



RiverSource Life Insurance Company  
RiverSource Life Insurance Co. of New York  
Return completed form to: 70129 Ameriprise Financial Center Minneapolis, MN 55474-9900



# Insurance and Annuity Change of Ownership Due to Death



- Use this form for annuity and/or insurance change of ownership requests due to death only. For all other change of ownership requests, use Ameriprise form F120.
- This form may not be used for Qualified Accounts, except in limited situations.
- For all annuities linked to a brokerage or SPS account, before proceeding, ensure the brokerage or SPS account the annuity is to be linked with is of the exact same ownership.
- For Annuity contracts only: If the contract is owned by a revocable trust or an irrevocable grantor trust, the annuitant selected must be the grantor of the trust to assure compliance with Section 72(s) of the Internal Revenue Code. For joint grantor trusts, both grantors must be annuitants, unless only one grantor's separate property is used to fund the annuity, in which case that grantor must be the annuitant.
- The current beneficiary designation will remain in effect unless changed by the new owner(s). To change the beneficiary, complete the Life Insurance and Annuity Change of Beneficiary 38120 form for New York or 33032 for all other states.

Deceased's Client ID

	001
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## Part 1 Deceased Account Owner

**Account Number(s)**

1. <input style="width: 90%; background-color: #ffff00;" type="text"/> <input style="width: 10%; background-color: #ffff00;" type="text"/> <small style="display: block; text-align: center;">Account Number      Admin Code</small>	2. <input style="width: 90%; background-color: #ffff00;" type="text"/> <input style="width: 10%; background-color: #ffff00;" type="text"/> <small style="display: block; text-align: center;">Account Number      Admin Code</small>
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**Decedent's Name**

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## Part 2 Transfer Authorization (required for an executor appointing a successor owner)

- If no successor was named, a successor owner must be appointed by the estate.
- Subject to the approval of RiverSource Life Insurance Company or RiverSource Life Insurance Co. of New York, you absolutely and unconditionally transfer ownership of the above described life insurance policy/annuity contract to the person(s) named in Part 3 A, B, C or D and his/her successors or assigns.
- The current beneficiary designation will remain in effect unless changed by the new owner(s). To change the beneficiary, complete the Life Insurance and Annuity Change of Beneficiary form (form 38120 for New York or 33032 for all other states).

**Executor/Estate Representative's Name**

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**Date Signed**

	<small>MM/DD/YYYY</small>
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**X**

**Executor/Estate Representative's Name**

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**Date Signed**

	<small>MM/DD/YYYY</small>
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**X**

Sign on Page(s) 1 and 6

**Part 3 New Account Registration (Select One)****State of Residence**

- Please contact our office at 1.800.862.7919 if the ownership registration you need is not listed.
- To designate an Attorney-In-Fact, a completed Ameriprise Power of Attorney (eForms - Authorized Person) is required. If the new account registration is for an IRA, the choice below must be **Individual**, or if the IRA owner is a minor/protected person, **UGMA/UTMA**.

**Choose Registration (Select one)**

- Individual** (Complete 3A and if appropriate 3E)
- Joint Tenants with Rights of Survivorship (WROS)** (Complete 3A and 3B) - For annuities, rights of survivorship are only available if the joint owners are husband and wife. In all other cases of annuity joint ownership, owners are tenants in common. For Louisiana state residents: Joint Tenants with Rights of Survivorship (WROS) registration is not available.
- Guardian/Conservator/Next Friend** (Complete 3A and 3D) - If a fiduciary ownership such as Guardianship or Conservatorship is chosen, a court-certified copy of the court order appointing the fiduciary is required.
- UGMA/UTMA/CESA** (Complete 3D and 3E) - If UTMA ownership is selected for a Minor/Protected Person owner, Social Security Number for the Minor/Protected Person must be included.
- Community Property** (Complete 3A and 3B) - Community Property ownership registration for annuity contracts is always established with rights of survivorship. For all other types of accounts Community Property ownership registration is established without rights of survivorship unless otherwise indicated.
- Trust** (Complete 3C) - Complete and submit the required Ameriprise Certificate of Trust (eForms - Authorized Person). The Taxpayer Identification Number (TIN) for the Trust as well as the names of all trustees and the date of the trust must be included (RiverSource Life Insurance Company and RiverSource Life Insurance Co. of New York will not permit continued use of a decedent's personal TIN for accounts registered in Trust ownership).
- Organization** (Complete 3C) - Complete and submit the required Ameriprise Corporate Resolution (eForms - Authorized Person) identifying those officers authorized to sign on behalf of the organization must be included along with a copy of a government-issued business license or a copy of the Articles of Incorporation for the organization.
- Tenants by Entirety** (Complete 3A and 3B) - For Louisiana state residents: Tenants by Entirety registration is not available.
- Tenants in Common** (Complete 3A and 3B)

**New Registration Information (for all types of accounts)**Select one:  Change TIN  Change Owner

We are required by law to obtain certain personal information from you which will be used by us to verify your identity. If you do not provide us the information, we may not be able to open your account. If we are unable to verify your identity we reserve the right to close your account or take other such steps as we deem reasonable.

Is this account for a client that is a bank, savings and loan association, insurance company, registered investment company or investment advisory firm?

 Yes  No

Do the total assets owned by the client(s) exceed \$50MM?

 Yes  No

*Note: if no elections are made to the above question, we will assume that the answers to both the questions is "no".*

**3A - Individual Owner**

Name as it appears in IRS Records		Social Security Number	
<input type="text"/>		<input type="text"/>	
Relationship to Decedent		Date of Birth (MMDDYYYY)	
<input type="text"/>		<input type="text"/>	
Citizenship (Select One):		Gender:	
<input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien		<input type="radio"/> Male <input type="radio"/> Female	
Marital Status (Select One):			
<input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Single			
Residential Address: <input type="checkbox"/> Please check here if this is an address change. For alternate address requests, please submit Form 518.			
<input type="text"/>			
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



**3B - Joint Owner with Individual Owner in Part 3A**

Name as it appears in IRS Records		Social Security Number
Relationship to New Owner in Part 3A		Date of Birth (MMDDYYYY)
Citizenship (Select One): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien		Gender: <input type="radio"/> Male <input type="radio"/> Female
Marital Status (Select One): <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Single		
Residential Address: <input type="checkbox"/> Please check here if this is an address change. For alternate address requests, please submit Form 518.		
City	State	ZIP Code

**3C - Trust or Organization**

Trustee or Officer of Organization Name(s)		Date of Trust (MMDDYYYY)
Trustee or Officer of Organization Name(s)		
Trust or Organization Name		TIN
If Trust is new owner (Select One): <input type="radio"/> Revocable <input type="radio"/> Irrevocable Grantor Trust <input type="radio"/> Irrevocable Non-Grantor Trust		
Business Address: <input type="checkbox"/> Please check here if this is an address change. For alternate address requests, please submit Form 518.		
City	State	ZIP Code
Name of Annuitant	Relationship to the Trust	Date of Birth (MMDDYYYY)

**3D - UTMA/UGMA for Minor or Fiduciary for Minor/Protected Person or Protected Person, CESA Change of Beneficiary or Controller**

<input type="radio"/> UTMA <input type="radio"/> UGMA <input type="radio"/> CESA Fiduciary		
Fiduciary, UTMA Custodian or CESA Controller Name (CESA controller must be a parent or legal guardian of the CESA beneficiary)		
Relationship to Minor/Protected Person	Date of Birth of Fiduciary (MMDDYYYY)	State Governing UGMA/UTMA
Citizenship of Minor/Protected Person (Select One): <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien		Gender: <input type="radio"/> Male <input type="radio"/> Female
Name of Minor/Protected Person	Social Security Number	
Address to be used on account: <input type="checkbox"/> Please check here if this is an address change. For alternate address requests, please submit Form 518.		
City	State	ZIP Code

**3E - Designation of Successor Custodian for UTMA, Successor Controller for CESA, Successor Owner, Successor Annuitant**

- This designation must be completed by the current Custodian/Controller/Fiduciary named in Part 3D.
- If this designation is for a Successor Custodian under UGMA/UTMA it must be witnessed by a separate, disinterested third party signing below.
- This designation of Successor Custodian is not valid in the State of Ohio.
- If this designation is for a Successor Controller under CESA, the person indicated must be a parent/legal guardian of the CESA beneficiary.

Select One:  Successor Custodian     Successor Controller     Successor Owner     Successor Annuitant

Name of Successor Custodian/Controller/Owner/Annuitant

Relationship to the  
Minor/Protected Person

Date of Birth (MMDDYYYY)

**Part 4 Additional Requests and Requirements**

Additional requests that are not permitted on this form are described below:

(To select one of these options the claimant must complete, sign, date and attach the appropriate form to this change of ownership form).

- This Change of Ownership form can only be used to retitle the account assets in the name of the new owner.
- Any additional requests must be submitted on the appropriate form(s) and will not be processed until the ownership has been completed.
- Please also be aware that any arrangements, requests, instructions and features set up on the original owner's account may not be continued for the new owner.
- Please speak to an Ameriprise financial advisor for complete information and forms specific to your accounts.

**Part 5 Authorization and Acknowledgments - (Must be signed by all new owners or fiduciaries)**

The following statements apply to all accounts:

- You confirm that you are at least 18 years of age and full legal age in your state of residence.
- **Householding for Statements:** You understand Ameriprise Financial may use and combine information concerning accounts owned by members of a primary household group to provide members of the group with paper and/or electronic statements of account(s) and certain account information. These accounts include investment, insurance, annuity and brokerage accounts. A primary household consists of an individual, his or her spouse or domestic partner, and any accounts owned for, by, or with their unmarried children under age 21 who reside at the same address. You understand that if you want to have a statement covering only accounts that you own and to not participate in household pricing, you will need to call your Ameriprise financial advisor, or the toll-free number on your statement.
- **Householding for Shareholder Documents:** You understand that Ameriprise Financial Services, Inc. may use and combine information concerning accounts owned by members of a household to provide them with a single paper copy of shareholder documents. Prospectuses, supplements, annual reports, semiannual reports and proxies may be included. Under this, household is defined as two or more shareholders who share the same address and either share the same last name or have indicated that they are married or domestic partners. This remains in effect unless notified otherwise. You understand that if you wish to continue receiving multiple copies of prospectuses, supplements, annual reports, semiannual reports and proxies, you can call 1.866.273.7429 and reference the client number found on your statement. Multiple mailings will resume within 30 days of the request.
- You acknowledge that you will be bound by the terms of the insurance policy/annuity contract/account, as are your heirs, executors, administrators and successors.
- Brokerage, investment and financial advisory services made available through Ameriprise Financial Services, Inc. Member FINRA and SIPC.

The following statements apply to non-qualified annuity accounts owned by a non-natural or corporate owner:

- We, the undersigned as the non-natural/corporate owner listed above, understand that this contract is not treated as an annuity for tax purposes (unless it is held by a trust or other entity as an agent for a natural person within the meaning of Internal Revenue Code section 72 (u)(1)). As a result, tax deferral is generally not available and therefore, earnings on the contract may be treated as ordinary income received or accrued by the owner during the tax year. The owner/taxpayer is responsible for reporting this income to the Internal Revenue Service.
- In accordance with Internal Revenue Code section 72(s) and contract language, upon the death of the annuitant, the beneficiary will receive the death benefit and the annuity will be terminated based on the terms of the contract. The designated annuitant cannot be changed once the annuity has been issued.
- We understand our obligations with respect to the above mentioned annuity and will abide by them throughout the duration of the annuity.

*Authorization and Acknowledgments continued on next page...*

**Authorization and Acknowledgments** continued

Taxpayer Identification Number of Claimant\*

Name (on IRS or Social Security Administration Records) Associated with this Taxpayer Identification Number

Trust, or Business Name

\*If the claimant is an irrevocable trust or estate, it must have its own Employee Identification Number (EIN) according to IRS Revenue Ruling 84-73 and Reg. section 301.6109-1. If an EIN is not provided, mandatory withholding will apply.

**W-9 TIN Certification****Check appropriate box for federal tax classification (required):** Individual/Sole proprietor/Single-Member LLC Partnership**Corporation** C-Corporation Trust S-Corporation Revocable (Optional Additional Trust Details) Irrevocable (Optional Additional Trust Details)**Limited Liability Company (LLC)** C-Corporation Irrevocable Grantor (Optional Additional Trust Details) S-Corporation Estate Partnership Other

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

 Check here if owner is an Exempt Payee (defined in Form W-9 instructions)Exempt Payee code: 

1-An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2), 2-The United States or any of its agencies or instrumentalities, 3-A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities, 4-A foreign government or any of its political subdivisions, agencies, or instrumentalities, 5-A corporation, 6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States, 7-A futures commission merchant registered with the Commodity Futures Trading Commission, 8-A real estate investment trust, 9-An organization registered at all times during the tax year under the Investment Company Act of 1940, 10-A common trust fund operated by a bank under section 584(a), 11-A financial institution, 12-A middleman known in the investment community as a nominee or custodian, 13-A trust exempt from tax under section 664 or described in section 4947

**Foreign Account Tax Compliance Act Reporting**

A FATCA exemption code is required for persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, no code is required. Otherwise, submit IRS Form W-9 separately.

As used below, the word "I" refers to the claimant who is the taxpayer on the account.

**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 below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions:**

As used below, the word "You" refers to the claimant who is the taxpayer on the account.

Check this box 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Non-U.S. persons should submit the appropriate Form W-8.

Form W-9 and Form W-8 and their instructions are available upon request or on [irs.gov](http://irs.gov).



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

Owner or Fiduciary Name

All New Owners/Fiduciaries of the accounts identified in this form Must Sign Here

Date Signed

**X**

MM/DD/YYYY

Joint Owner/Fiduciary Name

Date Signed

**X**

MM/DD/YYYY