



Service address:

RiverSource Life Insurance Co. of New York

70122 Ameriprise Financial Center, Minneapolis, MN 55474
Client Services: 1-800-504-0469



403(b) – TSA/TSCA Transfer Request

RiverSource Contract Number

Transferring Institution

Name of Transferring Institution _____ Phone Number _____
Street Address _____
City _____ State _____ Zip Code _____

Client Information

Client Name _____ Social Security Number _____ Birthdate _____
Street Address _____
City _____ State _____ Zip Code _____

Instructions for Transferring Institution

(Select all that apply)

My existing plan is: Tax Sheltered Annuity (TSA) Tax Sheltered Custodial Account (TSCA)

The transfer is to: (TSA)

I hereby request the immediate transfer of account number _____

Contract Exchange or Plan to Plan Transfer

This transaction is intended to qualify as tax-free Contract Exchange or Plan to Plan Transfer. A contract exchange occurs when an employee changes from one 403(b) investment option allowed under the plan to another investment option in the same plan. No tax reporting is required on a Contract Exchange.

A Plan to Plan Transfer occurs when an employee moves all or a portion of their 403(b) account from one employer’s plan into an investment product offered by a different employer’s 403(b) plan. No tax reporting is required on a Plan to Plan Transfer.

Amount: (Select one) \$ _____ or _____ % or The amount not subject to surrender/charge within my TSA/TSCA.

My contract is: (Select one) Attached Lost

NOTE: To comply with the Technical and Miscellaneous Revenue Act of 1988, please provide the amount which was invested in the TSA/TSCA as of Dec. 31, 1988.

Client Signature and Acknowledgement

If this is a request for a 403(b) account transfer or exchange, I certify that I am aware of the rules and requirements regarding 403(b) account transfers and exchanges and have had the opportunity to consult with my personal tax adviser regarding this transaction. I further acknowledge that I may need to request that my employer enter into an information sharing agreement or other necessary documentation with RVSL-NY in order to maintain the tax qualified status of my 403(b) account.

I hereby authorize RiverSource Life Insurance Company to receive a transfer or exchange of 403(b) assets to be allocated to a RiverSource® Tax Sheltered Annuity.

Client Signature _____ Date _____
X _____



Plan Sponsor / Third Party Administrator (TPA) Information

Plan Sponsor / TPA Name	Employee Identification Number (EIN)	Phone Number
_____	_____	_____
Contact Name	Title	
_____	_____	
Mailing Address		

City	State	Zip Code
_____	_____	_____

If you are currently retired, unemployed or working for an employer who does not sponsor a 403(b) program, your 403(b) account is deemed associated with your most recent employer who sponsored the 403(b) arrangement.

RVSL-NY has entered or intends to enter into an Information Sharing Agreement (ISA). The ISA needs to be completed and submitted along with this form unless one has been submitted to RVSL-NY prior to this date. An ISA is an agreement between the employer and the investment provider allowing the exchange of information to ensure compliance with 403(b) regulations, including but not limited to information regarding the participant's employment status.

I hereby authorize the requested transfer or exchange of the clients 403(b) assets to be allocated to a RiverSource Life Insurance Company.

Plan Sponsor/Third Party Administrator Authorized Signor Name	
<input checked="" type="checkbox"/>	_____
Plan Sponsor/Third Party Administrator Signature	Date
<input checked="" type="checkbox"/>	_____

Make check(s) payable and forward (with a copy of this form) to address checked below:

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

Please reference RVSL-NY TSA Annuity Number: _____

Letter of Acceptance: RVSL-NY will deposit assets received in a TSA for the benefit of the above named individual. RVSL-NY is an issuer of TSAs. Acceptance by RVSL-NY is not a guarantee that the transaction will qualify as a transfer under applicable law.

Authorized Signature – RiverSource Life Insurance Co. of New York Home Office	Date
<input checked="" type="checkbox"/>	_____