

RiverSource

Change of Ownership Application



Please use this form to change the registration or add new owners to your account(s).
This application does not apply to any type of *RiverSource*® Retirement account.

Part 1 Current Account Registration and Authorization

This section must be completed and signed by all authorized registered owners of the account.

Part 2 New Account Registration

Complete the information requested (all fields are required). If this section is not complete your application may be rejected and the registration not changed.

Part 3 Primary Mailing Address

Complete the address information requested (all fields are required).

Part 4 Dividend and Capital Gain Distribution Options

If no option is selected, any dividend and capital gain distributions will be reinvested into your account.

Part 5 Telephone Exchange and Redemption Privileges

If you DO NOT want the Telephone Exchange Privilege and/or the Telephone Redemption Privilege, please check the appropriate boxes.

Part 6 Choose Your Optional Account Privileges

These sections offer features available for a *RiverSource* family of fund account.

Part 7 Bank Information

This section must be completed if you have selected the Automatic Investment Plan or the Telephone Redemption Privilege.

Part 8 Broker/Dealer/Financial Representative

If you are using the services of a broker/dealer or Financial Representative, this section must be completed.

Part 9 Customer Identification Program

Important information about procedures for changing the registration on your account.

Part 10 Investor Signature and Certification

All new account owner(s) must sign and certify their Tax Identification Number(s)/Social Security Number(s).

Part 11 Return Instructions

Mailing instructions to be used when returning your application.

Part 1 Current Account Registration and Authorization

Name of Owner, Trust or other entity

Social Security or Tax I.D. Number

Co-Owner, Trustee or other capacity

Social Security or Tax I.D. Number

Current Account Number

Daytime Telephone Number

All authorized registered owners of the account must sign here:

If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) must be indicated and supporting documentation must be included with this form. Please contact a representative at the telephone number listed below for instructions regarding supporting documentation.

I/We author RiverSource Service Corp., to transfer from the account number referenced above to the new account registration as completed in Part 2 of this application:

All or _____ shares

Signature of current owner, trustee or personal representative

X _____

Date

Signature of Co-owner, trustee or personal representative

X _____

Date

**Medallion Signature Guarantee Stamp
(Required on each Signature)**

Place stamp here

**Medallion Signature Guarantee Stamp
(Required on each Signature)**

Place stamp here

Part 2 New Account Registration (please select only one)

A: Individual Owner Joint Owner (as Joint Tenants with Rights of Survivorship) TOD (transfer on death)

Owner's name

First

M.I. Last

Social Security Number

Date of Birth (MMDDYYYY)

Co-owner's Name

First

M.I. Last

Co-owner's Social Security Number

Date of Birth (MMDDYYYY)

Passport Number(s) (required for foreign applicants)

B: Uniform Gifts/Transfers to Minors Act (UGMA/UTMA)

Minor's Name

First

M.I. Last

Minor's Social Security Number

Date of Birth (MMDDYYYY)

Custodian's Name

First

M.I. Last

Custodian's Social Security Number

Date of Birth (MMDDYYYY)

Under the _____ Uniform Gifts/Transfers to Minors Act.
(State of minor's residence)

*Attach an additional sheet if more than two.

Account Registration continued on next page.

Part 2 New Account Registration (continued)

- C:** Corporation – Please attach a copy of Articles of Incorporation and a Corporate Resolution that identifies individuals authorized to conduct transactions in this account.
- Trust – Please attach a copy of title and signature pages of trust instrument and include documentation that identifies who is authorized to act on behalf of the trust.
- Partnership – Please attach a copy of title and signature pages of partnership agreement and include documentation that identifies who is authorized to act on behalf of the partnership.
- Other Entity – Please attach a copy of By-laws of Entity or other organizational documents, and include documentation that identifies who is authorized to act on behalf of the entity.

Corporation, Partnership, Trust or Other Entity Name

Date of Trust Agreement _____ Federal Taxpayer Identification Number _____

For Trust Accounts Only

Name(s) of Trustee(s)*

Social Security Number _____ Date of Birth (MMDDYYYY) _____

Name(s) of Trustee(s)*

Social Security Number _____ Date of Birth (MMDDYYYY) _____

Part 3 Primary Mailing Address – required

Mailing Address _____ Apt # _____

City _____ State _____ ZIP _____

Attention (If applicable) _____ Daytime Phone Number _____ Evening Phone Number _____

Street Address (required if P.O. Box is being used as mailing address) _____ Apt # _____

City _____ State _____ ZIP _____

Attention (If applicable) _____ Daytime Phone Number _____ Evening Phone Number _____

Part 4 Dividend and Capital Gain Distribution Options – required (check one)

- All dividends and capital gain distributions to be reinvested in my account. (This option will apply if no box is checked.)
- All dividends and capital gain distributions to be sent by check to me at the address in Part 3, "Mailing Address."
- All dividends to be sent by check to me at the address in Part 3, "Mailing Address." Short-term and long-term capital gain distributions to be reinvested in my account.
- All dividends and capital gain distributions to be reinvested in my existing identically registered *RiverSource* fund account. (Fund minimums may apply; see corresponding prospectus for **RiverSource** fund requirements.):

Fund Name

Fund Number†

Account Number†

Name on Account

Part 5 Telephone Exchange and Redemption Privileges

Unless otherwise indicated below, I authorize *RiverSource* funds, or their designated agents to accept telephone instructions from any person identifying himself as owner of the account or owner's broker to (a) exchange share(s) of my account for shares of the same class or equivalent class of any other *RiverSource* fund and (b) to redeem shares, without signature guarantee, held in my account. Telephone exchanges and redemptions are subject to the procedures and conditions set forth in the prospectus. I understand that up to \$50,000 may be redeemed by telephone redemption daily. *RiverSource* funds, and their designated agents, will employ reasonable procedures specified by the *RiverSource* fund to confirm that such telephone instructions are genuine. Neither *RiverSource* funds, nor their designated agents, will be liable for any loss due to unauthorized or fraudulent instructions if such procedures are followed. Telephone privileges may be modified or terminated without notice. Furthermore, I agree to indemnify and hold harmless RiverSource Investments, LLC, RiverSource Distributors, Inc., RiverSource Service Corporation, or any of their affiliates, that may be involved in transactions authorized by telephone, against any claim, loss, expense or damage, including reasonable fees of investigation and counsel in connection with any telephone instructions effected for my account.

- I do not want the Telephone Exchange Program
- I do not want the Telephone Redemption Privilege

Part 6 Optional Account Privileges

A: Automatic Investment Plan Optional (Fund minimums may apply; see corresponding prospectus for **RiverSource** fund requirements.)

- I authorize JPMorgan Chase Bank, N.A. to debit that amount requested below from my bank account for investment in the fund(s) beginning in _____ (month) and periodically thereafter. 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. Please note: If no specific date is selected, purchases will be processed on the next business day of the month. (Minimum: \$100 monthly or \$250 quarterly.) This is an Automatic Clearing House (ACH) transaction and your bank will be debited two business days prior to the date of investment.

Frequency of investment (check one) Monthly Quarterly

Amount to be invested \$

Fund Name

Fund Number†

Class

Initial Investment

\$

Fund Name

Fund Number†

Class

Initial Investment

\$

Optional Account Privileges continued on next page.

† Fund and account numbers can be found on your Account Statement.

Part 6 Optional Account Privileges (continued)

B: Systematic Withdrawal Plan Optional

I have at least the minimum investment in my *RiverSource* fund account and would like to receive systematic payments.

Frequency of withdrawals (check one) Monthly Quarterly **Begin withdrawals** _____ month

Make payments via (check one) Check Electronic Transfer (ACH) (complete bank information in Part 7)

Transactions will occur on the 15th of the month or the next business day, unless specified. (ACH payment may take up to 3 business days to post to your account.)

Payments should be from:

Fund Name _____ Fund Number* _____ in the amount of \$ _____ or _____ %
(\$100 minimum)

Fund Name _____ Fund Number* _____ in the amount of \$ _____ or _____ %
(\$100 minimum)

Attach an additional page if necessary.

C: Automatic Exchanges Optional (Account registration must be the same. If registration doesn't match, any instructions will be disregarded.)

I hereby authorize exchanges of \$ _____ (refer to the Fund's prospectus for minimums)

The receiving fund must meet the fund's minimum requirement. See corresponding prospectus for fund minimums.

Exchange from Fund Name _____ Fund Number* _____ to Fund Name _____ Fund Number* _____

Please make exchanges on the 15th of the month (or next business day) beginning _____ Date (MMDDYYYY)

Name(s) on Account _____ Account Number(s) _____

D: Rights of Accumulation (Class A, B and/or C Shares of any *RiverSource* fund 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 (SAI) for aggregation criteria. List below account(s) which should be aggregated for a Right of Accumulation. Attach an additional page if necessary.

Name _____

Fund Name _____ Fund Number* _____

Account Number* _____

Name _____

Fund Name _____ Fund Number* _____

Account Number* _____

* Fund and account numbers can be found on your Account Statement.

Optional Account Privileges continued on next page.

Part 6 Optional Account Privileges (continued)

E: Letter of Intent (LOI) Optional (Class A Shares only; does not apply to RiverSource Cash Management Fund, RiverSource Tax-Exempt Money Market Fund or Seligman Cash Management Fund. Existing Rights of Accumulation will be included in your LOI.)

I intend to invest, over a 13-month time period, at least the amount checked below in Class A Shares of the RiverSource funds. If I do not invest this amount, I agree to pay the higher applicable sales charge on my investment, and authorize RiverSource Funds to escrow and redeem Class A Shares in my account for this purpose.

- \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

F: Check Writing Privileges (\$2000 minimum. Not available for Trust, Corporations or Tax-qualified accounts.)

I have invested in the RiverSource Cash Management Fund, RiverSource Tax-Exempt Money Market Fund or Seligman Cash Management Fund and want check writing privileges.

I understand that by signing this application, I am agreeing to be subject to the rules and regulations of RiverSource funds pertaining to the check writing privilege and as amended from time to time and subject to the conditions set forth in the prospectus.

Part 7 Bank Information

This section must be completed if you have selected the Automatic Investment Plan or the Telephone Redemption Privilege.

Bank Account Type: Checking (Please attach a copy of a voided check) Savings (Complete all Bank information below)

Bank account registration

Bank Name

Branch Phone Number

ABA Routing Number

Bank Account Number

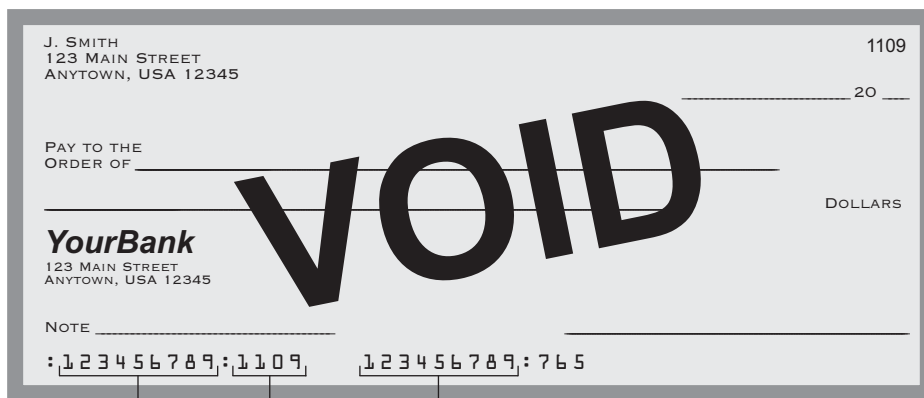
Address

City

State

ZIP

PLEASE ATTACH VOIDED CHECK



ABA Routing Number

Check Number

Bank Account Number

Part 8 Broker/Dealer/Financial Representative

If you are using the services of a broker/dealer/Financial Representative, this section must be completed.

Branch Office Address

Branch Number

Branch Phone Number

Address

City

State

ZIP

Name of Dealer Firm/Dealer Number

Home Office Address

City

State

ZIP

Registered Representative's Name

Registered Representative's Number

Firm Account Number (Broker Identification Number, BIN)

Registered Representative's Signature

X

Part 9 Customer Identification Program

Important information about procedures for opening an account.

To help the government fight the funding of terrorism and money laundering, Federal Law requires all financial institutions to obtain, verify and record information that identifies each registered owner who opens an account. In some cases, *RiverSource* funds, or their designated agents may also take additional steps to verify the identities of individuals with authority or control over the registered owner, including person(s) able to effect securities transactions on behalf of the registered owner.

What this means for you:

When you open an account, *RiverSource* funds, or their designated agents, will ask for the registered owner's name, address and identification number and other information that will allow us to identify the registered owner, and *RiverSource* funds, or their designated agents, may ask for similar information regarding individuals with authority or control over the registered owner. *RiverSource* funds, or their designated agents, may also ask to see government issued identifying documents.

To the extent permitted by applicable law, *RiverSource* funds, or their designated agents, reserves the right (i) to place limits on transactions in any account until the identity of the investor is verified; or (ii) to refuse an investment in the funds; or (iii) to involuntarily redeem an investor's shares and close an account in the event that the it is unable to verify an investor's identity.

Are you a U.S. citizen? Yes No

Resident Alien Yes No

Non-resident Alien or non U.S. entity

(Indicate country for tax reporting)

Part 10 Investor Signature and Certification

You are required by law to provide *RiverSource* funds with your correct Social Security or other Taxpayer Identification Number (TIN). Failure to do so and to complete this section may subject you to penalties and result in backup withholding at the current required rate of fund distributions or other payments. If you are an exempt recipient, please furnish your TIN and write "Exempt" after your signature. Exempt recipients include but are not limited to: corporations, tax-exempt pension plans and IRA plans, governmental agencies, financial institutions, registered securities and commodities dealers and others. If you are a non-resident alien or foreign entity, write "NRA" after your signature and provide a completed Form W-8 to the fund in order to avoid backup withholding on certain payments.

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions)

Form W-9 instructions are available upon request or on www.irs.gov.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

I certify my legal capacity to purchase or redeem shares of each Fund, for my own account, or for the account of the entity 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 the instructions herein.

Signature of new Owner

X _____

Print Name

Date

Signature of new Owner

X _____

Print Name

Date

Part 11 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