



# Release of Collateral Assignment of Life Insurance and Annuity

Account Number

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For RiverSource® annuities held inside a brokerage account, enter 141 for the administration code. For all other products, enter 004.

## Part 1 Owner and Creditor Information

Creditor Name - Company Name or Individual

Creditor Address

City State ZIP code

Policy/Contract Owner Name

Joint Policy/Contract Owner Name

Trust or Entity Name

## Part 2 Creditor Signatures

**i** Signature of the Officer or other 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/annuity issued by RiverSource Life Insurance Company.

Printed Name of Officer or other authorized signatory Title of Officer or other authorized signatory

Signature of Officer or other authorized signatory Signed Date (MMDDYYYY)

**X**

### Notarization

State of: County of: On ,20 ,

Month, Date Yr Name of Creditor's Officer or other authorized signatory

personally appeared before me,  who is personally known to me  whose identity I provided on the basis of  whose identity I provided on the oath/affirmation of a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.. Creditor Signatures continued in next page...

Sign on Page 1, 2



**Creditor Signatures** Continues

Signature of Notary	Sign Date(MMDDYYYY)
<b>X</b>	
Notary Commision Expiration Date (mm/dd/yyyy) <input type="text"/>	
Notary Seal:	
<input type="text"/>	

**Corporate Office Use Only**

Received and filed at the Corporate Office of the RiverSource Life Insurance Company at Minneapolis, Minnesota, on	Date (MMDDYYYY)
The Company assumes no obligation or responsibility as to the effect, sufficiency or validity of the above assignment.	
RiverSource Life Insurance Company Assistant Secretary Name	
<input type="text"/>	
RiverSource Life Insurance Company Assistant Secretary Signature	Date (MMDDYYYY)
<b>X</b>	