

RiverSource Required Minimum Distribution (RMD) Form



Complete this form if you are requesting a Required Minimum Distribution (RMD) from a RiverSource Traditional IRA, SARSEP-IRA, or Rollover IRA. Please use the regular RiverSource IRA Distribution Form for all other distribution requests. Contact RiverSource Service Corporation at 800-221-2450 if you have any questions.

Please return to:

Regular mail RiverSource
P.O. Box 8041
Boston, MA 02266-8041

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

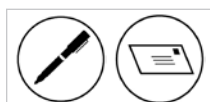
Part 1 Investor Information *Please type or print.*

Name (First, Middle Initial, Last)			
Address			Apt/Lot/Unit
City		State	Zip
Daytime phone number	Social Security Number	Date of Birth (MMDDYYYY)	

Part 2 Calculation Method *Please choose only one.*

Uniform Table — RMD will be based on the Uniform Table issued by the Internal Revenue Service (IRS).

Exception to Uniform Table — RMD will be based on the combined life expectancies of you and your spouse beneficiary as of your required beginning date. **This option is only available if your spouse is more than 10 years younger than you, the account owner.** The person whose joint life is used for calculation of the RMD must be your spouse and the designated beneficiary on your RiverSource IRA. Complete the spousal beneficiary information below:



• Signature page 4

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 **Method of Distribution** *Please choose only one.*

A. One-time full or partial distribution

Fund name	Fund number*	Account number	Amount	Or Percent	Or Number of Shares
<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"/>
<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 account statement.

B. Recurring distribution

Note: RiverSource Service Corporation will calculate your RMD amount for you and recalculate ON AN ACCOUNT LEVEL ONLY unless otherwise instructed below.

Systematic withdrawals are to be paid: Monthly Quarterly Semi-annually Annually

Beginning the month of _____ on the _____ calendar day (or prior business day) of each month.*

* All systematic withdrawals are processed on the 15th calendar day of the month or prior business day, unless otherwise specified.

For account holders turning 70½ who need to take their first RMD: If you elect to take your first RMD by April 1 in the year after you turn age 70½, you must take the second RMD by December 31 of that same year. If applicable, systematic withdrawals for the second RMD and subsequent RMDs are to be paid beginning the month of _____.

Part 4 **Payment Instructions** *Please choose only one.*

See section 8 for Medallion Signature Guarantee information

- Send payment to me by check at the above address
- Make check payable to and mail as indicated below.
Medallion Signature Guarantee Required.
- Deposit directly to my bank account (must have existing bank instructions established).
- Wire to my bank account. (A wire fee may be charged).
Medallion Signature Guarantee Required. Please attach a voided check or deposit slip.
- Send check via overnight delivery (fee may apply).
 - waive signature requirement

Name (First, Middle Initial, Last)

Address

City

State

Zip

- Invest my distribution in my non-IRA RiverSource account.*

Fund name

Account number

Fund name

Account number

* If a new account, please submit an Account Application.

Attach voided check or deposit slip here.

Part 5 Income Tax Withholding Information

I acknowledge that unless I elect to have no withholding made from my IRA distributions, RiverSource Service Corporation, on behalf of the Custodian, will withhold a fixed 10% of the amounts to be paid to me and will immediately remit the amount withheld to the IRS as pre-payment of my tax liability. I understand that if I have a foreign address, the 10% tax withholding will automatically apply. I am responsible for paying any additional taxes or penalties. I further understand that I may, with respect to future distributions, revoke or change my withholding election by submitting written instructions to RiverSource Service Corporation.

- I elect not to have any amounts withheld from my IRA distributions.
- I elect to have _____% (minimum of 10%) withheld from my IRA distributions

Part 6 Signature

I hereby elect that the assets held by the Custodian in the above Individual Retirement Account(s) be paid according to the instructions on this form. Although these distributions are made in accordance with the law, they are revocable and another plan may be substituted that is also in accordance with the law. Additional amounts may be distributed from time to time upon presentation to RiverSource Service Corporation of written instructions in good order. I hereby release RiverSource Service Corporation and the Custodian and indemnify them from any and all claims arising from RiverSource Service Corporation's or the Custodian's actions hereunder.

Signature

Date (MMDDYYYY)

X

Part 7 Medallion Signature Guarantee

A Medallion Signature Guarantee assures that the signature is genuine and not a forgery. The financial institution providing the Guarantee is financially liable for the transaction if the signature is a forgery. Eligible guarantors include commercial banks, trust companies, savings associations and credit unions as defined by the Federal Deposit Insurance Act.

Note: A Guarantee from a Notary Public is not acceptable.

A Medallion Signature Guarantee is required if:

1. Amount is over \$50,000.
2. You want your check made payable to someone other than yourself.
3. Your address has changed within the last 30 days.
4. You want the check mailed to an address other than the address of record.
5. You want the proceeds sent to a bank account not on file.
6. You are the beneficiary of the account and the account owner is deceased.*
7. The redemption is being sent via ACH or wire.
8. You are transferring to an account for which you are not the sole owner.

* Other documentation may be required. Please contact a representative.

Name of eligible guarantor institution

Signature of authorized person

X

Affix Medallion Signature Guarantee stamp here.