

Systematic Investment Plan (SIP)

- If you are a client of Ameriprise Financial, do not use this form. Please contact your Ameriprise financial advisor or call 1-800-862-7919 for a copy of the correct form.
 - For questions regarding the completion of this form, call our office at 1-800-333-3437.
 - SIP: The authorization for RiverSource Life Insurance Company to debit money from your account at your financial institution and credit the amount indicated into the RiverSource Life Insurance Company contract.
 - SIPs are not available for *RiverSource*[®] annuities with the Guaranteed Minimum Accumulation Benefit (GMAB) or *Accumulation Protector Benefit*[®] rider or inherited nonqualified stretch annuities.
 - If the bank account is not already authorized for use, complete the Standing Instruction: Bank form (Form 150936) to authorize the bank account. This form can be obtained by calling our office at 1-800-333-3437.

RiverSource Contract Number

For *RiverSource* fixed index and structured annuities: Recurring ACH-in is not available. One-time ACH-in is only available for 90 days after the contract issue date. Additional purchase payments made after issue will be held in the interim account and earn daily fixed interest until the next contract anniversary. On the contract anniversary, the payment will automatically be transferred as follows:

- Fixed index annuities: Funds will be allocated based on client's election instructions.
- Structured annuities: Funds will be allocated based on any transfer or rebalancing instructions. If no instructions are provided, the money will be automatically transferred to the fixed account.

Part 1 Account Information

Contract Owner Name

Contract Co-Owner Name

Part 2 SIP Payment Detail

- The payments will be applied to your *RiverSource* annuity according to your new money allocation. To update your new money allocation, please complete the Investment Options form located on riversource.com/forms.
- Due to system constraints, one-time payments will be setup as a recurring arrangement with an immediate end date.
- IRA contributions should not exceed the annual limits imposed by the IRS.
- You cannot set up a SIP on an account with outgoing systematic withdrawals.
- The date of first payment is the day targeted for payment receipt. The debit will typically be sent to the client's financial institution **two business days prior to the date indicated.** Please make changes as early as possible to avoid service problems.

	Modify existing	Discontinue
Date of First Payment (MMDI Payment Amount <i>(product mi</i>		IMDDYYYY)
 Frequency (If frequency is no Monthly Quarterly 		up monthly.)

Bank Details Part 3 • Provide financial institution account information and type. Money Market accounts may either be checking or savings. Check with your financial institution. ACH from existing bank If the bank instruction is not already authorized for use: Complete the Standing Instruction: Bank form to authorize the bank account for use. • The bank account must be authorized and approved prior to submitting this request. If we receive this form prior to the bank being authorized, the withdrawal request will not be processed. Bank account type (Select One) ○ Checking ○ Savings Name of Financial Institution Bank Routing Number /RTN(Always 9 digits in length) Bank Account Number RTNs must start with 0, 1, 2, or 3. Part 4 **Acknowledgements and Signatures** I have read and understand the following with respect to my request: • If a systematic payment, as scheduled, falls on a date that is not a normal business day, the payment debited will be made on the next normal business day following such date. Systematic payments are subject to the provisions of my contract, the current prospectus and such other rules as RiverSource Life shall establish. • If this request is received by the RiverSource Life administrative office after the requested start date, my systematic investment plan will begin on the date specified in the following month. A systematic investment plan does not assure profit or protect against loss in declining markets. • I authorize RiverSource Life to transfer my systematic payments from my bank account as described above. Contract Owner or Authorized Signer Name Contract Owner or Authorized Signer Signature Date (MMDDYYYY) X Contract Co-Owner or Authorized Signer Name Contract Co-Owner or Authorized Signer Signature Date (MMDDYYYY) X If signing as fiduciary, in what capacity are you acting? ○ POA ○ Conservator/Guardian ○ Other

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