70122 Ameriprise Financial Center, Minneapolis, MN 55474 Client Services: 1-800-504-0469 riversource.com

# **Additional Payment Receipt**

- 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.
  - · Additional payments will be accepted if permitted under the terms of your contract. Please review your contract for information.
  - Please check your prospectus for eligibility.

# nformation

Contract Owner Name	Contract Owner Social Security Number
Joint Contract Owner Name	Joint Contract Owner Social Security Number

### Payment Information Part 2

Please make the add-on Payment Amount	changes on the c	ontract identified	l above.				
Payment applied to (sele	ect one option belo	ow):					
○ Nonqualified Annuity	⊖IRA ⊖SEP-I	RA CRoth Cor	ntributory IRA	$\bigcirc$ Roth Conversion 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 Contribut	tion						
Amount \$	for	(tax year)	Amount \$	for	(tax year)		
C Rollover Contribution f	rom		Amount \$				
○ Trustee-To-Trustee Tr	ansfer from		Amount \$				
○ Conversion from tradit	ional IRA at	to	o existing Roth	Conversion IRA at RiverS	ource Life		
Insurance Co. of New Yo	ork. Amount \$						

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



**RiverSource Contract Number** 

Part 1	Contract	lr

# Part 3 Agent Information Agent Name Agent Bank Social Security Number Part 4 Remarks and Special Instructions Social Security Number Part 4 Remarks and Special Instructions Image: Signatures Part 5 Signatures Image: Signature

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. The term "contract" refers to both individual contracts and group certificates.