



RiverSource Life Insurance Company
829 Ameriprise Financial Center, Minneapolis MN 55474
Client Services: 1-800-333-3437 Fax: 1-612-547-1732



Inherited Traditional, Roth or SEP Individual Retirement Annuity (IRA) 2016 Required Minimum Distribution Request

RiverSource Contract Number

If you are a client of Ameriprise Financial, please contact your Ameriprise financial advisor or go to Ameriprise.com/forms to access servicing forms.

- Do not use this form if you are a spouse that continued the contract as your own IRA.
- **Note: This Required Minimum Distribution is for 2016 only.**
- **If the bank account being selected in the Payment Arrangements section is not already available for use, complete the Standing Instruction: Bank form (1150936) to authorize the bank account, which can be accessed on riversource.com.**

Part 1: Complete the following information.

Name of Inherited IRA contract owner _____ Date of Birth _____

Part 2: Please read the disclaimer and answer the following questions.

(This information is necessary to determine the Required Minimum Distribution (RMD) on your Inherited IRA):

Disclaimer: If you answer 'No' to questions 2, 3 or 4 RiverSource Life will not be able to calculate the RMD on this Inherited IRA.

1. Are you the spouse of the deceased IRA owner or Qualified Plan participant? Yes No
 2. Was the Life Expectancy Rule chosen as the distribution option? Yes No
 3. At the time of the original IRA owner's or Qualified Plan participant's death, was the beneficiary a human person (i.e., not a trust, estate or charity)? Yes No
 4. Were you the beneficiary of the original IRA or Qualified Plan at the time of the IRA owner's or Qualified Plan participant's death? Yes No
 5. Were there multiple beneficiaries at the time the original IRA owner's or Qualified Plan participant death? Yes No
- If Yes, please complete question 6. If No, continue to Part 4.**
6. Were separate Inherited IRAs set up for all beneficiaries by December 31st of the year following the original IRA owner's or Qualified Plan participant's death? Yes No
- If No, complete Part 3 below regarding the oldest "designated" beneficiary. If Yes, continue to Part 4.**

Part 3: Designated beneficiary information

The determination of the oldest designated beneficiary of the original IRA or Qualified Plan participant is necessary for purposes of determining the distribution period for RMDs after the original IRA owner's or Qualified Plan participant's death. If a beneficiary of the original IRA or Qualified Plan participant disclaims or receives the entire benefit prior to September 30th of the year following the year of death, that beneficiary is not a "designated" beneficiary and is not taken into account for purposes of determining the distribution period.

Please provide the date of birth of the oldest "designated" beneficiary: _____

Part 4: Entire Interest Value and/or Year-End Value as of December 31, 2015.

Complete only if your contract was issued during the tax year 2016.

Please provide the 12/31/2015 Entire Interest Value** (if any portion of your IRA or Qualified Plan was an annuity on 12/31/2015) and/or the Year-End Value (if any portion of your IRA or Qualified Plan was not an annuity on 12/31/2015). These values are necessary to determine your 2016 RMD. If you do not provide these values, we will not be able to calculate your 2016 RMD. This information is only necessary if your contract with RiverSource was issued in 2016.

Entire Interest Value (annuity portion only) as of 12/31/2015 \$ _____ *

Year-End Value (non-annuity portion only) as of 12/31/2015 \$ _____ *



*RiverSource Life has relied upon the amount(s) listed on this form to calculate your RMD. If you receive an update to your 12/31/2015 Entire Interest Value or Year-End Value after you submit this form, you should notify RiverSource Life, as your 2016 RMD amount may change.

**The Entire Interest Value is the amount including both the year-end account value and the actuarial present value of additional death and/or living benefits as specified in IRS Regulation 1.401(a)(9)-6, Q&A 12.

Part 5: Delivery Instructions

For an **ACH to an external bank** - if the Bank Account being selected is not already available for use, complete the Standing Instruction: Bank form (1150936) to authorize the bank account for use, which can be accessed on riversource.com.

- Failure to separately authorize the bank account will create processing delays.
- Only domestic (US) bank accounts may be authorized for ACH or for future use.

Please select the method of delivery from the options below:

- Send check to my address of record. ACH transfer to my external bank account (Complete the Standing Instruction: Bank form (1150936) to authorize the bank account for use, which can be accessed on riversource.com.)

Name of Bank:

Bank Routing Number / RTN:

Must be 9 digits and begin with a 0, 1, 2, or 3

Bank Account Number:

Part 6: Withholding Instructions

- **Federal Withholding:** You are liable for federal income tax on the taxable portion of your distribution. If total withholding is not adequate, you may be subject to estimated tax payments and/or penalties.
- **State Withholding:** Withholding rules vary by state. Clients may have the option to: (1) opt-out of withholding, (2) elect default state tax withholding, or (3) increase the rate of withholding. Depending on the state, state tax withholding could be mandatory, optional, unavailable, or the client may need to complete a state-specific form. For state tax withholding rules, go to riversource.com/statetax.
- Please note that taxes withheld per your elections or in accordance with state rules will not be refunded.
- Different withholding rules apply in certain situations: If we do not have a valid Taxpayer Identification Number on the account, if the payment is delivered outside the United States or if you are a non-resident.
- For all tax-qualified annuities: Withholding is taken from the total amount distributed.
- Please consult your tax professional for additional information regarding federal and/or state withholding.

Federal Withholding

10% federal tax will be withheld unless you make a different withholding election below.

- Do not withhold federal tax Withhold 10% federal tax Withhold _____% federal tax-*must be more than 10%*

State Withholding

- If you do not indicate an election, we will generally follow your choice for federal election unless your state does not allow.
 - No state tax withholding will be taken for states where withholding is not available.
 - The taxpayer's resident state on file is the state we use for state tax withholding.
- Do not withhold state tax Withhold default state tax Withhold _____% state tax



Part 7: Please read the following statements.

- This form does not cover the RMD that the beneficiary may be required to take in the year of the original owner’s death if the original owner had an RMD that they had not satisfied for the year of their death.
- If there is an RMD amount required to be removed from my Inherited IRA and the RMD is not removed, I may be subject to an IRS 50% penalty.
- Upon receipt of this completed form, RiverSource Life will calculate the distribution amount based on the information given in Parts 2, 3 and 4. RiverSource Life will automatically send me a check for the amount intended to satisfy my 2016 RMD for this contract, or ACH transfer the amount to my checking account as indicated in Part 5.
- Any decision regarding the tax (or other) consequences of these distributions should be made in light of all relevant financial information and in conjunction with my professional tax advisor.
- The RMD calculation that will be done based on the above information will not take into account any other IRAs, including other Inherited IRAs that I may own.
- I need to complete a new request for each tax year.

Part 8: Inherited IRA Owner Signature

I request RiverSource Life to calculate and distribute to me the amount intended to satisfy my 2016 RMD from this Inherited IRA contract listed on page 1. The calculation(s) will be based on the information I have provided on this form. I have read and understand the statements in Part 7 of this form.

X

Inherited IRA owner’s signature

Date Signed

Daytime telephone number

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RiverSource Life Insurance Company
829 Ameriprise Financial Center, Minneapolis MN 55474
Client Service: 1-800-333-3437 Fax: 1-612-317-3726



RiverSource Life Insurance Co. of New York
Service address:
70122 Ameriprise Financial Center, Minneapolis MN 55474
Client Service: 1-800-504-0469 Fax: 1-612-317-3726

RiverSource Contract Number

Standing Instruction: Bank

If you are a client of Ameriprise Financial, please contact your Ameriprise financial advisor or go to Ameriprise.com/forms to access servicing forms.

Client Information

Owner Name:

Joint Owner Name:

Servicing Advisor Name (if applicable):

Bank Information

Bank Account Owner:

Are you the owner of the bank account?

Yes No

Is the bank owner a person or an organization?

Person Organization

Bank Account Co-Owner:

Checking: Deposit funds to my checking account through ACH. You must attach a voided check. If you do not attach a voided check, RiverSource Life Insurance Company will send a check to your address of record, your withdrawal will not be directly deposited into your account. ACH deposits will not be available for your account type 9930 in New York.

Attach voided check here.
Note: Starter checks, deposit slips and handwritten information will not be accepted.



Wire instructions for this bank are different from above.

Wire Routing Transit Number:

Wire Bank Account Number:

Additional Information to be sent to Bank:

Savings

Name of Bank:

Bank Routing Number / RTN:

Must be 9 digits and begin with a 0, 1, 2, or 3

Bank Account Number:

Standing Authorization

This bank will be authorized for money in and money out for the following accounts you select:

Account Number	New Arrangement	Existing Arrangement
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

All future use bank instructions/standing authorizations, received in good order, will be processed within 1-2 business days. All requests will be reviewed and processed in the order they are received.

Acknowledgements and Signatures

In this disclosure statement, "you" and "your" refer to you, the applicant. "We," "us" and "our" refer to RiverSource Life Insurance Company and RiverSource Life Insurance Co. of New York.

- You authorize us to act upon your written instructions in this form and understand that we will retain said instructions on file for future use by you; your financial advisor or any other person you choose to act on your behalf pursuant to receiving your prior written authorization.
- You authorize us to use the instructions we hold on file to debit or credit your external bank account and to facilitate distributions to third parties pursuant to your instruction or pursuant to receiving your prior written authorization, by your financial advisor or any person you may elect to act on your behalf.
- You authorize us to apply this authorization, upon request by you, your financial advisor or anyone acting pursuant to your written authorization, to other same ownership accounts that you may hold with us, as well as, accounts of unlike ownerships, permitted at our discretion.



- You understand that instructions to debit or credit your account or to apply this authorization to other accounts you have with us may be received in writing, by phone, by computer, or by other electronic medium and agree to the recording of all said instructions. You may stop any payment by notifying us at least three banking days before the charge is made.
- If an Electronic Deposit fails or was returned, you understand that we may mail a check to you at your address of record.
- Banking channels require 10 business days for processing before Electronic Deposit authorizations become effective.
- You understand and agree that the instructions and authorization that you give will remain in effect until you notify us to cancel them, allowing reasonable time to act on your cancellation. Any such notification shall be effective only with respect to entries initiated after receipt of, and reasonable time to act upon such notification, usually 15 days. We reserve the right to terminate your Electronic Funds Authorization or your access to its services without notice at our sole discretion.
- We are authorized to cancel any ACH deposits if the payments are returned by your bank.
- You understand that this agreement shall be binding upon your personal representatives, heirs, legatees and assignees.

By signing this authorization, you acknowledge and agree that: a) the information you provided is correct, b) you will hold RiverSource Life Insurance Company and RiverSource Life Insurance Co. of New York, its affiliates and agents harmless for any and all situations arising from an ineligible or inappropriate transfer or redemption, and c) you agree to all terms and conditions stated herein.

For your protection we may verify signatures from a signature sample file. If you do not have a signed application or account certification form on file, we will not be able to honor your request until the signed application or account certification form has been received. Any redemption completed pursuant to these instructions revokes any trust, transfer on death ("TOD") or payable on death ("POD") designation of the funds or account being redeemed.

If this is a joint account, all owners must sign. If this is a fiduciary account (e.g., Trust, UGMA/UTMA, etc.), the fiduciary must sign and must be listed on the ownership of the account.

In certain circumstances, we may contact you in an effort to validate the request before the transaction can be processed.

Owner Name

Owner Signature

Date (MMDDYYYY)

Joint Owner Name

Joint Owner Signature

Date (MMDDYYYY)

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