



RiverSource Life Insurance Company
829 Ameriprise Financial Center, Minneapolis MN 55474
Client Services: 1-800-333-3437 Fax: 1-612-547-1717



Statement of Disability

RiverSource Contract Number

If you own a RAVA series variable annuity and currently work with an Ameriprise advisor, please go to 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.

This form may be used for either of the following purposes:

- For TSA Accounts: RiverSource Life Insurance Company will accept this statement as certification that the below named individual qualifies for distribution(s) from a Tax-Sheltered Annuity (TSA) due to disability.
- For Non-Qualified Annuities, Individual Retirement Annuities and/or TSA Accounts: RiverSource Life Insurance Company will report to the IRS that the distribution(s) meets an exception to the IRS 10% penalty tax on distributions before age 59½ due to disability.

Date _____

Contract Number(s):

I certify that _____ is disabled as of _____ as that term is defined in Internal Revenue Code Section 72(m)(7). This means that he/she is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

Date

Signature of Physician
X

Physician's Name (please print)

Physician's Street Address

City, State, ZIP

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