DOC010235619

RiverSource Life Insurance Company
829 Ameriprise Financial Center, Minneapolis, MN 55474
Client Services: 1-800-333-3437 riversource.com

RiverSource Annuities

Additional Payment Receipt

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 1-800-862-7919 for a copy of the correct form.
- For questions regarding the completion of this form, call our office at 1-800-333-3437.
- Additional payments restrictions may apply to contracts sold on or after May 1, 2004.
- Please check your prospectus for eligibility.

Part 1 Contract Information

Contract Owner Name

Contract Owner Social Security Number

Joint Contract Owner Name

Joint Contract Owner Social Security Number

Part 2 Payment Information

Please make the add-on changes on the contract identified above.

Payment Amount

Payment applied to (select one option below):

◯ Nonqualified Annuity ◯ IRA ◯ SEP-IRA ◯ Roth Contributory IRA ◯ Roth Conversion IRA ◯ SIMPLE-IRA

If IRA, SEP-IRA, Roth IRA or SIMPLE-IRA select one option below describing the transaction and complete the applicable dollar amount and year lines for that selection.
(IRS tax reporting will be based on the information provided below. SEP IRA contributions will be tax reported in the year that they are received.):

◯ IRA Contribution

Amount $ ______ for ______ (tax year) Amount $ ______ for ______ (tax year)

◯ Roth IRA Contribution

Amount $ ______ for ______ (tax year) Amount $ ______ for ______ (tax year)

◯ SEP-IRA Contribution

Amount $ ______ for ______ (tax year) Amount $ ______ for ______ (tax year)

◯ SIMPLE-IRA Contribution

Amount $ ______ for ______ (tax year) Amount $ ______ for ______ (tax year)

◯ Rollover Contribution from ______ Amount $ ______

◯ Trustee-To-Trustee Transfer from ______ Amount $ ______

◯ Conversion from traditional IRA at ______ to existing Roth Conversion IRA at RiverSource Life Insurance Company. Amount $ ______

Part 3 Agent Information

Agent Name	Agent Bank	Social Security Number

Part 4 Remarks and Special Instructions

Part 5 Signatures

Owner's Signature	Date (MMDDYYYY)
X	
Joint Owner's Signature	**Date (MMDDYYYY)**
X	

Note
If you are currently receiving systematic withdrawals based upon the accumulated value of your contract, this addition will increase your withdrawal amount. Contract refers to both individual contracts and group certificates.