



**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**  
\_\_\_\_\_

**Release of Collateral assignment of Life Insurance Policy or Annuity Contract**

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 Owner and Creditor Information**

Borrower/Owner Name	Date	
Trust or Entity Name		
Insured/Annuitant Name		
Creditor Name		
Creditor Address		
Creditor City	Creditor State	Creditor Zip Code

**Part 2 Creditor Signatures**

• Signature of the Officer or authorized signatory must be notarized  
For value received, each of the undersigned hereby conveys, transfers, releases, and relinquishes to the owner of record thereof all rights, title, and interest of the undersigned in and to the above described policy of life insurance issued by RiverSource Life Insurance Co.

Printed name of Officer or authorized signatory	Title of Officer or authorized signatory
Signature of Officer or authorized signatory	Date (MMDDYYYY)

**Notarization**

State of \_\_\_\_\_ County of \_\_\_\_\_ Name of Creditor's Officer or authorized signatory \_\_\_\_\_  
 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 \_\_\_\_\_

[Date input box]

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 photocopiable emboss. Electronic notarizations cannot be accepted.

Notary Seal:

**NOTE: No faxes accepted. Please mail.**

**Part 3 Corporate Office Use Only**

Date (MMDDYYYY)

Received in Minneapolis, Minnesota, on [Date input box]

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

[Name input box]

Assistant Secretary Signature

Date (MMDDYYYY)

X \_\_\_\_\_

[Date input box]