RiverSource Life Insurance Company 70100 Ameriprise Financial Center Minneapolis, MN 55474 (800) 862-7919

***AdvanceSource*® Accelerated Benefit Rider**

Long-Term Care Insurance - Outline of Coverage
Accelerated Benefit Rider for Long-Term Care
114930-AZ

RiverSource Insurance

CAUTION. The issuance of this rider is based upon the Owner's (referred to as You and Your in this Outline of Coverage) and the Insured's (if the Owner is not the Insured) responses to the questions in the application for the policy and the rider. A copy of Your application for the policy and the rider will be attached to the policy. If Your or the Insured's answers are incorrect or untrue, RiverSource Life Insurance Company (referred to as We, Us, and Our) has the right to deny benefits or rescind Your policy and this rider. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your or the Insured's answers are incorrect, contact Us at: RiverSource Life Insurance Company, 70100 Ameriprise Financial Center, Minneapolis, MN 55474.

NOTICE TO OWNER: The rider may not cover all of the costs associated with long-term care services incurred by the Insured. You should carefully review all policy and rider provisions and limitations.

1. The *AdvanceSource* Accelerated Benefit rider is attached to an individual life insurance policy.

2. PURPOSE OF THE OUTLINE OF COVERAGE. This Outline of Coverage provides a very brief description of the important features of the *AdvanceSource* Accelerated Benefit rider. You should compare this Outline of Coverage to outlines of coverage for other policies and riders available to you. This is not an insurance contract, but only a summary of coverage. Only the rider and the individual life insurance policy to which it is attached contain the governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY AND RIDER CAREFULLY.

3. FEDERAL TAX CONSEQUENCES. The rider is intended to be federally tax-qualified long-term care insurance under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

   As with all tax matters, You should consult a professional tax advisor to assess the effect of the rider on Your individual tax situation.

4. TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.

   RENEWABILITY: The rider is guaranteed renewable. This means that we may not on our own, cancel or reduce coverage provided by this rider. Subject to the Rider Termination provision, this rider will remain In Force for as long as the policy remains In Force and the required charges for this rider are paid.

   WAIVER OF RIDER CHARGE: The monthly cost for the rider will be waived once Monthly Benefit Payments begin.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES. We may change the cost of insurance rates for the rider from time to time. Changes to the cost of insurance rates are described in the Rider Charges provision of the rider and will apply to all individuals of the same risk classification. Any change will be made in accordance with procedures and standards prescribed by the state insurance department. The cost of insurance rates for the rider will not exceed the guaranteed maximum monthly cost of insurance rates for this rider shown under Policy Data.**

6. TERMS UNDER WHICH THE RIDER MAY BE RETURNED, AND RIDER CHARGES REFUNDED. If for any reason you are not satisfied with the rider, return it to Us or our representative within 30 days after you receive it. We will then cancel the rider and refund any cost you have paid for it. The rider will then be considered void from its start.

7. THE RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE. If the Insured is eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither RiverSource Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. LONG-TERM CARE COVERAGE. Policies and riders providing long-term coverage are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as a nursing home, in the community or in the home.

   This rider provides coverage in the form of an indemnity benefit payment for Qualified Long-Term Care Services based on the number of service days, subject to policy and rider limitations, exclusions and Elimination Period requirements. Benefit payments will be paid to You.

9. BENEFITS PROVIDED BY THE RIDER. We will pay an acceleration of the policy death benefit each month, limited by the Maximum Monthly Benefit, as a result of the Insured being a Chronically Ill Individual who is receiving Qualified Long-Term Care Services. We will pay a proportionate amount of the Maximum Monthly Benefit for each date of Qualified Long-Term Care Services rendered. Benefits will be paid until the Rider Specified Amount has been exhausted. All benefits are subject to the provisions of the rider. Rider benefits paid will also change other values of the life insurance policy as provided in the rider. When monthly benefit payments begin, a monthly report will be provided which will include any long-term care benefits paid, an explanation of any changes in the policy, and the amount of long-term care benefits remaining.

   Eligibility for Payments of Benefits. We must receive the following documentation before any benefits are payable:

   1. A current written eligibility certification from a Licensed Health Care Practitioner that certifies that the Insured is a Chronically Ill Individual;
   2. Proof that the Insured received or is receiving Qualified Long-Term Care Services pursuant to a Plan of Care;
   3. Proof that the Elimination Period has been satisfied; and
   4. Written Notice of a Claim and Proof of Loss, as described in the Claim Provisions, in a form satisfactory to Us.

   In addition:

   1. Coverage under this rider is In Force on the date(s) care is received; and
   2. The Insured meets the additional requirements specific to any International Benefits claimed.

Definition of Terms

Chronically Ill Individual. An individual who has been certified by a Licensed Health Care Practitioner as:

1. Being unable to perform (without Substantial Assistance from another person) at least two Activities of Daily Living for a period of least 90 days due to loss of functional capacity; or
2. Requiring Substantial Supervision to protect such individual from threats to health and safety due to Severe Cognitive Impairment.

Activities of Daily Living means the following activities: bathing, continence, dressing, eating, toileting and transferring.

Elimination Period.
The number of calendar days, beginning the first day the Insured first receives a Qualified Long-Term Care Service and is Chronically Ill, that are required while this rider is In Force before any benefit is available under this rider. The Elimination Period is shown under Policy Data. Once the Elimination Period begins, each calendar day counts toward the Elimination Period as long as the Insured remains Chronically ill, regardless if they receive a Qualified Long-Term Care Service on a day. The calendar days need not be continuous. If the Insured does not remain Chronically Ill during the entire period, multiple occurrences of being Chronically Ill can be used to satisfy the Elimination Period; however, the Elimination Period must be satisfied within a period of 730 consecutive days. The Elimination Period must be satisfied only once while this rider is In Force. Benefits will not be retroactively paid for the Elimination Period.

Maximum Monthly Benefit. The maximum monthly amount payable is the lesser of:

1. The Rider Specified Amount multiplied by the Monthly Benefit Percent;
2. The monthly equivalent of the per diem limit allowed by the Health Insurance Portability and Accountability Act; or
3. The Remaining Amount to be Accelerated.

Licensed Health Care Practitioner. A Physician, registered professional nurse, a licensed social worker, or any other individual who meets the requirements as provided by the U.S. Secretary of the Treasury.

Qualified Long-Term Care Services. Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services, which are:

1. Required for treatment of a Chronically Ill Individual; and
2. Provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Nursing Home Facility. A facility that provides skilled nursing care, intermediate care, or custodial care, and is licensed or certified by the appropriate state licensing agency. If the facility is not licensed it must meet certain criteria listed in the rider.

Assisted Living Facility. A licensed facility that is engaged primarily in providing ongoing care and related services to inpatients in one location. If not licensed or certified by the state, it must meet certain criteria listed in the rider.

Home Health Care Provider. Either a Home Health Agency or an Independent Home Health Care Provider that provides Home Health Care.

Hospice Care Facility. A facility that is appropriately licensed or certified to provide Hospice Care in the state in which it operates.

Adult Day Care Center. A facility that provides a protective environment and preventive, remedial and restorative services for part of the 24-hour day and meets the criteria listed in the rider.

Adult Day Care. A program for six or more individuals that provides social and health-related services during the day in a community group setting. The purpose of Adult Day Care is to support frail, impaired, elderly, or other disabled adults who can benefit from the services and care in a group setting outside the home.

10. LIMITATIONS AND EXCLUSIONS.

(a) Pre-existing conditions. No benefits will be provided under this rider during the first six months for Qualified Long-Term Care Services received by the Insured due to a pre-existing condition. A pre-existing condition is a condition for which medical advice or treatment was received by or recommended to the Insured from a provider of health care services within six months preceding the effective date of the rider. Calendar days of services received by the Insured for a pre-existing condition during the first six months that this rider is In Force will not be counted toward the satisfaction of the Elimination Period.

(b) Non-eligible Facilities/Providers and Level of Care. The rider does not cover services provided by a facility or an agency that does not meet the rider definition of such facility or agency.

(c) Exclusions, Exceptions, and Limitations. The rider does not cover treatment or care:

1. Provided to the Insured when the business or organization providing such care is owned or operated by an Immediate Family member;
2. Provided by the Insured's Immediate Family unless:
   a. the Immediate Family member is an employee of the business or organization providing the treatment, service or care; and
   b. the business or organization received payment for the treatment, service or care.
3. As a result of attempted suicide while sane or insane, or intentionally self-inflicted injuries;
4. For Qualified Long-Term Care Services incurred before the effective date of this rider;
5. As a result of alcoholism or drug addiction (unless drug abuse was a result of the administration of drugs as part of treatment by a Physician);
6. Due to war (declared or undeclared) or any act of war, or service in any of the armed forces or auxiliary units;

7. Due to committing or attempting to commit or participating in a felony, riot or insurrection;
8. As a result of participation in any form of aviation other than as a fare-paying passenger;
9. For Mental or Nervous Disorders which means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder. (Alzheimer's Disease and senile dementia are not considered Mental or Nervous Disorders);
10. For care received outside the United States, except as provided to the Insured under the International Benefit provision in the rider; or
11. For treatment provided in a Veteran's Administration or government facility, unless the Insured or the Insured's estate is charged for the confinement or services or unless otherwise required by law.

THE RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH THE INSURED'S LONG-TERM CARE NEEDS.

Receipt of accelerated death benefits under this rider may adversely affect your eligibility for governmental benefits or public assistance programs, such as Medicaid.

12. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The rider does not include inflation protection coverage and therefore the benefit level will not increase over time.
13. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. The rider will cover Qualified Long-Term Care Services resulting from a clinical diagnosis of Alzheimer's disease or related degenerative and dementing illnesses that result in the Insured's severe cognitive impairment.
14. RIDER CHARGES. The charge for the rider is included in the total policy's value as long as the rider is In Force, but not while rider benefits are being paid and not beyond the age where the policy cost of insurance is no longer charged. The rate for the rider varies by the Insured's sex, issue age, risk class, duration and the monthly benefit percentage selected as shown under Policy Data.
15. ADDITIONAL FEATURES.

    Underwriting. Issuance of this coverage may depend upon certain medical information about the Insured. This is generally known as medical underwriting.

    Reinstatement. If the policy and rider Terminate due to lapse and the rider was In Force on the date of lapse, We will provide a retroactive continuation of coverage if, within five months of the date of lapse, the Insured, or the Insured's representative, provides satisfactory proof to Us that the Insured was a Chronically Ill Individual on the date of lapse and We receive the required reinstatement payment amount.

    Claims. We will provide notice in writing when We approve or deny a request for benefits under this rider within 15 working days of Our receipt of a claim if We have received the documentation, We reasonably require to determine liability. If We require longer than 15 working days, We, within the 15 days, will notify You of the need for additional time and explain why the additional time is required. If We do not approve a request for benefits, We will provide You or Your representative a written explanation of the reasons for the denial, including reference to any specific provision, condition or exclusion supporting the denial. We will also make available all information directly related to the denial to You or Your representative.

16. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT RIVERSOURCE LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR *ADVANCESOURCE* ACCELERATED BENEFIT RIDER. REFER BELOW FOR THE NAME, ADDRESS AND PHONE NUMBER OF YOUR STATE'S SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM.

State	Name of the Program	Address	Telephone Number
Arizona	Arizona State Health Insurance Assistance Program (SHIP)	Arizona Department of Economic Security 1789 W. Jefferson, #950A Phoenix, AZ 85007	Toll Free: (800) 432-4040 Spanish available upon request Toll Line: (602) 542-6595