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

RiverSource ®
Annuities

Release of Collateral Assignment of Life Insurance Policy or Annuity Contract

RiverSource Contract Number

(i)
- 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.

Part 1 Owner and Creditor Information

Borrower/Owner Name

Date

Trust or Entity Name

Insured/Annuitant Name

Creditor Name

Creditor Address

Creditor City	Creditor State	Creditor Zip Code

Part 2 Creditor Signatures

- Signature of the Officer or 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 Company.

Printed name of Officer or authorized signatory

Title of Officer or authorized signatory

Signature of Officer or authorized signatory

X

Date (MMDDYYYY)

Notarization

State of :   County of :

On _____ , 20 ___ , _____ personally appeared before me,
Month, Date   *Yr*   *Name of Creditor's Officer or authorized signatory*

☐ 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

Part 2   Creditor Signatures continued

to be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary

X

Date (MMDDYYYY)

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:

NOTE: No faxes accepted. Please mail.

Part 3   Corporate Office Use Only

Date (MMDDYYYY)

Received in Minneapolis, Minnesota, on

The Company assumes no obligation or responsibility as to the effect, sufficiency or validity of the above assignment.
Assistant Secretary Name for RiverSource Life Insurance Company.

Assistant Secretary Signature

X

Date (MMDDYYYY)