

Agent of Record/Broker Dealer Change



- Block transfer requests should be faxed on your company letterhead. Do not use this form.
- For questions regarding the completion of this form, call our office at 1-800-333-3437.
- This request may be returned by mail or faxed to 1-612-317-3726.

| RiverSource Contract Number |
|-----------------------------|
| |

| Please process a change to the agent of reco Contract Owner Name | ru and/or broker dealer for t | ine ionowing a | annunty | contract owner |
|--|-------------------------------|--------------------------|--------------|----------------|
| nnuity Contract Number(s) affiliated with the Contract Owner named above | | Brokerage Account Number | | |
| Owner's Signature | Date (| (MMDDYYYY) | Phone | e Number |
| Joint Owner's Signature | Date | (MMDDYYYY) | Phone Number | |
| Part 2 Broker Dealer and Agent Information Name of Broker Dealer | ion | | | |
| Agent Name(s) | Agent S | ocial Security I | Numbei | r Share |
| Primary Servicing Agent Street Address | | | | Total: 10 |
| City | | S | tate | Zip Code |
| Agent Signature | Date (I | MMDDYYYY) | Phone | Number |
| Agent Signature (if applicable) | Date (I | MMDDYYYY) | Phone | Number |
| Agent Signature (if applicable) | Date (I | MMDDYYYY) | Phone | Number |
| Agent Signature (if applicable) | Date (I | MMDDYYYY) | Phone | Number |

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