



Release of Collateral Assignment of Life Insurance and Annuity

Account Number	005
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For RiverSource® annuities held inside a brokerage account, enter 142 for the administration code. For all other products, enter 005.

Part 1 Owner and Creditor Information

Creditor Name-Company Name or Individual

Creditor Address

City State ZIP code

Policy/Contract Owner Name

Joint Policy/Contract Owner Name

Trust or Entity Name

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 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 Signed Date (MMDDYYYY)

X

Notarization

State of: County of: On , 20

personally appeared before me, 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

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

Signed Date(MMDDYYYY)

X

Notary Commision Expiration Date (mm/dd/yyyy)

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:

[Empty box for Notary Seal]

Corporate Office Use Only

Date (MMDDYYYY)

Received and filed at RiverSource Life Insurance Co. of New York, on

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

RiverSource Life Insurance Company Assistant Secretary Name

RiverSource Life Insurance Company Assistant Secretary Signature

Date (MMDDYYYY)

X