



RiverSource Life Insurance Company
829 Ameriprise Financial Center, Minneapolis MN 55474
Client Services: 1-800-333-3437 riversource.com
Privileged Assets: 1-800-633-4003



Pre-Election for Payment of Death Benefits

RiverSource Contract Number

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

- Use this form to select in advance the method of payment of death proceeds to the beneficiary
- Supplement to Customer Service Request form 37856. (This form will not be processed without a matching beneficiary on file.)
- Pre-election of benefits is not available for all products. Refer to your contract for availability.
- IRAs and other tax-qualified annuities are *not* eligible because of the potential for a pre-selected payout plan being in conflict with IRS required minimum distributions.

Part 1 Owner Information

Owner Name

Co-Owner Name

Insured or Annuitant Name (if different than owner)

Part 2 Beneficiary Designation and Payment of Contract Death Benefits

- Use one form for each individual beneficiary, whether it is a primary or contingent beneficiary.
- Questions concerning the legal effect of this designation should be referred to your attorney.

Beneficiary Name _____ Beneficiary Social Security Number/TIN _____

The undersigned hereby requests that the beneficiary receive: **Choose only one:**

Payout Option (select one)	Guarantee Period (select one)	Payout Mode (select one)
<input type="radio"/> Life Income Non Refund ^{1, 2}	Not Applicable	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual
<input type="radio"/> Life Income With Period Certain ¹	<input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> 15 years <input type="radio"/> Annual	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual
<input type="radio"/> Life Income With Refund ¹	Not Applicable	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual
<input type="radio"/> Installments for Specific Period ^{3, 4}	<input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> 15 years <input type="radio"/> 20 years <input type="radio"/> 25 years <input type="radio"/> 30 years	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual

Questions concerning the legal effect of this designation should be referred to your attorney.

1 Evidence of age required at settlement time for beneficiary.
 2 Receive payments for the rest of the beneficiary's life. Payments end upon death of beneficiary.
 3 For a non-person beneficiary, installments for a specific period is the only option available.
 4 Five year specific period not available for all contracts.

Part 3 Marital Status of Owner

Select Marital Status
 Single Married (see "Part 4 - Community Property Consent of Spouse" below) Widowed Divorced

Part 4 Community Property Consent of Spouse

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

- the Spouse of the Owner is living,
- the Spouse of the Owner is not being named as the Primary Beneficiary, 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 hereto.

Signature of Spouse **X** _____ Date (MMDDYYYY) _____



Part 5 Acknowledgement, Disclosure and Signatures

Request for Pre-Election of Death Benefit Proceeds

I am the owner of a non-qualified deferred annuity contract, herein referred to as the "contract", issued by RiverSource Life Insurance Company, herein referred to as the "company." I wish to elect how death benefits under the contract will be paid to my beneficiary.

I understand that this election allows the company to amend and supersede any provisions in the contract, except for spousal joint owner survivorship rights on non-qualified annuity contracts issued after 1/19/1985, that allows the beneficiary to make such an election upon the death of the individual identified above.

I understand that failure of a beneficiary to submit due proof of death and begin to receive payments within one year of the date of death may result in this designated mode of settlement being void.

If for any reason this designation does not satisfy Internal Revenue Code Section 72 distribution requirements, this designation will be void and the beneficiary will be permitted to elect payment pursuant to the provisions of the contract.

If any election selected would exceed the life expectancy of the beneficiary at the time of claim, the election would be amended to reduce the payout period to the life expectancy of the beneficiary. If the life expectancy of the beneficiary would be less than five (5) years, or any payment would be less than the minimum allowed in the contract, the beneficiary will then be permitted to elect payment pursuant to the provisions of the contract. The purpose of this form is to select in advance the method of payment of death proceeds to the beneficiary. Refer to the Settlement Options provisions of the Contract for more details. The beneficiary designation may be changed at any time prior to the death of the annuitant or owner. **This form alone will not update the beneficiary designation.**

Spendthrift Clause. 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 hereof, or any interest therein, nor shall such payment, or any part thereof, or any interest herein 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 a government agency to qualify for government assistance programs. This clause shall be effective to the extent permitted by law.

Owner Name

Signature of Owner

Date (MMDDYYYY)

Joint Owner Name

Signature of Joint Owner

Date (MMDDYYYY)