

# RiverSource Electronic Payment Application for Non-Retirement Accounts



Please complete this form to set up electronic payments from your account(s). The electronic payment system is provided through the Automated Clearing House (ACH) system. ACH is a secure payment transfer system that connects all US financial institutions and supports domestic transfers only. The ACH network acts as a clearing facility for all Electronic Fund Transfer (EFT) transactions that occur nationwide.

## Part 1 Investor Information *Please type or print.*

Client Name (Account Owner)  Social Security number

Client Name (Co-Account Owner)  Social Security number

Name of Trust or Entity  Federal Taxpayer Identification number

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

Street address  Apt. # / Lot / Unit

City  State  ZIP

Daytime phone number  Evening phone number

## Part 2 Account Information

| 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"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

\*RiverSource® fund and account numbers can be found on your Account Statement.

## Part 3 Electronic Payment Services

Choose one or any combination of services by checking the appropriate box(es)

Systematic Withdrawal Plan (if you check this service, please complete section 4)

Dividend Distribution only       Dividend and Capital Gain distribution       Telephone Redemption Service\*

Please note: If your bank is not an ACH member, these services may not be available.

\*Telephone Services Election form must be on file or attached. Not permitted on corporate accounts, or trust accounts on which the current trustee is not listed.



• Sign on page 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 4 Systematic Withdrawal Plan Information (SWP)**

To establish a SWP, shares having a current value of \$5,000 or more must be held in your Fund account at the initiation of the SWP and all shares must be in "book credit" form. Class A shares purchased at net asset value due to the size of the purchase, Class B shares and Class C shares may be subject to a CDSC on certain withdrawals. Please read the Funds prospectus for more information regarding minimums and CDSC.

I authorize RiverSource Service Corp. to make systematic withdrawals from my Fund account indicated below:

Payments should be from:

|                   |                        |                            |               |
|-------------------|------------------------|----------------------------|---------------|
| *Fund name<br>[ ] | *Account number<br>[ ] | *Date of withdrawal<br>[ ] | Amount<br>[ ] |
| *Fund name<br>[ ] | *Account number<br>[ ] | *Date of withdrawal<br>[ ] | Amount<br>[ ] |

\* RiverSource fund and account numbers can be found on your Account Statement. If day of withdrawal is not indicated, withdrawals will be made on the anniversary day, or prior business day of the accounts establishment.

You may change the dollar amount and date of scheduled payments or may suspend payments by calling the telephone number listed below or by sending written notice to RiverSource Service Corp.

**Part 5 Bank Information**

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

[ ]

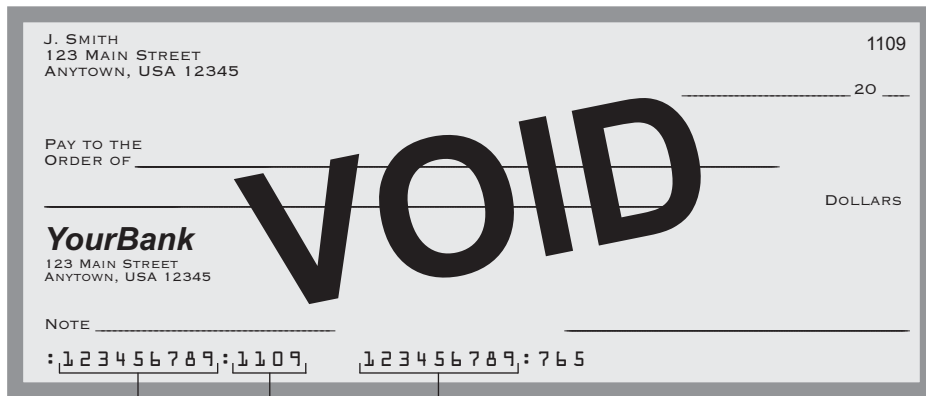
State

[ ]

ZIP

[ ]

**PLEASE ATTACH VOIDED CHECK**



ABA Routing Number

Check Number

Bank Account Number

**Part 6** 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) understand that this service is governed by the Fund's prospectus, as amended from time to time. The Fund's prospectus contains additional details about distributions.

|                                     |                      |
|-------------------------------------|----------------------|
| Signature                           | Date (MMDDYYYY)      |
| <input checked="" type="checkbox"/> | <input type="text"/> |
| Signature                           | Date (MMDDYYYY)      |
| <input checked="" type="checkbox"/> | <input type="text"/> |

**Part 7** Signature Guarantee *(A signature guarantee is required if changing your address.)*

A Medallion Signature Guarantee assures that the signature is genuine and not a forgery. Eligible guarantors include banks, brokerage firms or other financial intermediaries that are members of an approved Medallion Guarantee Program.

**Note: A guarantee from a Notary Public is not acceptable.**

Name of eligible guarantee institution

Signature of authorized person

**Affix Medallion Guarantee Stamp Here.**

**Part 8** Return Instructions

**Please return to:**

|                |   |
|----------------|---|
| Regular mail   | RiverSource<br>c/o Boston Financial<br>P.O. Box 8041<br>Boston, MA 02266-8041 |
| Overnight mail | RiverSource<br>c/o Boston Financial<br>30 Dan Road<br>Canton, MA 02021-2809   |