

RiverSource Dealer Change Authorization Form



Please complete this form to change the Broker/Dealer information on your account. Please note: This request may require supporting documentation if the account(s) is/are registered to a trust, corporation or other entity.

Part 1 Investor Information *Please type or print.*

Name of Owner, Trust or other entity	Social Security or Tax I.D. Number
<input type="text"/>	<input type="text"/>
Co-Owner, Trustee or other capacity	Social Security or Tax I.D. Number
<input type="text"/>	<input type="text"/>

Part 2 Account Information *Please list the accounts that are to be updated.*

Fund name	Fund number*	Account number*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

* Can be found on your account statement.

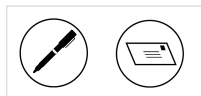
Part 3 New Dealer Information *Please type or print.*

Branch Office Address	Branch Number
<input type="text"/>	<input type="text"/>
City	State ZIP Code
<input type="text"/>	<input type="text"/> <input type="text"/>
Registered Representative's Name	Registered Representative's Number
<input type="text"/>	<input type="text"/>
Registered Representative's Telephone Number	
<input type="text"/>	

Part 4 Signature(s) *All registered owners must sign.*

This section is to be completed by all authorized registered owners of the account. If you are signing in an official capacity (i.e., executor, Trustee, Corporate Officer) please indicate your capacity next to your signature. Supporting documentation may be required.

Authorized Signature of Owner, Trust or other capacity	Date (MMDDYYYY)
<input checked="" type="checkbox"/> _____	<input type="text"/>
Authorized Signature of Owner, Trust or other capacity	Date (MMDDYYYY)
<input checked="" type="checkbox"/> _____	<input type="text"/>



• Signature page 1

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 5 **Return Instructions**

Please return to:

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

Overnight mail: RiverSource
c/o Boston Financial
30 Dan Road
Canton, MA 02021-2809