



RiverSource Life Insurance Company
829 Ameriprise Financial Center, Minneapolis MN 55474
Client Services: 1-800-333-3437 Fax: 1-612-547-1732 riversource.com



Substantially Equal Periodic Payment Withdrawal Request

RiverSource Contract Number

If you own a RAVA series variable annuity and currently work with an Ameriprise advisor, please contact your advisor. If you own a RAVA 5® variable annuity and no longer work with an Ameriprise advisor, please use this form.

- If the bank account being selected in the Payment Arrangements section is not already available for use, complete the Standing Instruction: Bank form (1150936) to authorize the bank account, which can be accessed on riversource.com.
- If you would like RiverSource Life Insurance Company (RVSL) to calculate and withdraw your Substantially Equal Periodic Payments (SEPP), using one of the methods listed below, please provide all of the information requested on each page of this form, excluding Section III.
- RVSL will calculate your payment amount using one of three methods to comply with SEPP as defined by the Internal Revenue Service. The minimum distribution, amortization and annuitization methods will be calculated using your single life expectancy.
- If you want to calculate your payments in a manner not offered by RVSL, consult with a tax advisor for assistance with the calculation. To take distributions based on the calculation done by your tax advisor, provide all of the information requested on each page of this form, excluding Section II.
- Your SEPP must continue, without modification, for five years or until you reach age 59½, whichever is later for the premature distribution penalty to not apply. Surrender charges are not waived on SEPP withdrawals.
- If your contract is a 403(b)/Tax Sheltered Annuity (TSA) you will need to meet a triggering event in order to set up an SEPP. Please complete the Request for 403(b) - Tax Sheltered Annuity (TSA) Withdrawal form along with the SEPP form.

Section I — Contract Information

Name of Contract Owner

Contract Owner's Date of Birth

Complete Section II or Section III, but not both.

Note: Please verify the withdrawal provisions and conditions of your contract prior to making a selection. Make sure you understand the impact taking this withdrawal will have on your values. Certain riders contain features that may be negatively impacted by taking a withdrawal.

Consult with your financial professional to determine a withdrawal strategy that is right for you.

Section II — Substantially Equal Periodic Payment Calculation Method

Select ONE of the following methods for calculating your SEPP. The method you choose is irrevocable with the exception of the one-time switch described below.

- Minimum Distribution Method, Single Life Expectancy – will be calculated based on single recalculated life expectancy using the Single Life Table. Amount will vary each year.
- Amortization Method, Single Life Expectancy – will be calculated using the Single Life Table. The interest rate will be based on 120% of the federal midterm rate unless otherwise specified below.
 - I choose to have the amount calculated using the following interest rate: _____%. The interest rate chosen is irrevocable and may not exceed 120% of the federal midterm rate. Amount will be the same each year.
- Annuitization Method – will be calculated using the Single Life Table. The interest rate will be based on 120% of the federal midterm rate unless otherwise specified below.
 - I choose to have the amount calculated using the following interest rate: _____%. The interest rate chosen is irrevocable and may not exceed 120% of the federal midterm rate. Amount will be the same each year.
- One-time switch to Minimum Distribution Method – In order to select this, your current method must be Amortization or Annuitization.

Section III — Pre-determined Substantially Equal Periodic Payment Amount

Make a partial withdrawal for \$ _____ based on the frequency indicated in Section IV. This amount is based on an IRS approved method for calculating SEPP **as determined by my tax advisor.**



Section IV – Frequency

Indicate desired frequency of withdrawals:

- Monthly (must use ACH transfer)
- Quarterly
- Semiannually
- Annually

Choose date of month for withdrawal

- 5th
- 10th
- 20th
- 25th

Preferred start month:

For ACH transfers, allow two business days for the withdrawal to reach your account. If this form is received in our office after your preferred start month and date, we will begin your SEPP withdrawal on the next closest 5th, 10th, 20th, or 25th following the date received.

Section V – Delivery Instructions

For an **ACH** - if the Bank Account being selected is not already available for use, complete the Standing Instruction: Bank form (1150936) to authorize the bank account for use, which can be accessed on riversource.com.

- Failure to separately authorize the bank account will create processing delays.
- Only domestic (US) bank accounts may be authorized for ACH or for future use.

Select delivery preference:

- Mail check to my address of record.
- ACH transfers to my external bank account (Complete the Standing Instruction: Bank form (1150936) to authorize the bank account for use, which can be accessed on riversource.com.)

Name of Bank:		
Bank Routing Number/RTN:		Must be 9 digits and begin with a 0, 1, 2, or 3
Bank Account Number:		

Section VI – Withholding Instructions

- **Federal Withholding:** You are liable for federal income tax on the taxable portion of your distribution. If total withholding is not adequate, you may be subject to estimated tax payments and/or penalties.
- **State Withholding:** Withholding rules vary by state. Clients may have the option to: (1) opt-out of withholding, (2) elect default state tax withholding, or (3) increase the rate of withholding. Depending on the state, state tax withholding could be mandatory, optional, unavailable, or the client may need to complete a state-specific form. For state tax withholding rules, go to riversource.com/statetax.
- Please note that taxes withheld per your elections or in accordance with state rules will not be refunded.
- Withholding choices are not generally available if your distribution is an eligible rollover distribution from certain employer sponsored plans. For eligible rollover distribution, 20% federal withholding will apply even if you indicate otherwise.
- For all tax-qualified annuities: Withholding is taken from the total amount distributed.
- For non-qualified annuities: Withholding is taken from the taxable amount distributed.
- Different withholding rules apply in certain situations: If we do not have a valid Taxpayer Identification Number on the account, if the payment is delivered outside the United States or if you are a non-resident alien.
- Please consult your tax professional for additional information regarding federal and/or state withholding.

Federal Withholding

10% federal tax will be withheld unless you make a different withholding election below.

- Do not withhold federal tax
- Withhold 10% federal tax
- Withhold _____% federal tax-*must be more than 10%*

State Withholding

- If you do not indicate an election, we will generally follow your choice for federal election unless your state does not allow.
- No state tax withholding will be taken for states where withholding is not available.
- The taxpayer's resident state on file is the state we use for state tax withholding.

- Do not withhold state tax
- Withhold default state tax
- Withhold _____% state tax



Section VII – Explanation of SEPP and Acknowledgement

I understand that SEPP from my contract are not subject to the premature distribution tax on amounts withdrawn prior to age 59½ as long as my payments are not modified for five years or until age 59½, whichever is later.

I understand that there are many methods for calculating SEPP, and that each method has potential benefits and restrictions. I further understand that the calculation methods provided by RVSL represent only some of the methods.

I understand that calculation of the payment amounts in different manners may show a wide disparity. The method chosen, the assumed interest rate, single vs. joint life expectancy, and annual recalculation are all variables which may affect the amount of the payments I receive.

I understand that all elections are irrevocable except as allowed under the one-time switch described on the first page and must be made no later than the time of the first SEPP distribution.

I understand that I cannot make additional contributions to, or take additional distributions from, the contract(s) that I am using as a basis for my SEPP.

I understand that any decision regarding the tax and other consequences of these distributions should be made in light of all relevant financial information and in conjunction with my tax advisor.

I understand that upon receipt of this completed form, RVSL will withdraw my SEPP amount each year based on the information I have provided on this form. I understand that RVSL makes no guarantee that I will meet all the SEPP requirements applicable to my situation.

I understand that the payout method chosen must continue without modification (other than by reason of death or disability) for five years from the date of the first payment or until age 59½, whichever is later. If payments are modified or stopped prematurely, I as the taxpayer am liable for a 10% penalty tax (plus interest) on all prior distributions and for interest on the tax obligation that would otherwise have applied during the years that distributions were made.

I may make a one-time switch from the Amortization Method or Annuitization Method to the Minimum Distribution Method.

I have reviewed the withdrawal provisions and conditions of my contract prior to making my withdrawal selection, and understand the impact taking this withdrawal will have on my values.

If my annuity has an optional benefit rider, certain riders contain features that may be negatively impacted by taking a withdrawal.

For contracts with a guaranteed withdrawal benefit, if my partial surrenders/withdrawals in any contract year exceed the permitted surrender/withdrawal amount under the terms of the rider, my benefits under the rider may be reduced.

If my annuity has the SecureSource 4 PlusSM benefit, any withdrawal taken (including Required Minimum Distributions) before the Base Doubler effective date will permanently set the Base Doubler value to \$0.

I understand that the following point applies only to a non-qualified annuity, and only if the annuity is one of the annuities that was part of a partial 1035 from one annuity to another annuity. IRS Revenue Procedure 2011-38 states if withdrawals are taken from either annuity within a 180-day period following a partial 1035 exchange, the IRS will apply general tax principles to determine the tax treatment of the previous exchange and the subsequent withdrawal. For example, a distribution from either contract within 180 days of the exchange may result in additional taxable income related to the contracts involved in the exchange. The IRS tax treatment may be different than what is reported on Form 1099-R. A tax advisor should be contacted before any withdrawals are taken from either annuity contract during the 180-day period. This 180-day limitation on withdrawals does not apply to annuitized amounts if the annuitization is for life/lives or a period of 10 years or more.

I have discussed the tax and other implications of taking SEPP's with my tax advisor.

If an ACH transfer was selected, I (we) release RVSL Insurance Company and agree to hold it harmless from all liability for or in connection with payments paid through the Automated Clearing House or any similar system to credit payments to the bank shown above. This agreement also shall be binding to my (our) personal representatives, heirs, legatees and assignees.



Section VIII – Signatures Required

I request RVSL to withdraw SEPP based on the information I have provided on this form.

I authorize RVSL to continue to withdraw future SEPP's until I notify RVSL of any change.

I understand withdrawal charges and limitations specified in each RVSL contract will apply, regardless of the tax treatment of withdrawals. I have read and understand the statements in Section VII of this form.

Signature of Contract Owner

Date Signed

Phone Number of Contract Owner

X

Signature of Joint Contract Owner (if applicable)

Date Signed

X



RiverSource Life Insurance Company

829 Ameriprise Financial Center, Minneapolis MN 55474
Client Service: 1-800-333-3437 Fax: 1-612-317-3726



RiverSource Life Insurance Co. of New York

Service address:
70122 Ameriprise Financial Center, Minneapolis MN 55474
Client Service: 1-800-504-0469 Fax: 1-612-317-3726

RiverSource Contract Number

Standing Instruction: Bank

If you own a RAVA series variable annuity and currently work with an Ameriprise advisor, please contact your advisor. If you own a RAVA 5® variable annuity and no longer work with an Ameriprise advisor, please use this form.

Client Information

Owner Name:

Joint Owner Name:

Servicing Advisor Name (if applicable):

Bank Information

Bank Account Owner:

Are you the owner of the bank account?

Yes No

Is the bank owner a person or an organization?

Person Organization

Bank Account Co-Owner:

Checking: Deposit funds to my checking account through ACH. You must attach a voided check. If you do not attach a voided check, RiverSource Life Insurance Company will send a check to your address of record, your withdrawal will not be directly deposited into your account. ACH deposits will not be available for your account type 9930 in New York.

Attach voided check here.
Note: Starter checks, deposit slips and handwritten information will not be accepted.



Wire instructions for this bank are different from above.

Wire Routing Transit Number:

Wire Bank Account Number:

Additional Information to be sent to Bank:

Savings

Name of Bank:

Bank Routing Number / RTN:

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

Bank Account Number:

Standing Authorization

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

Account Number	New Arrangement	Existing Arrangement
	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

All future use bank instructions/standing 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.

Acknowledgements and Signatures

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

- 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 any 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 charge is made.
- If an Electronic Deposit fails or was returned, you understand that we may mail a check to you 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 ACH deposits if the payments are returned by your bank.
- 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 and RiverSource Life Insurance Co. of New York, its affiliates and agents harmless for any and all situations arising from an ineligible or inappropriate transfer or redemption, 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.

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

Owner Name

Owner Signature

Date (MMDDYYYY)

Joint Owner Name

Joint Owner Signature

Date (MMDDYYYY)

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