you own a RAVA 5® variable annuity and no longer work with an Ameriprise advisor, please use this form.

\_\_\_\_\_  
Name of Non-Natural or Corporate Owner

We the undersigned at the non-natural/corporate owner listed above understand that this contract is not treated as an annuity for tax purposes [unless it is held by a trust or other entity as an agent for a natural person within the meaning of Internal Revenue Code section 72(u)(1)]. As a result, tax deferral is generally not available and therefore, income on the contract may be treated as ordinary income received or accrued by the owner during the tax year. The owner is responsible for reporting this income to the Internal Revenue Service.

In accordance with Internal Revenue Code section 72(s), upon the death of the annuitant, the beneficiary will receive the death benefit and the annuity will be terminated based on the terms of the contract. The designated annuitant can not be changed once the annuity has been issued.

If there are multiple authorized signers on the original application, RiverSource Life Insurance Company will require that all of the signers approve any future transaction requests.

Please accept this notarized letter as confirmation that we understand our obligations with respect to the above mentioned annuity and will abide by them throughout the duration of the annuity.

**Please submit a Corporate Resolution or a list of authorized signers along with this form.**

Signatures:

Agent  
\_\_\_\_\_

Annuitant  
\_\_\_\_\_

Owner/Authorized Signer  
\_\_\_\_\_

Owner/Authorized Signer  
\_\_\_\_\_

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public  
\_\_\_\_\_

Printed Name of Notary Public  
\_\_\_\_\_

State of  
\_\_\_\_\_

Commission Expires  
\_\_\_\_\_