



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



RiverSource Beneficiary(ies) Identification and Location Assistance Form

- i** Provide information for **all known lawful children of the decedent (both living and deceased)**. Because "living lawful children" was used as a beneficiary designation, the claim cannot be processed without the information requested on this form.
- By definition, **lawful children** are children legally born to or legally adopted by the decedent.
- Complete Part 2 for living lawful children beneficiaries.
- Complete Part 3 if the decedent had lawful children who are deceased. If the beneficiary designation includes the language "per stirpes," you must complete Part 4, providing information on the children of that deceased beneficiary.
- This form must be signed by one of the beneficiaries, or the spouse of the decedent, or the Executor of the decedent's estate. The Executor must provide a letter of representation from the court.
- Please return this form to the address above.

Decedent's Client ID

Part 1 Decedent's Information

Decedent's Name State of Residence

Part 2 Living Lawful Children of the Decedent

i Provide the required information for the decedent's living lawful children.

- By definition, living lawful children are legally born to or legally adopted by the decedent and have survived the decedent.
- Attach separate pages for additional children, if necessary.
- If the decedent has lawful children who are deceased, complete Part 3.

Name

Date of Birth Tax Identification Number (TIN)

Residential Address

City State ZIP Code

Telephone Number Email Address

Living Lawful Children of the Decedent continued on next page..

Sign on Page 4

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Only RiverSource Life Insurance Co. of New York is
authorized to sell insurance and annuities in New York



Part 3 Deceased Lawful Children of the Decedent

- i** • If the decedent has lawful children who are deceased, provide the required information for each deceased child beneficiary and the dates of death. Attach separate pages, if necessary.
- Attach a certified copy of the death certificate(s).
- If the beneficiary designation includes the language "per stirpes" and the deceased beneficiary has lawful children, complete Part 4.

Name

Date of Death

Name

Date of Death

Part 4 Lawful Children of a Deceased Beneficiary (listed above)

- i** • If you completed Part 3 because a lawful child beneficiary has died and the beneficiary designation includes the language "per stirpes", provide the required information for the deceased beneficiary's lawful children.
- Attach separate pages for additional children, if necessary.

Name

Date of Birth Tax Identification Number (TIN) Deceased Parent Name (listed in Part 3)

Residential Address

City State ZIP Code

Telephone Number Email Address

Name

Date of Birth Tax Identification Number (TIN) Deceased Parent Name (listed in Part 3)

Residential Address

City State ZIP Code

Telephone Number Email Address

Lawful Children of a Deceased Beneficiary (listed above) continued on next page..



Lawful Children of a Deceased Beneficiary (listed above) continued

Name

Date of Birth _____ Tax Identification Number (TIN) _____ Deceased Parent Name (listed in Part 3) _____

Residential Address

City _____ State _____ ZIP Code _____

Telephone Number _____ Email Address _____

Name

Date of Birth _____ Tax Identification Number (TIN) _____ Deceased Parent Name (listed in Part 3) _____

Residential Address

City _____ State _____ ZIP Code _____

Telephone Number _____ Email Address _____

Part 5 Obituary

i • Provide an obituary listing the decedent's lawful children.

There was no obituary.

The names of the children in the attached obituary differ from the children listed on this form because:

Part 6 Acknowledgements and Signature

By signing this document I attest that the information provided in this document is true and accurate and that I have correctly identified all living and deceased children legally born to or legally adopted by the decedent. I understand that this information is used, in part, by the Company to process insurance and annuity claims and to distribute death benefit proceeds to the rightful beneficiaries. I understand that each beneficiary will still be required to submit claim forms and any other documentation required by the Company in order to process the claims.

Name

Signature _____ Date (MMDDYYYY) _____

Relationship to the Decedent _____ Telephone Number _____