



RiverSource Life Insurance Company
70129 Ameriprise Financial Center Minneapolis, MN 55474-9900



Claim to Defer Payment of Annuity Death Benefit Proceeds

- Complete this form if you wish to defer distribution of the death benefit proceeds.
- You must complete a form for each contract on which you wish to defer distribution of the death benefit proceeds.
- For nonqualified deferred annuities, beneficiaries must take the death benefit proceeds (and pay the corresponding taxes) within five years of the decedent's date of death.

Decedent Account Number

Decedent Client ID

Part 1 Decedent Information

Name Date of Death

Part 2 Beneficiary Information

Name Tax Identification Number

Date of Birth Phone Number Relationship to Decedent

Address

City State ZIP Code

Part 3 Name Your Beneficiary

**Please designate a beneficiary in the event of your death prior to distribution.
If no beneficiary is provided, the death benefits proceeds will be paid to your estate.**

Primary Beneficiary(ies): In equal shares or as designated below

First name, Middle name, Last name	% of Proceeds	Relationship	Date of Birth	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <input type="text"/>		Social Security Number <input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <input type="text"/>		Social Security Number <input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <input type="text"/>		Social Security Number <input type="text"/>		

Name Your Beneficiary continued on next page..

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Name Your Beneficiary continued

First name, Middle name, Last name	% of Proceeds	Relationship	
Address		Date of Birth	Phone Number
Email		Social Security Number	

as shall then be living, and if no such beneficiary is then living,
Contingent Beneficiary(ies): In equal shares or as designated below

First name, Middle name, Last name	% of Proceeds	Relationship	
Address		Date of Birth	Phone Number
Email		Social Security Number	

First name, Middle name, Last name	% of Proceeds	Relationship	
Address		Date of Birth	Phone Number
Email		Social Security Number	

First name, Middle name, Last name	% of Proceeds	Relationship	
Address		Date of Birth	Phone Number
Email		Social Security Number	

Trust Beneficiary

If you would like to name your trust as a Primary (P) or Contingent (C) beneficiary, please complete the section below. Please attach the trust document pages that state the name, date, trustees and successor trustees of the trust along with the signature page.

(P) (C) %

_____ as Trustee(s) or the successor or successors in trust under the
(Name of Trustee(s))

_____ trust dated _____
(Name of Trust) (Date of Trust) (TIN of Trust)

_____ (Phone Number of Trustee(s))
(Address of Trustee(s))

and supplements or amendments thereto, if said agreement shall then be in force; if not, payment may be made to the Annuitant's Estate.

It is understood and agreed that the Company shall not be responsible for the application or disposition of the proceeds by the Trustee and that payment of the proceeds to the Trustee shall fully and finally discharge that Company from all liability under the Policy.

**Part 4 Acknowledgments and Signatures****Deferred Nonqualified Annuity Contracts issued after January 18, 1985**

The Internal Revenue Code Section 72(s) states the entire death proceeds of the contract must be distributed within five years of the owner's death. If the death benefit is not distributed within five years of the owner's death, the annuity account will be closed and it will no longer earn interest. We will hold the proceeds until we either receive the requirements necessary to distribute the death benefit or we are required by your state to consider the proceeds abandoned property. Abandoned property must be paid to the state. If the proceeds are paid to the state, you will be responsible for filing a claim with the state to collect the proceeds. This does not apply if the beneficiary elects spousal continuation, transfers to an inherited nonqualified stretch annuity or if they annuitize the death benefit.

The option to annuitize or transfer the death proceeds into an inherited nonqualified stretch annuity are only available within 12 months of the decedent's date of death and the first distribution must occur within this time frame.

IRA or 403(b) Annuity Contracts

If the deceased died prior to his/her required beginning date, and if you are a spouse beneficiary, you have until the *later* of (i) 12/31 of the year the decedent would have reached the required beginning date or (ii) 12/31 of the year following the year of death to begin distributions. In all other cases, you must distribute the minimum by December 31 each year, beginning in the year following the year of the decedent's death. It is your responsibility to both determine and make sure you distribute the required amount each year. Please see IRS Publication 590-B and your tax professional for further information.

Contract Provisions

Contract fees will continue. If this option is associated with a variable annuity contract, the investment of the funds will remain the same as invested in the original contract, subject to market fluctuation, until the entire sum of the death benefit proceeds are distributed.

W-9 TIN Certification

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.

Check appropriate box for federal tax classification (required):

- | | |
|--|---|
| <input type="radio"/> Individual/Sole proprietor | <input type="radio"/> Partnership |
| Corporation | <input type="radio"/> Trust |
| <input type="radio"/> C-Corporation | <input type="radio"/> Revocable (Optional Additional Trust Details) |
| <input type="radio"/> S-Corporation | <input type="radio"/> Irrevocable (Optional Additional Trust Details) |
| Limited Liability Company (LLC) | <input type="radio"/> Irrevocable Grantor (Optional Additional Trust Details) |
| <input type="radio"/> C-Corporation | <input type="radio"/> Estate |
| <input type="radio"/> S-Corporation | <input type="radio"/> Other |
| <input type="radio"/> Partnership | |

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 U.S. Commonwealth or possession, or any of their political subdivisions or instrumentalities, 4-A foreign government or any of its political subdivisions, 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 U.S. Commonwealth or possession, 7-A futures commission merchant registered with the Commodity Futures Trading Commission, 8-A real estate investment trust, 9-An entity 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.

Acknowledgments and Signatures continued on next page..



Acknowledgments and Signatures continued

As used below, the word "I" refers to the beneficiary who is the taxpayer for the death benefits.

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 beneficiary who is the taxpayer for the death benefits.

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.

Beneficiary Name

[Empty text box for Beneficiary Name]

Beneficiary Signature

Date (MMDDYYYY)

X _____

[Empty text box for Date]

Notarization

State of:

Country of:

[Empty text box for State]

[Empty text box for Country]

On

[Empty text box for Month]

,20

[Empty text box for Year]

Yr

[Empty text box for Name]

Month, Date

Name of Beneficiary

personally appeared before me, who is personally known to me

whose identity I proved on the basis of

[Empty text box for basis of identity]

whose identity I proved on the oath/affirmation of a credible witness

[Empty text box for credible witness]

To be the signer of the above document, and he/she acknowledged that he/she signed it..

Signature of Notary

Sign Date (MMDDYYYY)

X _____

[Empty text box for Sign Date]

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopyable emboss. Electronic notarization cannot be accepted.

Notary Seal:

[Empty box for Notary Seal]