

RiverSource

Change of Asset Allocation Form



Use this form to change the allocation of your retirement plan contributions among the RiverSource® Family of Funds

Part 1 Investor Information *Please type or print.*

Current Account Registration

Participant Name (First, Middle Initial, Last)

Social Security Number

Daytime phone number

Evening phone number

Part 2 Investment Elections

- Allocate all future contributions from the Retirement plan account named above as indicated below. (Whole numbers only; total must equal 100%).
- Re-allocate your existing account balances according to these percentages.

Fund Name	Fund Number†	Account Number	% Percent*

* Whole percents only.

† Please refer to your RiverSource IRA application or account statement for Fund numbers.

Part 3 Signature and Certification

I certify my legal capacity to purchase or redeem shares of each Fund for the account named above. I have received and read the current prospectus of each Fund in which I am investing and appoint RiverSource Service Corp. as my agent to act in accordance with instructions herein.

By: _____ Date (MMDDYYYY) _____

Signature of Account Owner



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

Mailing 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