

Service address:

**RiverSource Life Insurance Co. of New York**

70122 Ameriprise Financial Center, Minneapolis, MN 55474

Client Services: 1-800-504-0469 riversource.com



**Release of Collateral Assignment of Life Insurance Policy or Annuity Contract**

RiverSource Contract Number

[Empty box for RiverSource Contract Number]

- If you are a client of Ameriprise Financial, do not use this form. Please contact your Ameriprise financial advisor or call our office at 1-800-541-2251 for a copy of the correct form.
- For questions regarding the completion of this form, call our office at 1-800-504-0469.

**Part 1 Owner and Creditor Information**

Borrower/Owner Name		Date
Trust or Entity Name		
Insured/Annuitant Name		
Creditor Name		
Creditor Address		
Creditor City	Creditor State	Creditor Zip Code

**Part 2 Creditor Signatures**

• Signature of the Officer or 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 issued by RiverSource Life Insurance Co. of New York.

Printed name of Officer or authorized signatory \_\_\_\_\_ Title of Officer or authorized signatory \_\_\_\_\_

Signature of Officer or authorized signatory \_\_\_\_\_ Date (MMDDYYYY) \_\_\_\_\_

**X** \_\_\_\_\_

**Notarization**

State of : \_\_\_\_\_ County of : \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
Month, Date Yr Name of Creditor's Officer or authorized signatory

who is personally known to me  
 whose identity I proved on the basis of \_\_\_\_\_  
 whose identity I proved on the oath/affirmation of \_\_\_\_\_, a credible witness

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

**Part 2** Creditor Signatures continued

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

Signature of Notary

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 photocopiable emboss. Electronic notarizations cannot be accepted.

Notary Seal:

**NOTE: No faxes accepted. Please mail.**

**Part 3** Corporate Office Use Only

Date (MMDDYYYY)

Received in Minneapolis, Minnesota, on

The Company assumes no obligation or responsibility as to the effect, sufficiency or validity of the above assignment.  
Assistant Secretary Name for RiverSource Life Insurance Co. of New York.

Assistant Secretary Signature

Date (MMDDYYYY)

X