

Service address:

**RiverSource Life Insurance Co. of New York**  
70122 Ameriprise Financial Center, Minneapolis, MN 55474



## Pre-Election for Payment of Death Benefits

- i** • **If you are a client of Ameriprise Financial, do not use this form.** Please contact your Ameriprise financial advisor or go to [ameriprise.com/forms](http://ameriprise.com/forms) to access servicing forms.
- For questions regarding the completion of this form, call our office at the following number:
  - Contracts beginning with FXA, FXB, FXC, or 959, call 1-800-633-3565.
  - For all other contracts, call 1-800-504-0469.

RiverSource Contract Number

- This form is used to select (in advance) the method of payment of death proceeds to the beneficiary.
- A separate form is required for each individual beneficiary, whether it is a primary or contingent beneficiary.
- This form is a supplement to the Change of Beneficiary Form 274597 (contracts beginning in FXA, FXB, FXC, or 959) or the Customer Service Request form 45005 (all other contracts). This form will not be processed without a matching beneficiary on file.
- Pre-election of benefits is not available for all products. Refer to your contract for availability.
- Inherited nonqualified stretch annuities cannot be annuitized after the first distribution, therefore, pre-election for payment of death benefit is not available.
- Non-natural (entity) beneficiaries, IRAs and other tax-qualified annuities are *not* eligible because of the potential for a pre-selected payout plan being in conflict with IRS required distribution rules.

### Part 1 Owner Information

Contract Owner Name  Contract Co-Owner Name

Annuitant Name (If different than owner)

### Part 2 Beneficiary Designation and Payment of Contract Death Benefits

Beneficiary Name  Taxpayer Identification Number

The undersigned hereby requests that the beneficiary receive:

**Payout Option (select one)**

- |  |  |
|--|--|
| <input type="radio"/> Life Income Non Refund <sup>1, 2</sup>       | <input type="radio"/> Life Income With Refund <sup>1</sup>             |
| <input type="radio"/> Life Income With Period Certain <sup>1</sup> | <input type="radio"/> Installments for Specific Period <sup>3, 4</sup> |
| Guarantee Period (select one)                                      | Guarantee Period (select one)  |
| <input type="radio"/> 5 years                                      | <input type="radio"/> 5 years <input type="radio"/> 20 years           |
| <input type="radio"/> 10 years                                     | <input type="radio"/> 10 years <input type="radio"/> 25 years          |
| <input type="radio"/> 15 years                                     | <input type="radio"/> 15 years <input type="radio"/> 30 years          |
| <input type="radio"/> 20 years                                     |  |

**Questions concerning the legal effect of this designation should be referred to your attorney.**

- 1 Evidence of age required at settlement time for beneficiary.
- 2 Receive payments for the rest of the beneficiary's life. Payments end upon death of beneficiary.
- 3 For a non-person beneficiary, installments for a specific period is the only option available.
- 4 Five year specific period not available for all contracts.

**Payout Mode (select one)**

- Monthly     Quarterly     Semiannual     Annual

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

**Part 3 Acknowledgements and Signatures**

**Request for Pre-Election of Death Benefit Proceeds**

- I am the owner of a non-qualified deferred annuity contract, herein referred to as the “contract”, issued by RiverSource Life Insurance Co. of New York, herein referred to as the “company.” I wish to elect how death benefits under the contract will be paid to my beneficiary.
- I understand that this election allows the company to amend and supersede any provisions in the contract, except for spousal joint owner survivorship rights on non-qualified annuity contracts issued after 1/19/1985, that allows the beneficiary to make such an election upon the death of the individual identified above.
- I understand that failure of a beneficiary to submit due proof of death and begin to receive payments within one year of the date of death may result in this designated mode of settlement being void.
- If for any reason this designation does not satisfy Internal Revenue Code Section 72 distribution requirements, this designation will be void and the beneficiary will be permitted to elect payment pursuant to the provisions of the contract.
- If any election selected would exceed the life expectancy of the beneficiary at the time of claim, the election would be amended to reduce the payout period to the life expectancy of the beneficiary. If the life expectancy of the beneficiary would be less than five (5) years, or any payment would be less than the minimum allowed in the contract, the beneficiary will then be permitted to elect payment pursuant to the provisions of the contract. The purpose of this form is to select in advance the method of payment of death proceeds to the beneficiary. Refer to the Settlement Options provisions of the Contract for more details. The beneficiary designation may be changed at any time prior to the death of the annuitant or owner. **This form alone will not update the beneficiary designation.**
- **Spendthrift Clause.** Except as otherwise specifically provided herein, no beneficiary entitled to any payment hereunder shall have the right to withdraw, surrender for cash, borrow against, commute, anticipate, encumber, alienate, or assign such payment, or any part hereof, or any interest therein, nor shall such payment, or any part thereof, or any interest herein be in any way subject to such person’s debts, contracts, or engagements, nor to any judicial process to levy upon or attach the same payment thereof. No provision of this contract or beneficiary designation shall be construed to prevent the owner or the beneficiary from assigning its interest in this contract to a nursing home or a government agency to qualify for government assistance programs. This clause shall be effective to the extent permitted by law.

Owner Signature

Date (MMDDYYYY)

X

Co-Owner Signature

Date (MMDDYYYY)

X