



Service address:

RiverSource Life Insurance Co. of New York

70122 Ameriprise Financial Center, Minneapolis, MN 55474
Client Services: 1-800-541-2251



Transfer/Rollover/Exchange to a RiverSource Annuity

- If this is a TSA to TSA transfer, please complete the RiverSource Life Insurance Co. of New York (RVSL-NY) TSA/TSCA Transfer Request (form 272339).
RVSL-NY Contract Number (if applicable) _____

Owner Social Security Number

Section 1 – Surrendering Company Information

Name of Surrendering Company _____ Name of Contact Person (if applicable) _____

Surrendering Company's Address

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Account/Contract/Policy Number being transferred or exchanged _____

Section 2 – Surrendered Account/Contract/Policy Information

| | |
|--|--|
| Primary Owner Name (First, Middle, Last Name or Corporate Legal Name) _____ | Primary Owner SSN/TIN _____ |
| Joint or Co-Owner Name (First, Middle, Last Name) _____ | Joint or Co-Owner SSN/TIN _____ |
| Primary Insured/Annuitant Name (First, Middle, Last Name) _____ | Primary Insured/Annuitant SSN/TIN _____ |
| Joint Insured/Annuitant Name (First, Middle, Last Name) _____ | Joint Insured/Annuitant SSN/TIN _____ |

My contract/policy is enclosed. (If not checked, I certify that my contract has been lost/destroyed.)

Surrendered account/contract/policy is a: Life Insurance policy Annuity contract Other: _____

Section 3 – Authorization for a 1035 Tax Free Exchange of a Non-qualified Annuity or Life Insurance Policy¹ to a RiverSource Annuity.

A. I hereby authorize the transfer and assign

- Full Exchange - 100% of my Contract/Policy
- For annuities only: I wish to request a partial 1035 Exchange from the aforementioned annuity contract in the amount of:
\$ _____ or _____ %* or Penalty Free Amount*
*Please check with the carrier you are exchanging from to confirm these options are available.

B. I hereby authorize the transfer into a/an:

- New Contract Existing Contract (available only for contracts with applications signed on or after June 16, 2003)

C. I hereby authorize the full or partial liquidation and transfer of the above as follows

- Immediately (Default) On _____ (Specific Date*) At maturity _____ (Please provide maturity date*)
* For initial funding, the date must be within 60 days of the date the application was signed.

D. Disclosures, Assignments, and Representations for 1035 Tax Free Exchange of Non-Qualified Annuity or Life Insurance Policy

Any stated fixed account interest crediting rate, except for the crediting rates of the Guarantee Period Accounts (GPA), is valid for 60 days from the date I sign my annuity application. Crediting rates for the GPAs fluctuate with market conditions. The rates RVSL-NY credits to money I allocate to the GPAs in the future may be more or less than the rates in effect when I sign this form. RVSL-NY will credit the money I allocate to a fixed account after the expiration of the 60-day period with the interest rate in effect for that fixed account which may be more or less than the interest rate in effect when I sign this form.

If I fund a Tiered Dollar-Cost-Averaging (DCA) or DCA Fixed Account program with money from a 1035 Exchange, RVSL-NY transfers money into the DCA fixed account on the valuation date they receive it. This means some of the money may be transferred out of the Tiered DCA or DCA Fixed Account program in less than the Tiered DCA or DCA Fixed Account program period and I may receive less total interest than if RVSL-NY received all of the money at one time. If RVSL-NY received the last of the money from my 1035 Exchange after the expiration of the Tiered DCA or DCA Fixed Account program period, I may allocate this money to another Tiered DCA or DCA Fixed Account program account (if available) or any other accounts I select.

I fully assign and transfer all claims, options, privileges, rights, title and interest of either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to RVSL-NY.

Only RiverSource Life Insurance Co. of New York is authorized to sell insurance and annuities in New York



For annuity to annuity partial 1035 exchanges: The investment of the original contract will be allocated proportionately between the original and new contracts.

This paragraph applies only to nonqualified annuities, and only if the annuity is or was part of a partial 1035 exchange 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.

Section 4 – Transfer to a Non-Qualified Annuity from Other Investments (Example: Mutual Funds, CD or Brokerage Account) to a RiverSource Annuity

A. I hereby authorize the transfer and assign

100% of my Account Value

Partial amount

\$ _____ or _____ %

B. Source of Funds

Mutual Fund Shares

Certificate of Deposit (CD)

Other _____

C. I hereby authorize the liquidation and transfer of the above as follows

Immediately (Default)

On _____ (Specific Date*)

At maturity _____ (Please provide maturity date*)

* For initial funding, the date must be within 60 days of the date the application was signed.

D. Disclosures and Representations for Transfers to a Non-Qualified Annuity from Other Investments

- I/We hereby name and appoint RVSL-NY through its duly authorized officers as lawful agent and attorney-in-fact for me/us to liquidate the above indicated investment.
- I/We request that the proceeds be transferred to RVSL-NY. RVSL-NY will apply all such funds to an annuity contract issued to me/us. I/We grant RVSL-NY full and total authority to sign all papers and documents and to do all the acts necessary to accomplish the transfer of funds.
- I/We acknowledge that this transaction may be taxable.

Section 5 – Authorization for a Direct Rollover/Transfer to a RiverSource Annuity IRA Contract²

Note: For an internal transfer, use this form only if the distributing and receiving plans are the same plan type (e.g. Roth IRA to Roth IRA or Traditional/SEP-IRA to Traditional/SEP-IRA). If this is a TSA to TSA transfer, please complete the RiverSource Life Insurance Co. of New York TSA/TSCA Transfer Request (form 272339).

• This form may not be used for recharacterizations to or from a Roth IRA.

A. As owner of the qualified plan or IRA assets designated below, I hereby authorize the direct rollover/transfer of such assets to the traditional IRA, SEP-IRA or Roth IRA contract specified herein.

If this is a conversion from a traditional IRA, SEP-IRA, or SIMPLE IRA to a Roth IRA or a direct rollover from a Qualified Plan, 403(b)/TSA or a Governmental 457(b) plan to a Roth IRA, I understand that I will owe income tax on all pre-tax assets converted.

1. Direct Rollover/Transfer From

401 (a)

Traditional IRA

SEP-IRA

Roth IRA

401 (k)

Roth 401(k)

TSA/403(b)

Roth 403(b)

SIMPLE IRA

Governmental 457(b) Plan

2. The rolled over/transferred amount will be deposited into the following IRA contract

Traditional IRA

SEP-IRA

Roth IRA

SIMPLE IRA

Check here if this is an Inherited IRA Transfer and complete the following

_____ Inherited IRA as beneficiary of _____
(My Name) (Deceased Name)

Indicate beneficiary distribution option elected for this Inherited IRA. RVSL-NY uses this to determine if withdrawal charges will be waived. I acknowledge that, as the Inherited IRA owner, I continue to be responsible for meeting the minimum distribution requirements.

Five-Year Rule Life Expectancy Rule (Default)

Please submit a copy of the Certified Death Certificate for the original IRA Owner with this request.

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3. Liquidate and Transfer

- 100% of my Contract/Policy
- Partial Amount

\$ _____ or _____ %* or Penalty Free Amount*

*Please check with the carrier you are doing a direct rollover/transfer from to confirm these options are available.

4. Liquidate and Transfer

- Immediately (Default) On _____ (Specific Date*) At maturity _____ (Please provide maturity date*)

* For initial funding, the date must be within 60 days of the date the application was signed.

5. Tax Withholding (For Roth conversions only)

- Any amount withheld may result in a 10% IRS premature penalty tax. 10% federal income tax will be withheld from this conversion unless you make a different withholding election below.
- If the amount withheld is to be rolled over to the Roth IRA, the amount withheld will have to be made up from other assets.
- **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.
- State tax withholding may not be available with all financial institutions. For state tax withholding rules, contact them directly.
- Please note that taxes withheld per your elections or in accordance with state rules will not be refunded.
- 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.

Federal Withholding

- For a Qualified Plan or a 403(b)/TSA-TSCA to a Roth IRA:

A direct conversion from a Qualified Plan or 403(b)/TSA-TSCA to a Roth IRA results in income tax being due on the taxable portion of the transaction. Please see the Special Tax Notice provided by the plan sponsor of your Qualified Plan or 403(b)/TSA-TSCA plan. You should consult with a tax advisor prior to requesting this transaction. There will be no withholding on this request unless you elect withholding below.

- For Traditional, SEP, or Simple IRA to a Roth IRA:

10% federal income tax will be withheld from the conversion amount unless you make a different withholding election below. Amounts distributed in the form of withholding may result in a 10% IRS premature penalty tax in addition to the ordinary taxes that apply to the entire distribution amount. Consult with a tax advisor if you elect to withhold.

Federal Withholding

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

State Withholding

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

B. Disclosures and Representations for Direct Rollovers/Transfers to an IRA Contract

If this amount represents all or part of an eligible rollover distribution, I understand there will be no mandatory 20% Federal Income Tax withholding from this distribution because it is a Direct Rollover to an eligible retirement plan under Section 402(c)(8)(B) of the Internal Revenue Code.

I realize that I may receive an IRS Form 1099-R on this distribution from my plan.

If the receiving IRA indicated in (2). above is a new IRA contract, I acknowledge that I have received a copy of Your Guide to IRAs and understand the terms contained within it.

If converting from a Traditional IRA, SEP-IRA, SIMPLE IRA to a Roth IRA or completing a direct rollover from a Qualified Plan, 403(b)/TSA or Governmental 457(b) plan to a Roth IRA:

- > I authorize the custodian, insurance company or trustee to transfer the liquidated assets and send any records or documents needed to complete the conversion or direct rollover to RiverSource Life Insurance Co. of New York. If converting from a SIMPLE IRA, I represent that I have participated in the SIMPLE IRA for at least 2 years.
- > I am aware of and acknowledge the penalty I may incur from any early withdrawal.
- > I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from this Roth IRA.
- > I understand that by converting my Traditional IRA, SEP-IRA, SIMPLE IRA to a Roth IRA or completing a direct rollover from a Qualified Plan, 403(b)/TSA or Governmental 457(b) plan to a Roth IRA, I will owe income tax on all pre-tax assets converted or directly rolled over. The decision of whether to convert my Traditional IRA, SEP-IRA, SIMPLE IRA to a Roth IRA or complete a direct rollover from a Qualified Plan, 403(b)/TSA or Governmental 457(b) plan to a Roth IRA was made in light of all relevant financial information and in conjunction with my professional tax advisors.
- > If completing a direct rollover from a Roth 401(k) or Roth 403(b) to a Roth IRA, I understand that this rollover may delay the time at which these funds are available on a tax-free basis.
- > I represent that I took any required minimum distribution for the year of this conversion or direct rollover prior to this conversion or direct rollover.



Section 6 – Special Consideration for Internal Exchanges

Please note: The features described below may not be available on all annuity products or in all states. You should discuss the specific features available on your existing annuity contract and your new annuity contract with your financial professional.

There are several factors to consider before changing from one annuity to another. These include, but are not limited to, the following:

- > Any withdrawal charges or other costs I may incur in replacing my current annuity contract.
- > The comparative charges, features and benefits of the respective annuity contracts, such as fees and contract charges, living and death benefit features and related guarantee values, minimum fixed interest rate guarantees, payout rates, and tax treatment (as determined by contract issue date).
- > The investment options available, the historical investment return/interest rate crediting and my investment goals, objectives, and risk tolerance.
- > My need for access to all, or a portion of, the cash value of the new annuity contract during the new withdrawal charge period.

If I have questions about these factors, or other areas that are important to me in making a decision, it is advised that I discuss them with my financial professional before completing the replacement of my existing annuity.

Additional Information To Know Regarding My Internal Exchange Request:

- > If I am participating in any investment option programs in my existing annuity such as systematic withdrawals, dollar-cost averaging or asset rebalancing, and wish to continue these investment options on my new annuity contract, service forms will need to be submitted with the application.
- > If I elected any optional features/riders in my existing annuity, those features may terminate and need to be reselected on my new annuity application. Pricing and details for these features may differ on the new contract. It is advised that I check my prospectus and talk to my financial professional for details.
- > This exchange from my existing RVSL-NY annuity contract to a new RVSL-NY annuity contract is voluntary. RVSL-NY does not endorse or recommend the exchange of my existing annuity.
- > If you have a variable annuity with a withdrawal benefit rider and you take a withdrawal that is higher than the maximum guaranteed amount, it is considered an "excess withdrawal." An excess withdrawal will permanently decrease your guaranteed income and benefit values. If you are uncertain if this withdrawal request will be considered an excess withdrawal or would like to see how an excess withdrawal will reduce your future guaranteed income and benefit values, call a Customer Contact Professional at (800) 541-2251 to request a personalized calculation showing the effect of the withdrawal prior to submitting this request.

If you do not contact us prior to submitting this form and the amount you have requested will result in an excess withdrawal, we will require that you complete the "Benefit Impact Acknowledgement Form" before processing can occur.

Section 7 – Taxpayer Identification Number and Certification

Check appropriate box for federal tax classification (required):

- | | |
|---|---|
| <input type="checkbox"/> Individual/Sole proprietor | <input type="checkbox"/> Partnership |
| | <input type="checkbox"/> Trust |
| Corporation | <input type="checkbox"/> Revocable (Optional Additional Trust Detail) |
| <input type="checkbox"/> C-Corporation | <input type="checkbox"/> Irrevocable (Optional Additional Trust Detail) |
| <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Estate |

Limited Liability Company (LLC)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> C-Corporation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> S-Corporation | |
| <input type="checkbox"/> Partnership | |

Check here if owner is an Exempt Payee (defined in Form W-9 instructions)

Exempt Payee code: _____

A code must be supplied for accounts with an Exempt Payee type.

Foreign Account Tax Compliance Act (FATCA) Reporting

A FATCA exemption code is required for persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, no code is required. Otherwise, submit IRS Form W-9 separately.



Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions for Form W-9), and
4. The payee is exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Non-U.S. persons should submit the appropriate Form W-8.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

Section 8 – Signature(s)

The Internal Revenue service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner's Signature

X

Date Signed

X

Joint Owner's Signature (if applicable)

X

Date Signed

X

Section 9 – Acceptance of Assignment (RVSL-NY Use Only)

Assistant Secretary, RiverSource Life Insurance Co. of New York

X

Date Signed

X

Mailing Instructions:

Make check payable and forward to:

**RiverSource Life Insurance Co. of New York
70122 Ameriprise Financial Center
Minneapolis, MN 55474**

For overnight express delivery, please forward to

**RiverSource Life Insurance Co. of New York
70122 Ameriprise Financial Center
Minneapolis, MN 55474**

RVSL-NY Contract Number

¹ **For 1035 Exchanges:** By signature of an authorized officer above, RVSL-NY accepts assignment of all or part of the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue a check payable to RiverSource Life Insurance Co. of New York F.B.O., the owner of the contract, for the all or part of the cash surrender value as indicated above. Because RVSL-NY must know the investment, we request that you forward this information with the surrender check to the address listed above. Note: Any income on the exchange of this contract should be reported to the previous contract owner, not to RVSL-NY.

² **For Trustee Transfers/Direct Rollovers:** RVSL-NY will transfer assets received into an Individual Retirement Annuity (IRA) for my benefit as the individual named above. RVSL-NY is an issuer of IRA contracts.

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