



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



# Release of Collateral Assignment of Life Insurance and Annuity for Death Claim Proceeds

Account Number  
[Redacted]

**i** Use this form to complete a release of collateral assignment of life insurance and annuity for death claim proceeds.

## Part 1 Owner and Creditor Information

Creditor Name - Company Name or Individual  
[Redacted]

Creditor Address  
[Redacted]

City [Redacted] State [Redacted] ZIP Code [Redacted]

Policy/Contract Owner Name  
[Redacted]

Trust or Entity Name  
[Redacted]

Insured/Annuitant Name  
[Redacted]

## Part 2 Creditor Signatures

**i** Signature of the Officer or other authorized signatory must be notarized.

For value received, each of the undersigned hereby conveys, transfers, releases, and relinquishes to the owner of record thereof all rights, title, and interest of the undersigned in and to the above described policy of life insurance/annuity issued by RiverSource Life Insurance Company or RiverSource Life Insurance Co. of New York.

Printed Name of Officer or other authorized signatory [Redacted] Title of Officer or other authorized signatory [Redacted]

Signature of Officer or other authorized signatory [Redacted] Date (MMDDYYYY) [Redacted]

### Notarization

State of: [Redacted] Country of: [Redacted] On [Redacted], 20 [Redacted] Yr, [Redacted] Name of Creditor's Officer or other authorized signatory

personally appeared before me,  who is personally known to me  
 whose identity I proved on the basis of [Redacted]  
 whose identity I proved on the oath/affirmation of [Redacted], a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it. Creditor Signatures *continued in next page...*

Sign on Page 1, 2



**Creditor Signatures** Continues

Signature of Notary

Sign Date (MMDDYYYY)

X

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:

**Corporate Office Use Only**

Received and filed at the Corporate Office of the RiverSource Life Insurance Company or RiverSource Life Insurance Co. of New York at Minneapolis, Minnesota, on

Date (MMDDYYYY)

The Company assumes no obligation or responsibility as to the effect, sufficiency or validity of the above assignment.

RiverSource Life Insurance Company or RiverSource Life Insurance Co. of New York Assistant Secretary Name

[Signature Line]

RiverSource Life Insurance Company or RiverSource Life Insurance Co. of New York Assistant Secretary Signature

Date (MMDDYYYY)

X