

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

## RiverSource .

## Department of Financial Services of the State of New York DEFINITION OF REPLACEMENT

Associated Brokerage Account Number

133

INSURA TO MAK TO ASK	ER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE ST NCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE IN E A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDER TOF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTR	NFORMATI OR BROKI STAND.	ON NECE ER IS REC	SSARY QUIRED
COVERAGE BEEN, OR IS IT LIKELY TO BE:				
(1)	LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHE TERMINATED?	RWISE	(es o	NO O
(2)	CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWIS REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?		(es o	NO O
(3)	ANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE STING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING E INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?		(es o	NO O
(4)	EISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, ICLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR AID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? SSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR (ITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS (HEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE ORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?		(ES O	NO O
(5)			(es O	NO O
(6)	CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOU OF PREMIUM PAID?	NT	(ES 🔿	NO O
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE <b>IMPORTANT</b> NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED				
Signature of Applicant X		Date (MMDDYYYY)		
Signatur <b>X</b>	e of Applicant	Date (MMI	DYYYY)	
	BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION.	( Date (MMI		⊂ NO

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