



RiverSource Life Insurance Company 70100 Ameriprise Financial Center, Minneapolis, MN 55474

Life Insurance and Annuity Change of Beneficiary



- This form is used to establish a beneficiary and to change the beneficiary designation of a life insurance policy, deferred annuity and annuitized annuity contract.
- Refer to your policy/contract to determine when death benefits are payable.
- Questions concerning the legal and/or tax effects of this beneficiary designation should be referred to your attorney.
- For RiverSource Life Insurance Co. of New York, please use Form 38120.
- For NEW TSCA investments, please use Form 3110.
- For EXISTING TSCA investments, please use Form 4235.
- For Transfer on Death or Payable on Death use Form 3214.

Select the Product Type for this request: (Required):

RAVA 5[®]/Innovations Select:
Account Number
9925

Other:
Account Number
004

Failure to select a Product Type could result in processing delays

Part 1 Owner Information

Owner Name

Trust or Entity Name

Co-Owner Name

(Annuities Only) Annuitant Name

(Life Insurance Only) - Select One - Beneficiary designation will apply to the option selected.

Insured Name Other Insured Rider Name (OIR)

Part 2 Beneficiary Designation

- **Life Insurance** - All Beneficiary relationships are to the owner indicated above.
- **Annuities** - All Beneficiary relationships are to the owner indicated above.
- For options A-D, do not list children's names, these will be requested at claim time. (Note: Step children, foster children, etc. are not included; use option E Other instead)
- **Note:** If you own a variable annuity with a joint life withdrawal benefit, your covered spouse must be named in one of the following roles in order to continue the benefit:
 - Joint owner (non-qualified annuities only),
 - Sole primary beneficiary,
 - Sole primary beneficiary of a trust that you name as beneficiary of this contract (Not all trust ownerships are allowed so please contact Client Services for additional information).

Select only one of options A - F, (continued on next page)

A. Spouse if Living, if not, Living Lawful Children With Rights of Survivorship.

Beneficiary is: " _____ " spouse if living, if not, the beneficiaries are the children legally born to, or legally adopted by, the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

B. Spouse, if Living, if not, Children Per Stirpes.

Beneficiary is: " _____ " Owner's spouse if living, if not, the children legally born to, or legally adopted by, the owner equally, the survivors equally, or the survivor; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her children legally born to, or legally adopted by that deceased child, per stirpes.

C. Living Lawful Children, Equally With Rights of Survivorship.

Beneficiary is: The living lawful children of the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

Beneficiary Designation continued on next page..

Sign On Page(s) 5, 6.

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Beneficiary Designation continued

D. Living Lawful Children with Right of Survivorship Per Stirpes.

Beneficiary is: The children legally born to, or legally adopted by, the owner equally, provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased child, per stirpes.

i Additional Instructions for Options E and F

- If an attachment is required to complete the beneficiary designation, make sure the attachment contains the account number, signature date and all appropriate signatures.
- If percentages are used, make sure the percentage equals 100% for both primary and secondary beneficiaries.
- Although not required, providing the Date of Birth and Social Security number for beneficiaries will assist us in locating the beneficiaries when necessary.
- If a Testamentary Trust is designated, please provide the article and paragraph number from the Will in the designation. The execution of this designation requires that your Will be admitted to probate and the Trustee(s) make claim for the proceeds accompanied by due proof of the trustee(s)' appointment. In the event there are multiple testamentary trusts and the trust is not clearly identified, settlement may be delayed because a court order may be required at time of settlement.
- Unless specifically noted on this form, all designations will be considered to be equally and with rights of survivorship.
- **All beneficiary designations are subject to the approval of the corporate office.**

E. Other (Person, Trust, Organization, etc)

- i**
- All fields marked with an * are required to be completed.
 - Provide complete address for all non-immediate family members or organizations named.

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary	* Percentage or Fraction _____ %	Date of Birth (MMDDYYYY) _____
Beneficiary Name* Provide full name of Person, Trust, or Organization designated as beneficiary. _____		Trust Date* If Trust named (MMDDYYYY) _____
Relationship* Identify the relationship between the beneficiary and the owner _____		Social Security/Tax ID Number _____
Address of Beneficiary _____		
City _____	State _____	ZIP code _____

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary	* Percentage or Fraction _____ %	Date of Birth (MMDDYYYY) _____
Beneficiary Name* Provide full name of Person, Trust, or Organization designated as beneficiary. _____		Trust Date* If Trust named (MMDDYYYY) _____
Relationship* Identify the relationship between the beneficiary and the owner _____		Social Security/Tax ID Number _____
Address of Beneficiary _____		
City _____	State _____	ZIP code _____

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary	* Percentage or Fraction _____ %	Date of Birth (MMDDYYYY) _____
Beneficiary Name* Provide full name of Person, Trust, or Organization designated as beneficiary. _____		Trust Date* If Trust named (MMDDYYYY) _____
Relationship* Identify the relationship between the beneficiary and the owner _____		Social Security/Tax ID Number _____
Address of Beneficiary _____		
City _____	State _____	ZIP code _____

Beneficiary Designation continued on next page..



Beneficiary Designation continued

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary		* Percentage or Fraction _____ %	Date of Birth (MMDDYYYY) _____
Beneficiary Name* Provide full name of Person, Trust, or Organization designated as beneficiary. _____		Trust Date* If Trust named (MMDDYYYY) _____	
Relationship* Identify the relationship between the beneficiary and the owner _____		Social Security/Tax ID Number _____	
Address of Beneficiary _____			
City _____	State _____	ZIP code _____	

Primary or Secondary Status* (Select one) <input type="radio"/> Primary <input type="radio"/> Secondary		* Percentage or Fraction _____ %	Date of Birth (MMDDYYYY) _____
Beneficiary Name* Provide full name of Person, Trust, or Organization designated as beneficiary. _____		Trust Date* If Trust named (MMDDYYYY) _____	
Relationship* Identify the relationship between the beneficiary and the owner _____		Social Security/Tax ID Number _____	
Address of Beneficiary _____			
City _____	State _____	ZIP code _____	

F. Other Text. Use this option only when none of the above options apply or you are unsure of which option to select.

**Part 3** Supplemental Information

- Complete Part 3 for all Part 2 Options A-F.
- Please provide all information requested, including full name of Person, Trust or Organization designated as beneficiary.
- If more space is needed, please attach a separate page.

Beneficiary Name**Address** (if different than Owner, include City, State and ZIP)**Date of Birth/Trust Date** (MM/DD/YYYY)**Social Security/Tax ID Number****Telephone Number****Beneficiary Name****Address** (if different than Owner, include City, State and ZIP)**Date of Birth/Trust Date** (MM/DD/YYYY)**Social Security/Tax ID Number****Telephone Number****Beneficiary Name****Address** (if different than Owner, include City, State and ZIP)**Date of Birth/Trust Date** (MM/DD/YYYY)**Social Security/Tax ID Number****Telephone Number****Beneficiary Name****Address** (if different than Owner, include City, State and ZIP)**Date of Birth/Trust Date** (MM/DD/YYYY)**Social Security/Tax ID Number****Telephone Number****Beneficiary Name****Address** (if different than Owner, include City, State and ZIP)**Date of Birth/Trust Date** (MM/DD/YYYY)**Social Security/Tax ID Number****Telephone Number**



Part 4 Minor Beneficiaries

I hereby request that the proceeds be paid to the custodians listed below under the State UTMA (not available in VT or SC).

Custodian Name

Successor Custodian Name

Part 5 Charitable Giving Benefit Beneficiary Designation

A Charitable Giving Benefit beneficiary designation can only be named on Variable Universal Life IV - Estate Series, Life Protection Select - Estate Series, Foundations Universal Life and Foundations Protector life insurance policies.

! Only one Section 170(c) organization can be named. This section cannot be used to name a charitable organization to the base or other insured beneficiary designations. Changing the Charitable Giving Benefit beneficiary does not change the base or other insured beneficiary designations.

Charitable Organization Name

Employer Identification Number

Address

Phone

City

State

ZIP code

Contact Name

Part 6 Marital Status and Consent of Spouse

Owner Marital Status (Select One)

- Single
- Married (See Consent of Spouse.)
- Widowed
- Divorced

Consent of spouse must be signed if the following conditions are present:

(a) **Community property state:** You live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin), your spouse is living and you are NOT designating your spouse as the sole primary beneficiary;

OR
(b) **For 403(b) plans that are subject to the Employee Retirement Income Security Act (ERISA),** your spouse is living and you are NOT designating your spouse as the sole primary beneficiary.
If you are unsure if your plan is subject to ERISA (and consequently spousal consent requirements) check with your plan sponsor. (usually your employer).

Generally:

- 403(b) plans sponsored by a governmental entity such as a public school or university are not subject to ERISA
- 403(b) plans sponsored by a church or qualified church controlled organization are generally not subject to ERISA, however some exceptions may apply
- 403(b) plans sponsored by a 501(c)(3) (non-profit) organization may be subject to ERISA depending on the design and operation of the plan.

! The spouse's signature must be witnessed by either the Plan Sponsor/Administrator or a Notary Public.

I have reviewed the above beneficiary designation and, as the spouse of the owner, I consent to the payment of my spouse's interest to the above named beneficiary(ies), in the event of the death of my spouse.

If this consent relates to a plan subject to ERISA, I understand that if I were to decline to sign this consent, as the owner's surviving spouse, I would be entitled to 100% of any beneficial account at the time of the owner's death. I waive any rights I now have, or may later be held to have, in such interest. I realize my consent applies only to this designation and does not apply to any further designation.

Spouse Name

Spouse Signature

Date (MMDDYYYY)

X



Part 7 Plan Sponsor Witness Signature (For 403(b) plans subject to ERISA)

For ERISA plans, with the authority to act on behalf of the Plan, I certify that the participant's spouse _____ personally appeared before me with evidence to be the person whose name is named above and executed the foregoing document voluntarily.

Plan Sponsor/Administrator Name

Plan Sponsor/Administrator Signature

Date (MMDDYYYY)

X

Part 8 Notarization

! Spousal consent is required for 403(b) plans subject to ERISA and the signature must be witnessed by either the plan sponsor/administrator or a notary.

I certify that _____ personally appeared before me with satisfactory evidence to be the person whose name is subscribed within the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument executed the instrument.

I certify under PENALTY OF PERJURY under laws of the State of _____, County of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official Seal:

Notary Name

Signature of Notary

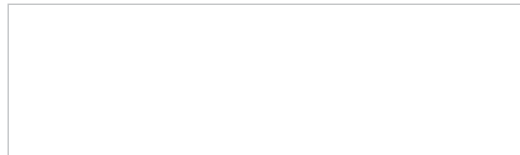
Date (MMDDYYYY)

X

Notary Commission Number

Notary Commission Expiration Date (mm/dd/yyyy)

Notary Seal:



Part 9 Disclosures and Signatures

Change of Beneficiary

The undersigned hereby revokes any and all prior beneficiary designations and/or elections by the Owner(s) of a method of settlement for the beneficiary of the proceeds upon the death. Any amount payable to a beneficiary after the Retirement Date will be paid as provided in the Annuity Payment Plan then in effect. To determine when the death benefit will be payable to the beneficiary, refer to instruction form 33032-inst.

Right of Revocation Reserved. The right to revoke this instrument and to change the designated beneficiaries upon written notice to, and acceptance by, the Company is reserved to the Owner without the consent of the revocable beneficiaries. Unless a Pre-Election for Payment of Death Benefits (form 200488) is signed, dated and received at the same time as this form, election of a different settlement option, consistent with the Policy/Contract provisions, may be made after the death of the individual indicated in the General Instructions based on the type of Policy/Contract by the beneficiary or class of beneficiaries then immediately entitled to demand and receive full payment of the proceeds. (See Pre-Election of Death Benefits Form for acceptable contracts.)

Spendthrift Clause. Except as otherwise specifically provided herein, no beneficiary entitled to any payment hereunder shall have the right to withdraw, surrender for cash, borrow against, commute, anticipate, encumber, alienate, or assign such payment, or any part thereof, or any interest therein, nor shall such payment, or any part thereof, or any interest herein be in any way subject to such person's debts, contracts, or engagements, nor to any judicial process to levy upon or attach the same payment thereof. No provision of this contract or beneficiary designation shall be construed to prevent the owner or the beneficiary from assigning its interest in this contract to a nursing home or a government agency to qualify for government assistance programs. This clause shall be effective to the extent permitted by law.

Owner Name

Owner Signature

Date (MMDDYYYY)

X

Co-Owner Name

Co-Owner Signature

Date (MMDDYYYY)

X