

SERFF Tracking Number: AEMN-125629715 State: Arkansas  
Filing Company: RiverSource Life Insurance Company State Tracking Number: 38956  
Company Tracking Number: FA273957AR  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: Fixed Annuities  
Project Name/Number: Generic Fixed Annuity Application Acknowledgment Form/FA273957

## Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Fixed Annuities

SERFF Tr Num: AEMN-125629715 State: ArkansasLH

TOI: A02I Individual Annuities- Deferred Non-  
Variable

SERFF Status: Closed

State Tr Num: 38956

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: FA273957AR

State Status: Approved-Closed

Filing Type: Form

Co Status: Submitted

Reviewer(s): Linda Bird

Authors: Mary Boris, Linda Elston,  
Claudia Gehrig, Susan Schmidt

Disposition Date: 05/14/2008

Date Submitted: 05/07/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Generic Fixed Annuity Application Acknowledgment  
Form

Status of Filing in Domicile: Pending

Project Number: FA273957

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Submitted to our  
domicile state of Minnesota on 5/5/2008.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/14/2008

State Status Changed: 05/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We wish to submit the above referenced "back-end" application for approval by your Department.

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## Company and Contact

### Filing Contact Information

Linda Elston, Sr. Contract Analyst Linda.Elston@ampf.com  
 9550 Ameriprise Financial Center (612) 671-6267 [Phone]  
 Minneapolis, MN 55474 (612) 671-3866[FAX]

### Filing Company Information

RiverSource Life Insurance Company CoCode: 65005 State of Domicile: Minnesota  
 9550 Ameriprise Financial Center Group Code: 4 Company Type: Life  
 H22/9550  
 Minneapolis, MN 55474 Group Name: State ID Number:  
 (612) 671-2465 ext. [Phone] FEIN Number: 41-0823832  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$75.00  
 Retaliatory? Yes  
 Fee Explanation: The filing fee for this submission in our domicile state of Minnesota is \$75.00.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	\$75.00	05/07/2008	20153746

SERFF Tracking Number: AEMN-125629715 State: Arkansas  
Filing Company: RiverSource Life Insurance Company State Tracking Number: 38956  
Company Tracking Number: FA273957AR  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: Fixed Annuities  
Project Name/Number: Generic Fixed Annuity Application Acknowledgment Form/FA273957

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/14/2008	05/14/2008

*SERFF Tracking Number:* AEMN-125629715      *State:* Arkansas  
*Filing Company:* RiverSource Life Insurance Company      *State Tracking Number:* 38956  
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*TOI:* A021 Individual Annuities- Deferred Non-      *Sub-TOI:* A021.002 Flexible Premium  
Variable  
*Product Name:* Fixed Annuities  
*Project Name/Number:* Generic Fixed Annuity Application Acknowledgment Form/FA273957

## **Disposition**

Disposition Date: 05/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEMN-125629715 State: Arkansas  
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 Variable  
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 Project Name/Number: Generic Fixed Annuity Application Acknowledgment Form/FA273957

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Fixed Annuity Application Acknowledgement Form		Yes

SERFF Tracking Number: AEMN-125629715 State: Arkansas  
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## Form Schedule

Lead Form Number: FA273957

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FA273957	Application/ Fixed Annuity Enrollment Application Form	Acknowledgment Form	Initial		56	FA273957.pdf

**RiverSource Life Insurance Company**

[829 Ameriprise Financial Center, Minneapolis, MN 55474  
Service line: 1-800-333-3437]



↓PRINTS ON THE FIRST PAGE ABOVE TITLE ONLY IF APPLICATION STATE IS ARIZONA↓

[For applicants in Arizona: Upon written request, the insurance company will provide, within a reasonable time, factual information to you regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with the contract after you receive it, you may return it within 30 days of receiving it. We will refund any payments made and the contract will then be void. Contracts returned after 30 days after receipt may result in a substantial penalty known as a withdrawal charge.]

**SIGN ON LAST PAGE AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY**

**[Product Name] Fixed Annuity Application Acknowledgement Form**

Please take a moment to review the following information concerning your [Product Name] Fixed Annuity contract. Please sign and date this form and return it in the reply envelope within ten days. If any corrections are needed, please note them next to the item(s) listed below.

[Product Name] Fixed Annuity Contract Number: [9920-SAMPLE]

**Ownership Type:** [Individual]  
[Joint]  
[Revocable Trust]  
[Irrevocable Trust]  
[Corporate]  
[UGMA/UTMA, [anystate] ]  
[ . . . ]

**Tax Type:** [Non-Qualified Annuity]  
[Traditional Individual Retirement Annuity]  
[SEP-IRA]  
[Contributory Roth IRA]  
[Tax-Sheltered Annuity]  
[ . . . ]

**Contract Owner:** [John Doe]  
Address: [100 Main Street]  
[Anywhere, USA 00000]

↓PRINTS ONLY IF THERE IS A DESIGNATED MAILING ADDRESS↓

[Mailing Address] [PO Box 25]  
[Anywhere, USA 00000]  
Date of Birth: [06/01/71]  
Sex: [Male]  
Citizenship: [USA]  
Social Security Number (SSN) /  
Taxpayer Identification Number (TIN)  
used for tax reporting purposes: [123-45-6789]

↓PRINTS ONLY IF THERE IS A JOINT OWNER↓

[Joint Owner:] [Jane Doe]  
[Address:] [100 Main Street]  
[Anywhere, USA 00000]  
[Mailing Address] [PO Box 25]  
[Anywhere, USA 00000]  
[Date of Birth:] [05/01/71]  
[Sex:] [Female]  
[Citizenship:] [USA]  
[Social Security Number (SSN) /

**SIGN ON LAST PAGE AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY**

[Taxpayer Identification Number (TIN)]: [333-44-5555]  
[Relationship to Contract Owner:]: [Spouse]  
**Annuitant:** [John Doe]  
Address: [100 Main Street]  
[Anywhere, USA 00000]

NOTE: In order to retain tax-deferral, if the owner is a revocable trust, the grantor of the trust should be the annuitant. If there are joint grantors the joint grantor should be the joint annuitant.

↓*PRINTS ONLY IF THERE IS A DESIGNATED MAILING ADDRESS*↓

[Mailing Address] [PO Box 25]  
[Anywhere, USA 00000]  
Date of Birth: [06/01/71]  
Sex: [Male]  
Citizenship: [USA]  
Social Security Number (SSN) /  
Taxpayer Identification Number (TIN): [123-45-6789]

↓*PRINTS ONLY IF THERE IS A JOINT ANNUITANT*↓

[**Joint Annuitant:**] [Jane Doe]  
[Address:] [100 Main Street]  
[Anywhere, USA 00000]  
[Mailing Address] [PO Box 25]  
[Anywhere, USA 00000]  
[Date of Birth:] [06/01/71]  
[Sex:] [Female]  
[Citizenship:] [USA]  
[Social Security Number (SSN) /  
[Taxpayer Identification Number (TIN):] [333-44-5555]

**Annuity Contract Date:** [05/01/06]

**Fixed Annuity Selections:** [Quantum Select Annuity Selected]  
[Stagecoach Advantage Annuity Selected]  
[One Year Rate Guarantee Period Selected]  
[Three Year Rate Guarantee Period Selected]  
[Five Year Rate Guarantee Period Selected]  
[Moneyback Guarantee Selected]  
[Moneyback Guarantee NOT Selected]  
[Bailout Selected]  
[Bailout NOT Selected]  
[...]

**Initial Purchase Payment:** [\$25,000]

**Beneficiary:**  
Primary Beneficiary: [Jane Doe]  
Date of Birth: [06/01/71]  
Relationship to Annuitant: [Spouse]  
SSN/TIN: [333-44-5555]  
%: [100%]

↓*PRINTS FOR EACH ADDITIONAL PRIMARY BENEFICIARY*↓

[Primary Beneficiary:] [Gary Doe]  
[Date of Birth:] [06/01/51]  
[Relationship to Annuitant:] [Uncle]  
[SSN/TIN] [ ]  
[%:] [ ]

**↓PRINTS FOR EACH CONTINGENT BENEFICIARY↓**

[Contingent Beneficiary:]	[Harriet Doe]
[Date of Birth:]	[06/01/911]
[Relationship to Annuitant:]	[Niece]
[SSN/TIN]	[ ]
[%:]	[ ]

**↓PRINTS ONLY IN SPECIFIC STATE IF STATE SPECIFIC APPLICATION INFORMATION IS REQUIRED↓**

**[State Specific Information / Fraud Warnings:**

**[For applicants in Arkansas**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

**[For applicants in Colorado:**

**Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.]**

**[For applicants in District of Columbia:**

**WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]**

**[For applicants in Florida:**

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

**Agent's Printed Name: [ \_\_\_\_\_ ]**

**Agent's Florida License ID #: [ \_\_\_\_\_ ]**

**[For applicants in Kentucky:**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

**[For applicants in Louisiana:**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]**

**[For applicants in Maine:**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. ]**

**[For applicants in New Jersey:**

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]**

**[For applicants in New Mexico:**

**Any person who knowingly and with intent to defraud any insurance company or other person files an**

**SIGN ON LAST PAGE AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY**

application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. ]

[For applicants in Ohio:

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

[For applicants in Pennsylvania:

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

[For applicants In Tennessee:

**It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]**

[For applicants in Washington

**WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.] ]**

↓PRINTS ONLY IF TAXQUALIFIED↓

**[Since this annuity contract will be used to fund a tax-deferred retirement plan, please read and complete the information requested.**

- I acknowledge receiving a copy of the ["At-A-Glance"] client brochure, which contains ["Things you should know about using an Annuity to fund your Tax-Deferred retirement plan"] and understand its contents. I understand that an annuity generally has a tax deferral feature provided by the Internal Revenue Code. However, I further understand that if I purchase an annuity to fund a retirement plan that is already tax-deferred, any tax deferral benefits will be provided by the retirement plan and that my annuity will not provide any necessary or additional tax-deferral benefits.
- I further acknowledge that RiverSource Life Insurance Company assumes no responsibility for any tax consequences and/or penalties that may result from my contributions to or distributions from this annuity or that may result from any related transaction or conversion.
- I acknowledge reviewing the costs of my annuity, including withdrawal and other charges, and have decided that the benefits of purchasing this annuity outweigh its costs for one or more of the following reasons (check all that apply to your particular situation.):
  - Access to a guaranteed interest rate
  - Access to multi-year interest rate guarantees ]
  - Availability of annuity payment plan options for retirement income or to simplify taxqualified required minimum distributions
  - Availability of withdrawal charge waivers for nursing home confinement, hospitalization and terminal illness
  - Avoiding the cost and delays of probate and estate settlement
  - Guaranteed lifetime income payout rates

**[SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person.  
*Definition of a U.S. person.* For federal tax purposes, you are considered a U.S. person if you are:
  - An individual who is a U.S. citizen or U.S. resident alien,
  - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
  - An estate (other than a foreign estate), or
  - A domestic trust (as defined in Regulations section 301.7701-7)

Form W-9 instructions are available upon request or on [www.irs.gov](http://www.irs.gov).

**Certification Instructions.** You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. ]

**Acknowledgements and Agreements:**

I hereby represent this information to be true to the best of my knowledge and belief and agree that:

- [ If joint spousal owners are named, ownership will be in joint tenancy with right of survivorship unless prohibited by the state in which death benefit settlement occurs or specified otherwise in writing to RiverSource Life and acknowledged in writing by RiverSource Life. ]
- ↓PRINTS IF NON NAIC REPLACEMENT STATE, NON REPLACEMENT↓  
[ I affirm that this annuity is not a replacement of one or more annuity or life insurance contracts. ]  
↓PRINTS IF NON NAIC REPLACEMENT STATE, REPLACEMENT↓  
[ I affirm that this annuity is a replacement of one or more annuity or life insurance contracts, and that state replacement forms were read, completed, signed and sent to RiverSource Life in advance. ]
- ↓PRINTS IF NAIC REPLACEMENT STATE, NON REPLACEMENT↓  
[ I affirm that either (a) I do not have any existing annuity or insurance contracts or (b) My agent has read aloud or I have read and received the [ Important Notice: Replacement of Life Insurance and Annuity ] form, and (i) I am not considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating my existing contracts and (ii) I am not considering using funds from my existing contracts to pay premiums due on the new contract. ]  
↓PRINTS IF NAIC REPLACEMENT STATE, REPLACEMENT↓  
[ I affirm that this annuity is a replacement of one or more annuity or life insurance contracts, and that the [ Important Notice: Replacement of Life Insurance and Annuity ] was read, completed, signed and sent to RiverSource Life in advance. ]
- ↓PRINTS IF TAXQUALIFIED↓  
[ I/we have read and understood the disclosures listed above for tax deferred retirement plans. ]
- ↓PRINTS IF IRA↓  
[ I/we acknowledge receipt of [ "A Guide to Your RiverSource Life IRA" ]. ]
- [ I/we acknowledge receipt of RiverSource Life Insurance Company's [ Privacy Notice ]. ]
- [ I/we acknowledge receipt of the [ Product Disclosure ]. ]

↓*PRINTS IF APPLICATION STATE IS FLORIDA*↓

**[For Florida applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. ]**

**[The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.]**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature (if applicable)

\_\_\_\_\_  
Date



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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 04/30/2008  
**Comments:**  
**Attachments:**  
AR CERT.pdf  
AR Guaranty Association Notice.pdf  
AR ODL Multi Fixed Consumer Form.pdf  
Readability Cert - FA273957 - Multistate.pdf

**Review Status:**  
**Satisfied -Name:** Application 04/30/2008  
**Comments:**  
Application form FA273957 will be included with the contract when issued. The form is attached to the Form Schedule.

**Review Status:**  
**Bypassed -Name:** Life & Annuity - Acturial Memo 04/30/2008  
**Bypass Reason:** Not applicable for an application only filing.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Cover Letter 05/07/2008  
**Comments:**  
**Attachment:**  
AR Filing Letter.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variability 05/07/2008  
**Comments:**  
Attached please find a Statement of Variability along with an annotated version of the application to aid in your review. Numbers along side of the brackets in the annotated form correspond with numbered variability statements.  
**Attachments:**

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Statement of Variability.pdf  
FA273957 Bracketing Annotation.pdf



**STATE OF ARKANSAS**

**CERTIFICATION OF COMPLIANCE**

<b>Form</b>	<b>Description</b>
<b>FA273957</b>	<b>Fixed Annuity Application Acknowledgement Form</b>

We certify that the above form(s) being submitted meet the provisions of Rules 6 and 19 of the Arkansas Insurance Department Rules and Regulations as well as all applicable requirements of the Department.

I, Linda Elston, Assistant Secretary of RiverSource Life Insurance Company, further certify that I am familiar with the applicable laws, rules and regulations of the State of Arkansas, and that to the best of my knowledge, information and belief, all forms submitted with this letter are in compliance in all respects with the provisions of the Insurance Laws, Rules and Regulations of the State of Arkansas.



RiverSource Life Insurance Company  
Linda Elston, Assistant Secretary

Date: May 7, 2008

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

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Residents of this state who purchase life insurance, annuities or accident and health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”). The purpose of this Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers’ care in selecting companies that are well managed and financially stable.

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### **DISCLAIMER**

**The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Arkansas. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.**

**Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or a variable annuity contract.**

**Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.**

**The Arkansas Life and Health Insurance Guaranty Association  
C/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201**

**Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904**

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The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone’s rights or obligations under the Act or the rights and obligations of the Guaranty Association.

## COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

*However, persons holding such policies are NOT protected by the Guaranty Association if:*

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

*The Association also does NOT provide coverage for:*

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 — no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values — again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Annuity Contract Number \_\_\_\_\_

Annuity Owner \_\_\_\_\_

## Questions Regarding Your Annuity?

If you have questions regarding your annuity, you may contact the following:

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

Telephone: 1-800-333-3437

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

If we at RiverSource Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, AR 72201-1904

Telephone: 1-800-852-5494

### **IMPORTANT NOTICE FOR AGENT:**

The State of Arkansas requires that you provide your name, address, and telephone number in the space provided above and give this notice to the contract owner with the contract.

**RiverSource Life Insurance Company**  
9550 Ameriprise Financial Center  
Minneapolis, MN 55474



## CERTIFICATION OF READABILITY

FORM FA273957

RiverSource Life Insurance Company certifies, to the best of its knowledge and belief, that the above form meets the minimum reading ease combined score as set forth in your State's Policy Language Simplification Act.

The Flesch score obtained for Form FA273957 is 55.824.

A handwritten signature in cursive script that reads "Mary C. Boris". The signature is written in black ink and is positioned above a horizontal line.

Date: May 5, 2008

Mary C. Boris, Assistant Secretary

**RiverSource Life Insurance Company**

9507 Ameriprise Financial Center  
Minneapolis, Minnesota 55474



NAIC Co. # 65005, Group # 004

May 7, 2008

**Julie Benafield Bowman**  
**Insurance Commissioner**  
**Compliance - Life & Health**  
**Department of Insurance**  
**1200 W. Third Street**  
**Little Rock, AR 72201-1904**

**Subject: Fixed Individual Annuity Application Submission**  
**FA273957 Generic Fixed Annuity Application Acknowledgment**

Note that effective December 31, 2006, IDS Life Insurance Company merged with American Enterprise Life Insurance Company and concurrently changed its name to RiverSource Life Insurance Company.

We wish to submit the above "back-end" application for approval by your Department. We filed this form May 5, 2008 with our domicile state of Minnesota. No part of this filing contains any unusual or controversial items from normal company or industry standards. We intend to begin to use this forms in July 2008, subject to state approval. This is a new form which will not replace any existing approved forms.

Application Form FA273957

The "front end" application listed below is used to apply for the fixed annuity contract listed below for sales where purchase information is not sent to us electronically by the agent/distributor.

Approved Form	Form #	State Status	State Date	State File Number
Contract	272613	Approved	07/01/2003	23279
Front End Application	272614	Approved	07/01/2003	23279

Application Acknowledgement FA273957 will be used for fixed annuity sales where purchase information is sent to us electronically by the agent/distributor. This "back end" application is designed for use with different products and/or different distributors, although currently it will only be used with sales of the above fixed annuity contract(s). State required agent replacement questions are electronically asked of and answered by the agent before the purchase information is sent to us. FA273957 will not be used for replacement sales unless paper state replacement forms are read, completed, signed and sent to RiverSource Life in advance.

To the best of our knowledge, this form complies with the laws of the State of Arkansas.

Thank you for your consideration of this filing. Please feel free to call or send me an e-mail if there is any assistance I can provide to facilitate your review.

Sincerely,

Linda Elston, AIRC, FLMI  
Senior Contract Analyst

Phone 612-671-6267  
FAX 612-671-3866  
Toll Free 800-297-6663 (when prompted say "client", then when prompted press "0", then when prompted press extension 16267)  
e-mail [Linda.Elston@ampf.com](mailto:Linda.Elston@ampf.com) ARFixed OAF Cover Letter

# RiverSource Life Insurance Company

## Statement of Variability

May 5, 2008

### Generic Fixed Annuity Application Acknowledgment Form FA273957

Brackets have been placed around various items in the form in order to indicate that they are variable and subject to change by us as explained below.

- Formatting may change due to future changes in typestyle, paper, weight and ink color. However, any adaptation we make will not involve changes to text without any necessary prior approval and will always meet or exceed the requirements of your state.
- We reserve the right to correct typographical errors.

1.	Corporate address: If our street address or phone number changes.
2.	Logo: bracketed to allow for future logo changes.
3.	Green shaded italicized text: Indicates the condition for which the bracketed text below it will print – that bracketed text will only print if the condition is met – that bracketed text will not change without refiling unless it is otherwise designated as variable in this Statement of Variability, such as ‘John Doe’ information - the green shaded italicized text does not print. Example ↓ <i>PRINTS ONLY IF THERE IS A JOINT OWNER</i> ↓
4.	‘John Doe’ customer information: Such as contract number, tax type, name, address, DOB, sex, citizenship, SSN/TIN, annuity contract date, initial purchase payment, beneficiary information, signature and date.
5.	Product name: The specific annuity product marketing name will print. Revised or additional annuity product names will print as may later be needed.
6.	Page numbering: The bottom middle of each page will show the page number and total number of pages. These will vary depending on customer selections (for example if the customer designates several beneficiaries there will be more pages than if only one is elected).
7.	Internal administrative information: The bottom right corner of each page may include internal administrative information, such as revision dates and abbreviations.

8.	<p>Fixed Annuity Selections: The fixed annuity selected by the customer prints, as do the specific annuity features selected by the customer. The below left column items currently print only for the Quantum Select Annuity (Form 272613 and state variations). The below right column items currently print only for the Stagecoach Advantage Annuity (Form 43234 and state variations). Form 43234 items will only print (if selected) in approved states (currently 15: Alaska, Arizona, California, Colorado, Idaho, Indiana, Michigan, Montana, Nevada, New Mexico, Oregon, Texas, Utah, Washington, Wyoming). Empty brackets are for future (state filed and approved) fixed annuity names and features.</p> <p>[Quantum Select Annuity Selected] [Stagecoach Advantage Annuity Selected]  [One Year Rate Guarantee Period Selected] [Bailout Selected]  [Three Year Rate Guarantee Period Selected] [Bailout NOT Selected]  [Five Year Rate Guarantee Period Selected]  [Moneyback Guarantee Selected]  [Moneyback Guarantee NOT Selected]</p>
9.	Referenced disclosure and other forms: Form titles may change.
10.	<p>Tax-Qualified Section:  The entire item is bracketed for the current condition of printing only if tax-qualified and for the possibility of completely discontinuing this disclosure at some future time.</p> <p>The bracketed checkbox item prints only if the fixed annuity selected by the customer contains multi-year interest rate guarantees. Currently this prints only for the Quantum Select Annuity (Form 272613 and state variations).</p> <p><input type="checkbox"/> Access to multi-year interest rate guarantees</p>
11.	TIN Certification: For possible changes to Federal TIN certification required language.
12.	<p>Acknowledgements and Agreements Section: The checkbox item is bracketed in the event joint ownership language needs clarification, or may be removed if not needed.</p> <p>[If joint spousal owners are named, ownership will be in joint tenancy with right of survivorship unless prohibited by the state in which death benefit settlement occurs or specified otherwise in writing to RiverSource Life and acknowledged in writing by RiverSource Life. ]</p>
13.	<p>Acknowledgements and Agreements Section: The item is bracketed in the event other disclosures are created or these are revised or discontinued.</p> <p>[I/we acknowledge receipt of RiverSource Life Insurance Company's <sup>9</sup> [Privacy Notice]. ]</p>
14.	<p>Acknowledgements and Agreements Section: The item is bracketed in the event other disclosures are created or these are revised or discontinued.</p> <p>[I/we acknowledge receipt of the <sup>9</sup> [Product Disclosure]. ]</p>

**RiverSource Life Insurance Company**

1 [829 Ameriprise Financial Center, Minneapolis, MN 55474  
Service line: 1-800-333-3437]



2 [

Annuities ]

3 ↓PRINTS ON THE FIRST PAGE ABOVE TITLE ONLY IF APPLICATION STATE IS ARIZONA↓

3 [For applicants in Arizona: Upon written request, the insurance company will provide, within a reasonable time, factual information to you regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with the contract after you receive it, you may return it within 30 days of receiving it. We will refund any payments made and the contract will then be void. Contracts returned after 30 days after receipt may result in a substantial penalty known as a withdrawal charge.]

**SIGN ON LAST PAGE AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY**

**5 [Product Name] Fixed Annuity Application Acknowledgement Form**

Please take a moment to review the following information concerning your 5 [Product Name] Fixed Annuity contract. Please sign and date this form and return it in the reply envelope within ten days. If any corrections are needed, please note them next to the item(s) listed below.

5 [Product Name] Fixed Annuity Contract Number: 4 [9920-SAMPLE]

- Ownership Type:**
- 4 [Individual]
  - 4 [Joint]
  - 4 [Revocable Trust]
  - 4 [Irrevocable Trust]
  - 4 [Corporate]
  - 4 [UGMA/UTMA, [anystate] ]
  - 4 [ . . . ]

- Tax Type:**
- 4 [Non-Qualified Annuity]
  - 4 [Traditional Individual Retirement Annuity]
  - 4 [SEP-IRA]
  - 4 [Contributory Roth IRA]
  - 4 [Tax-Sheltered Annuity]
  - 4 [ . . . ]

- Contract Owner:** 4 [John Doe]  
**Address:** 4 [100 Main Street]  
 4 [Anywhere, USA 00000]

3 ↓PRINTS ONLY IF THERE IS A DESIGNATED MAILING ADDRESS↓

- 3 [Mailing Address] 4 [PO Box 25]  
 4 [Anywhere, USA 00000]

- Date of Birth: 4 [06/01/71]  
 Sex: 4 [Male]  
 Citizenship: 4 [USA]

- Social Security Number (SSN) /  
 Taxpayer Identification Number (TIN)  
 used for tax reporting purposes: 4 [123-45-6789]

3 ↓PRINTS ONLY IF THERE IS A JOINT OWNER↓

- 3 [Joint Owner:] 4 [Jane Doe]  
 3 [Address:] 4 [100 Main Street]  
 4 [Anywhere, USA 00000]

- 3 [Mailing Address] 4 [PO Box 25]  
 4 [Anywhere, USA 00000]

- 3 [Date of Birth:] 4 [05/01/71]  
 3 [Sex:] 4 [Female]  
 3 [Citizenship:] 4 [USA]

- 3 [Social Security Number (SSN) /  
 Taxpayer Identification Number (TIN)]: 4 [333-44-5555]  
 3 [Relationship to Contract Owner:] 4 [Spouse]

**SIGN ON LAST PAGE AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY**

**Annuitant:** 4 [John Doe]  
Address: 4 [100 Main Street]  
4 [Anywhere, USA 00000]

NOTE: In order to retain tax-deferral, if the owner is a revocable trust, the grantor of the trust should be the annuitant. If there are joint grantors the joint grantor should be the joint annuitant.

3 ↓ **PRINTS ONLY IF THERE IS A DESIGNATED MAILING ADDRESS** ↓

3 [Mailing Address:] 4 [PO Box 25]  
4 [Anywhere, USA 00000]  
Date of Birth: 4 [06/01/71]  
Sex: 4 [Male]  
Citizenship: 4 [USA]  
Social Security Number (SSN) /  
Taxpayer Identification Number (TIN): 4 [123-45-6789]

3 ↓ **PRINTS ONLY IF THERE IS A JOINT ANNUITANT** ↓

3 [Joint Annuitant:] 4 [Jane Doe]  
3 [Address:] 4 [100 Main Street]  
4 [Anywhere, USA 00000]  
3 [Mailing Address:] 4 [PO Box 25]  
4 [Anywhere, USA 00000]  
3 [Date of Birth:] 4 [06/01/71]  
3 [Sex:] 4 [Female]  
3 [Citizenship:] 4 [USA]  
3 [Social Security Number (SSN) /  
3 [Taxpayer Identification Number (TIN):] 4 [333-44-5555]

**Annuity Contract Date:** 4 [05/01/06]

**Fixed Annuity Selections:** 4, 8 [Quantum Select Annuity Selected]  
4, 8 [Stagecoach Advantage Annuity Selected]  
4, 8 [One Year Rate Guarantee Period Selected]  
4, 8 [Three Year Rate Guarantee Period Selected]  
4, 8 [Five Year Rate Guarantee Period Selected]  
4, 8 [Moneyback Guarantee Selected]  
4, 8 [Moneyback Guarantee NOT Selected]  
4, 8 [Bailout Selected]  
4, 8 [Bailout NOT Selected]  
4, 8 [ . . . ]

**Initial Purchase Payment:** 4 [\$25,000]

**Beneficiary:**

Primary Beneficiary: 4 [Jane Doe]  
Date of Birth: 4 [06/01/71]  
Relationship to Annuitant: 4 [Spouse]  
SSN/TIN 4 [333-44-5555]  
%: 4 [100%]

3 ↓ **PRINTS FOR EACH ADDITIONAL PRIMARY BENEFICIARY** ↓

3 [Primary Beneficiary:] 4 [Gary Doe]  
3 [Date of Birth:] 4 [06/01/51]  
3 [Relationship to Annuitant:] 4 [Uncle]  
3 [SSN/TIN] 4 [ ]  
3 [%:] 4 [ ]

**3** ↓ *PRINTS FOR EACH CONTINGENT BENEFICIARY* ↓

<b>3</b> [Contingent Beneficiary:]	<b>4</b> [Harriet Doe]
<b>3</b> [Date of Birth:]	<b>4</b> [06/01/911]
<b>3</b> [Relationship to Annuitant:]	<b>4</b> [Niece]
<b>3</b> [SSN/TIN]	<b>4</b> [ ]
<b>3</b> [%:]	<b>4</b> [ ]

**3** ↓ *PRINTS ONLY IN SPECIFIC STATE IF STATE SPECIFIC APPLICATION INFORMATION IS REQUIRED* ↓

**3** [State Specific Information / Fraud Warnings:

**3** [For applicants in Arkansas

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

**3** [For applicants in Colorado:

**Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.]**

**3** [For applicants in District of Columbia:

**WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]**

**3** [For applicants in Florida:

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Agent's Printed Name: **4** [ \_\_\_\_\_ ]

Agent's Florida License ID #: **4** [ \_\_\_\_\_ ]

**3** [For applicants in Kentucky:

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

**3** [For applicants in Louisiana:

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]**

**3** [For applicants in Maine:

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. ]**

**3** [For applicants in New Jersey:

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]**

**3** [For applicants in New Mexico:

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

**3** [For applicants in Ohio:

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

**3** [For applicants in Pennsylvania:

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

**3** [For applicants In Tennessee:

**It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]**

**3** [For applicants in Washington

**WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.] ]**

**3** ↓PRINTS ONLY IF TAXQUALIFIED↓

**3** [Since this annuity contract will be used to fund a tax-deferred retirement plan, please read and complete the information requested.

- I acknowledge receiving a copy of the **9** ["At-A-Glance" client brochure, which contains "Things you should know about using an Annuity to fund your Tax-Deferred retirement plan"] and understand its contents. I understand that an annuity generally has a tax deferral feature provided by the Internal Revenue Code. However, I further understand that if I purchase an annuity to fund a retirement plan that is already tax-deferred, any tax deferral benefits will be provided by the retirement plan and that my annuity will not provide any necessary or additional tax-deferral benefits.
- I further acknowledge that RiverSource Life Insurance Company assumes no responsibility for any tax consequences and/or penalties that may result from my contributions to or distributions from this annuity or that may result from any related transaction or conversion.
- I acknowledge reviewing the costs of my annuity, including withdrawal and other charges, and have decided that the benefits of purchasing this annuity outweigh its costs for one or more of the following reasons (check all that apply to your particular situation.):

Access to a guaranteed interest rate

**10**  Access to multi-year interest rate guarantees]

Availability of annuity payment plan options for retirement income or to simplify taxqualified required minimum distributions

Availability of withdrawal charge waivers for nursing home confinement, hospitalization and terminal illness

Avoiding the cost and delays of probate and estate settlement

Guaranteed lifetime income payout rates ]

**11 [SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person.

*Definition of a U.S. person.* For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

Form W-9 instructions are available upon request or on [www.irs.gov](http://www.irs.gov).

**Certification Instructions.** You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. ]

**Acknowledgements and Agreements:**

I hereby represent this information to be true to the best of my knowledge and belief and agree that:

- **12** [If joint spousal owners are named, ownership will be in joint tenancy with right of survivorship unless prohibited by the state in which death benefit settlement occurs or specified otherwise in writing to RiverSource Life and acknowledged in writing by RiverSource Life. ]
- **3** ↓PRINTS IF NON NAIC REPLACEMENT STATE, NON REPLACEMENT↓  
**3** [I affirm that this annuity is not a replacement of one or more annuity or life insurance contracts.]  
**3** ↓PRINTS IF NON NAIC REPLACEMENT STATE, REPLACEMENT↓  
**3** [I affirm that this annuity is a replacement of one or more annuity or life insurance contracts, and that state replacement forms were read, completed, signed and sent to RiverSource Life in advance.]
- **3** ↓PRINTS IF NAIC REPLACEMENT STATE, NON REPLACEMENT↓  
**3** [I affirm that either (a) I do not have any existing annuity or insurance contracts or (b) My agent has read aloud or I have read and received the [Important Notice: Replacement of Life Insurance and Annuity] form, and (i) I am not considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating my existing contracts and (ii) I am not considering using funds from my existing contracts to pay premiums due on the new contract.]  
**3** ↓PRINTS IF NAIC REPLACEMENT STATE, REPLACEMENT↓  
**3** [I affirm that this annuity is a replacement of one or more annuity or life insurance contracts, and that the [Important Notice: Replacement of Life Insurance and Annuity] was read, completed, signed and sent to RiverSource Life in advance.]
- **3** ↓PRINTS IF TAXQUALIFIED↓  
[ I/we have read and understood the disclosures listed above for tax deferred retirement plans.]
- **3** ↓PRINTS IF IRA↓  
**3** [I/we acknowledge receipt of 9 [“A Guide to Your RiverSource Life IRA”].]
- **13** [I/we acknowledge receipt of RiverSource Life Insurance Company’s 9 [Privacy Notice]. ]
- **14** [I/we acknowledge receipt of the 9 [Product Disclosure]. ]

**SIGN ON LAST PAGE AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY**

3 ↓ *PRINTS IF APPLICATION STATE IS FLORIDA* ↓

3 [For Florida applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. ]

10 [The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.]

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature (if applicable)

\_\_\_\_\_  
Date