



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



RiverSource Death Claim Cover Sheet



- Attach this cover sheet to all documents related to the claim.
- Please send any documents not related to the claim in a separate envelope.

Deceased's Client ID	001
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Deceased's Client Name

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

ATTN: DOCUMENT OPERATIONS
 DO NOT SEPARATE ANY OF THIS MAIL.

