RiverSource, c/o Boston Financial, P.O. Box 8041, Boston, MA 02266-8041

RiverSource
IRA Optional Services/ Change Request Form

RiverSource Investments®

Part 1 Investor Information *Please type or print.*

○ Please make these changes to my existing IRA Account Number: ______

○ I do not have an existing IRA with RiverSource. This form is being submitted with my application.

○ Please check if you are changing your address of record. *Medallion signature guarantee required.*

Name (First, Middle Initial, Last)

Address

Apt. # / Lot / Unit

City

State

Zip

Daytime phone number

Evening phone number

Date of Birth (MMDDYYYY)

Social Security Number

Part 2 Quantity Discount Pricing

As described in the prospectus, your IRA contribution may qualify for reduced sales charges on purchases of Class A shares only. Does not apply to RiverSource Cash Management Fund, RiverSource Tax-Exempt Money Market or the Seligman Cash Management Fund. To qualify, please complete the appropriate items below.

○ **Statement of Intention.** Due to a Transfer, Rollover or Conversion, I intend to invest over a 13-month period in Class A shares of one or more *RiverSource®* Funds an aggregate amount of at least: ○ \$50,000 ○ \$100,000 ○ \$250,000 ○ \$500,000 ○ \$1,000,000

Start date:

○ **Right of Accumulation** (Class A, B and C shares of any *RiverSource* family of Funds may be combined under Rights of Accumulation.) If you previously purchased Class A shares of a *RiverSource* Fund on which you paid a sales charge, you may qualify for a reduced sales charge on this purchase. See the Prospectus and Statement of Additional Information for aggregation criteria. List below account(s) which should be aggregated for a right of accumulation.

Fund name	Account number

○ I certify that I am exempt from the sales charge in accordance with the terms of the applicable fund's prospectus and I agree to notify RiverSource at or prior to purchase if I am no longer eligible for exemption.

Reason for exemption (please write reason):

• Signature pages 2 and 3

For assistance completing this form, please contact a representative at 1 (800) 221-2450, Monday through Friday, 7:00 a.m. to 6:00 p.m. Central time.

Part 3 IRA Account Privileges *Medallion signature guarantee required.*

○ **Automatic Investment Plan** *(Fund minimum may apply, see Fund's prospectus for fund requirements.)* I authorize State Street Bank, as Custodian, to debit the amount requested below from my bank account for investment in the IRA. I designate that all contributions are for the tax year in which they are made, unless I instruct otherwise in writing.
Please attach a voided check from your bank account.

Frequency of investment (check one): ○ Monthly ○ Quarterly

Please note: If no specific date is selected, purchases will be processed on the next business day. Purchases for closed end funds will be processed on the Wednesday following the 5th of the month, or the next business day.

Fund name	Fund number	Account number	Amount* (refer to the prospectus for Fund minimums)
			$
			$
			$

*To avoid an excess contribution, be aware of your maximum IRA contribution amount.

Bank name

Bank routing number

Account type: ○ Savings ○ Checking Bank account number

○ **Telephone Exchanges.** I authorize RiverSource Service Corp. to accept and act upon telephone and fax instructions from any person identifying themselves as owner of the account, or owner's broker, to exchange shares of my account for shares of any other *RiverSource* Fund, in accordance with the prospectus. RiverSource Service Corp. and Boston Financial will employ reasonable procedures specified by the Fund(s) to confirm that such instructions are genuine. Neither privilege may be modified or terminated without notice. I agree to indemnify and hold harmless RiverSource Service Corp., Boston Financial and any *RiverSource* Fund that may be involved against any claim, loss, expense or damage, including reasonable investigation and attorney's fees, in connection with telephone exchanges effected for my account.

Medallion Signature Guarantee (required)

Name of bank or dealer firm

Affix Medallion Guarantee Stamp Here.

Signature of authorized person (not a Notary Public)

X

Date (MMDDYYYY)

I understand that my participation in the Automatic Investment Plan is subject to the terms and conditions of such plan as amended from time to time. This service may be discontinued by the IRA account holder by telephone or written notice at any time to RiverSource c/o Boston Financial. Instructions must be received 15 days prior to the next draft to be effective for that draft.

Authorized signature

X

Authorized signature

X

○ **Automatic Exchanges**. The receiving Fund must meet the Fund's minimum requirement. See corresponding prospectus for Fund minimums. I hereby authorize RiverSource to automatically exchange:

Frequency (check one): ○ Monthly ○ Quarterly

Date (MMDDYYYY)

Make exchanges on the 15th day of the month (or next business day) beginning ______ and every month/quarter thereafter. Attach additional sheets if necessary.

From:

Fund name	Fund number	Account number	Amount (refer to the prospectus for Fund minimums)
			$

To:

Fund name	Fund number	Account number

For assistance completing this form, please contact a representative at 1 (800) 221-2450, Monday through Friday, 7:00 a.m. to 6:00 p.m. Central time.

Part 4 Beneficiary Information *Attach additional sheets if necesary.*

○ **Add Beneficiary:** ○ Primary ○ Contingent

Full legal name

Date of birth (MMDDYYYY)

Social Security Number

Relationship: ○ Spouse ○ Other

Percent if less than 100% %

Full legal name

Date of Birth (MMDDYYYY)

Social Security Number

Relationship: ○ Spouse ○ Other

Percent if less than 100% %

○ **Change Beneficiary:** ○ Primary ○ Contingent

Full legal name

Date of Birth (MMDDYYYY)

Social Security Number

Relationship: ○ Spouse ○ Other

Percent if less than 100% %

Full legal name

Date of Birth (MMDDYYYY)

Social Security Number

Relationship: ○ Spouse ○ Other

Percent if less than 100% %

Spousal Consent *(This section should be reviewed if the Depositor is married and designates a beneficiary other than the spouse. It is the Depositor's responsibility to determine if this section applies. The Depositor may need to consult with legal counsel. Neither the Custodian nor the Sponsor is liable for any consequences resulting from a failure of the Depositor to provide proper spousal consent.)*

I am the spouse of the above-named Depositor. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to see a tax professional or legal adviser.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

Signature of spouse

X

Date (MMDDYYYY)

Signature of witness for spouse

X

Date (MMDDYYYY)

Part 5 Investor(s) Authorization *Required.*

To be completed by all authorized registered owners of the account. If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) must be indicated. I (we) authorize RiverSource to initiate Automated Clearning House (ACH) debits or to draw debit checks against a designated financial account for the amount listed on the dates noted. I (we) understand that the financial institution indicated must be a member of the ACH Association. This authorization shall continue until terminated by me (us) in writing to RiverSource. Termination will be effective within 30 days after receipt of notification. I (we) understand that this service is governed by the Fund's prospectus and the rules of the ACH Association, as amended from time to time. All terms are binding upon my (our) heirs, representatives and assigns. The Fund's prospectus contains additional details about this service.

Investor's signature

X

Date (MMDDYYYY)

If Investor is a minor under the laws of the Investor's state of residence, a parent or guardian must also sign this form. Until the Investor reaches the age of majority, the parent or guardian will exercise the powers and duties of the Investor.

Signature of parent or guardian

X

Date (MMDDYYYY)

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