



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



2017 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.

Important! Please enter a RiverSource Contract Number in the box.

- Do not use this form if your annuity is a TSA/403(b), an Inherited IRA or a Custodial IRA.
- Please verify the withdrawal provisions and riders of your contract prior to making a selection.
- Make sure you understand the impact taking withdrawals will have on your values and riders.
- Consult with your financial professional to determine a withdrawal strategy that is right for you.
- 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.

Note: This Required Minimum Distribution (RMD) is for 2017 only.

Part 1 Complete the following information

Name of Contract Owner:

Part 2 Select ONE of the following methods for calculating your RMD*

- Method 1 Uniform Method.** This method is based on your life expectancy as determined each year by using the IRS Uniform Lifetime Table. **You must answer Questions 1 and 2 in Part 3.**
- Method 2 Spouse Exception Method — Joint Life Expectancy with Spouse as Beneficiary.** This method is based on the joint life expectancy of you and your spouse as determined each year by using the IRS joint life expectancy table. In order to use this method, your spouse must be 1) your sole primary beneficiary and 2) must be more than 10 years younger than you. Generally, this method will result in a lower distribution amount.

You must answer Questions 1 through 6 in Part 3.

*If you do not check a box, we will calculate your RMD using Method 1.

Part 3 Please answer the questions that apply to the calculation method that you chose in Part 2, above.

1. Your date of birth is (month/day/year):
2. Did you make a rollover or a transfer from an IRA or qualified plan in 2016, and then deposit the money into this IRA in 2017?
 Yes No

Spouse Exception Method — Joint Life Expectancy with Spouse as Beneficiary

If you answer "No" to any of these questions, RiverSource Life must calculate your RMD according to Method 1, the Uniform Method.

3. Is your spouse living? Yes No
4. Is your spouse more than 10 years younger than you? Yes No
5. Spouse's date of birth is (month/day/year):
6. Will your spouse be the sole primary beneficiary for this entire year? Yes No

Part 4 Entire Interest Value and/or Year-End Value as of December 31, 2016. Complete only if your contract was issued during tax year 2017.

Please provide the 12/31/2016 Entire Interest Value ** (if any portion of your IRA was an annuity on 12/31/2016) and/or the Year-End Value (if any portion of your IRA was not an annuity on 12/31/2016). These values are necessary to determine your 2017 RMD. If you do not provide these values, we will not be able to calculate your 2017 RMD.

Entire Interest Value (annuity portion only) as of 12/31/2016 \$ *

Year-End Value (non-annuity portion only) as of 12/31/2016 \$ *

* RiverSource Life has relied upon the amount(s) listed on this form to calculate your RMD. If you receive an update to your 12/31/2016 Entire Interest Value or Year-End Value after you submit this form, you should notify RiverSource Life, as your 2017 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 RMD being removed by a beneficiary. Complete only if the contract owner did not remove their RMD for the year prior to their death.

If not previously distributed, the RMD must be removed for the year the IRA owner died if the IRA is being continued under a Spousal Continuation or Inherited IRA death claim option. Please complete the following:

IRA owner's date of birth (month/day/year):

IRA owner's date of death (month/day/year):

My percentage of the IRA: _____%

Each beneficiary of the RiverSource Life IRA must complete an RMD form and must:

1. Sign Part 9 of the RMD form
2. Include a completed IRS Form W-9

Part 6 Delivery of Withdrawal Plan

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.

Select One Option:

- Send a 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 7 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 8 Please read the following statements

If I am the original IRA owner, the following statements apply:

- I understand that once I reach age 70½, the IRS requires that I receive an RMD from my IRA each year. If the RMD is not removed, I may be subject to a 50% penalty tax on the amount not removed.
- I understand that upon receipt of this completed form, RiverSource Life will calculate the distribution amount based on the election I chose for the contract identified on page 1, process the distribution and send me a check for the amount intended to satisfy my 2017 RMD for this contract, or ACH transfer the amount to my checking account as indicated in Part 6.
- I understand that if I am eligible for Method 2 but elect Method 1, then the amount RiverSource Life calculates as my distribution may be greater than the minimum amount necessary to satisfy my RMD requirement.

If I am the original IRA owner or the beneficiary of the original IRA owner, the following statements apply:

- I understand that 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.
- I understand that I must notify RiverSource Life if there are changes to any of the information I provided in Part 3, 4 or 5 after I have sent in this form.
- I understand that the RMD calculation provided to me by RiverSource Life will be based on the information I provided on this form. Consequently, I understand that RiverSource Life makes no guarantee that I will meet all the minimum distribution requirements applicable to my situation.
- I understand that annuitized IRAs and inherited IRAs have separate RMD requirements.

If I am the beneficiary of the original IRA owner, the following statement applies:

- I understand that if I am a beneficiary of the original IRA owner of the contract specified on Page 1, and that IRA owner has died, I am using this form to request the RMD for the year the IRA owner died, because the IRA owner had not satisfied the RMD requirement prior to his or her death. I further understand that Required Minimum Distribution rules also apply to beneficiaries for years after the year of the IRA owner's death, and that I should consult my tax advisor to discuss my options for satisfying these RMD rules.

Part 9 IRA Owner's or Beneficiary of Original IRA Owner's Signature

If I am the original IRA owner, the following statements apply:

- I request RiverSource Life to calculate and withdraw my 2017 RMD for my IRA contract from RiverSource Life listed on page 1.

If I am the original IRA owner or the beneficiary of the original IRA owner, the following statements apply:

- There may be additional requirements for other IRAs and plans.
- The calculation(s) will be based on the information I have provided on this form.
- I have read and understand the statements in Part 8 of this form.

If I am the beneficiary of the original IRA owner, the following statement applies:

- If I am a beneficiary of the original IRA owner, I request RiverSource Life to calculate and withdraw my portion of the RMD for the year the IRA owner died.

X		
IRA Owner's or Beneficiary of Original 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)

X _____

Joint Owner Name

Joint Owner Signature

Date (MMDDYYYY)

X _____

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