



**RiverSource Life Insurance Company**  
829 Ameriprise Financial Center, Minneapolis MN 55474



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

**RiverSource Contract Number**

**Third Party Consent**

In this authorization **I (we) and my (our)** refer to the contract owner(s). **You and your company** refer to RiverSource Life Insurance Company or RiverSource Life Insurance Co. of New York.

Contract Owner Name:

Joint Contract Owner Name (if applicable):

I (we) authorize you to provide information, including values and other contract specific details regarding my (our) above referenced contract, over the phone, to the following individual:

Please print the name of individual

This authorization is valid for one year from the date listed below. It authorizes the named individual to receive contract information over the phone. Written documentation such as contracts and statements will be provided to the contract owner at their address of record only. Without notice, you may cancel or suspend this authorization at any time.

I (we) understand that you, affiliated companies, officers and directors are not liable for damages I (we) may incur in connection with the release of information pursuant to this authorization. If for any reason your company is concerned about a request, you have the authority to refuse to provide information.

Owner's Signature:

Date (MMDDYYYY)

**X** \_\_\_\_\_

Joint Owner's Signature (if applicable):

Date (MMDDYYYY)

**X** \_\_\_\_\_

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