

Statement of Disability



- If you are a client of Ameriprise Financial, do not use this form. Please contact your Ameriprise financial advisor or go to ameriprise.com/forms to access servicing forms.
- For questions regarding the completion of this form, call our office at 1-800-333-3437.

RiverSource Contract Number

This form may be used for either of the following purposes:

For TSA Accounts: RiverSource Life Insurance Company (RiverSource Life) will accept this statement as certification that the below named individual qualifies for distribution(s) from a Tax-Sheltered Annuity (TSA) due to disability.

For Non-Qualified Annuities, Individual Retirement Annuities and/or TSA Accounts: RiverSource Life will report to the IRS that the distribution(s) meets an exception to the IRS 10% penalty tax on distributions before age 59½ due to disability.

Date

Contract Numbers

I certify that: is disabled as of as that term is defined in Internal Revenue Code Section 72(m)(7). This means that he/she is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

Physician's Name (please print)

Physician's Street Address

City, State, Zip Code

Physician's Signature

Date (MMDDYYYY)

X



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