

SERFF Tracking Number: AEMN-126049733 State: Arkansas  
Filing Company: RiverSource Life Insurance Company State Tracking Number: 41865  
Company Tracking Number: 131150AR  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: Annuities  
Project Name/Number: EODB Applications/131150

## Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Annuities

SERFF Tr Num: AEMN-126049733 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non-  
Variable and Variable

SERFF Status: Closed-Approved- State Tr Num: 41865  
Closed

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: 131150AR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Debbie Berg, Linda Elston, Disposition Date: 03/20/2009  
Claudia Gehrig, Susan Schmidt

Date Submitted: 03/19/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: EODB Applications

Status of Filing in Domicile: Pending

Project Number: 131150

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/20/2009

Explanation for Other Group Market Type:

State Status Changed: 03/20/2009

Deemer Date:

Created By: Susan Schmidt

Submitted By: Susan Schmidt

Corresponding Filing Tracking Number:

Filing Description:

Subject: Non-Variable and Variable Annuity Submission (Individual)  
Applications:

Form 131150 Nonqualified Fixed Annuity Application

Form 131151 Nonqualified Variable Annuity Application

Form 131152 Tax Qualified Fixed Annuity Application

Form 131153 Tax Qualified Variable Annuity Application

Form 131174 Subaccount Fund Allocations Form

SERFF Tracking Number: AEMN-126049733 State: Arkansas  
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Variable and Variable  
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Enclosed are the above referenced annuity applications and subaccount fund allocations form for new business that we are submitting for review and approval by your Department. We plan to begin using these applications July 13, 2009. These applications will be used to apply for previously approved variable and fixed annuity contracts. These forms were filed for approval in our domicile state of Minnesota on March 10, 2009. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. The application will NOT be a part of the contract. There are no health questions in the applications. The variable application forms and the Subaccount Fund Allocations form are exempt from state and NAIC Readability requirements as they are used with variable annuity contracts subject to SEC jurisdiction. The fixed applications readability scores are included in the forms tab. The applications are in paper form but alternatively may be completed and signed by electronic means.

The applications are NOT a part of the contract.

The following forms replace existing forms currently on file in your department as outlined below:

New Form #, Replaced Form #, Status, Approval Date, State/SERFF File #.

131150,131125, Approved, 02/12/2008, 38058

131151,131125, Approved, 02/12/2008,38058

131152, 131126, Approved, 02/12/2008, 38058

131153,131126,Approved,02/12/2008,38058

Subaccount Fund Allocations Form 131174 is a new form which extracts the subaccount funds out of the previous variable annuity applications.

Changes include:

Overall format and layout changes throughout.

Text revision intended to clarify questions or instructions.

Separate Subaccount Fund Allocations Form

Material that may change is indicated by brackets on the submitted specimens. The attached Statement of Variability describes the bracketed application items. Below is a listing of previously approved contracts for which the applications in this submission will be used.

To the best of our knowledge, these forms comply 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.

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Variable and Variable  
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Project Name/Number: EODB Applications/131150

Previously approved variable contract forms that will be use these submitted variable applications and subaccount fund allocations form:

Description, Form Number, Status, Approval Date, State/SERFF File #  
RAVA Advantage 4, 131101, Approved, 04/10/2006, 32336  
RAVA Select 4, 131102, Approved, 04/10/2006, 32337  
RAVA Access 4, 131103, Approved, 04/10/2006, 32338

Previously approved fixed contract forms that will be use these submitted fixed applications

Description, Form Number, Status, Approval Date, State/SERFF File #  
Fixed Bonus Annuities 2004, 130075, Approved, 02/23/2004, 25584  
Immediate - Life No Refund, 30330, Approved, 11/15/1985  
Immediate - Life with Guaranty Period, 30331, Approved, 11/15/1985  
Immediate - Joint & Last Survivor No Refund, 30332, Approved, 11/15/1985  
Immediate - Joint & Last Survivor with Guaranty, 30333, Approved, 11/15/1985  
Immediate - Term Certain, 30334, Approved, 11/15/1985

Please let me know if you have any questions or concerns. Thank you in advance for you time and review of this filing!

Sincerely,  
Susan Schmidt  
612-671-1734  
Susan.2.Schmidt@ampf.com

## Company and Contact

### Filing Contact Information

Susan Schmidt, Sr. Contract Analyst Susan.2.Schmidt@ampf.com  
9507 Ameriprise Financial Center 612-671-1734 [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 Group Name: State ID Number:  
Minneapolis, MN 55474 FEIN Number: 41-0823832  
(612) 671-2465 ext. [Phone]

SERFF Tracking Number: AEMN-126049733 State: Arkansas  
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Product Name: Annuities  
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**Filing Fees**

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: Domicile state of MN fee: \$75.00  
  
Arkansas fee: \$20 per form X 5 = \$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	\$100.00	03/19/2009	26531056

SERFF Tracking Number: AEMN-126049733 State: Arkansas  
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Variable and Variable  
Product Name: Annuities  
Project Name/Number: EODB Applications/131150

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/20/2009	03/20/2009

SERFF Tracking Number: AEMN-126049733 State: Arkansas  
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Variable and Variable  
Product Name: Annuities  
Project Name/Number: EODB Applications/131150

## Disposition

Disposition Date: 03/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEMN-126049733 State: Arkansas  
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 Product Name: Annuities  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	NQ Fixed Annuity Application		Yes
Form	NQ Variable Annuity Application		Yes
Form	Q Fixed Annuity Application		Yes
Form	Q Variable Annuity Application		Yes
Form	Subaccount Fund Allocation Form		Yes

SERFF Tracking Number: AEMN-126049733 State: Arkansas  
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 Variable and Variable  
 Product Name: Annuities  
 Project Name/Number: EODB Applications/131150

## Form Schedule

Lead Form Number: 131150

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	131150	Application/NQ Fixed Annuity Enrollment Application Form	Initial		52.000	131150_A_0709(1) Bracketed.pdf
	131151	Application/NQ Variable Annuity Enrollment Application Form	Initial		0.000	131151_A_0709(1) Bracketed.pdf
	131152	Application/Q Fixed Annuity Enrollment Application Form	Initial		50.000	131152_A_0709(1) Bracketed.pdf
	131153	Application/Q Variable Annuity Enrollment Application Form	Initial		0.000	131153_A_0709(1) Bracketed.pdf
	131174	Other Subaccount Fund Allocation Form	Initial		0.000	131174_A_0709(1) bracketed.pdf

2. **Non-Qualified Fixed Annuity Application**



3.

Advisor Number  
Owner's Social Security Number

**Part 1 Ownership Information**

4.

**Owner (Required for all Ownership Types)**

- Name all Owners or Authorized Signers.
- The first owner listed will be considered the taxpayer except for a Trust or Corporation, and except for UGMA/UTMA.

Owner or Authorized Signer ( <i>Trustee/Custodian/Corporate Officer</i> ) Name	Social Security Number
Birth Date (MMDDYYYY)	
Owner or Authorized Signer ( <i>Trustee/Custodian/Corporate Officer</i> ) Name	Social Security Number
Birth Date (MMDDYYYY)	
Owner or Authorized Signer ( <i>Trustee/Custodian/Corporate Officer</i> ) Name	Social Security Number
Birth Date (MMDDYYYY)	

**Ownership Type (Can only choose one)**

Individual
  Joint Tenants with Rights of Survivorship if married  
 Revocable Trust - Trust documents must be attached.  
 - Also complete Part 3
  Tenants in Common if unmarried  
 Irrevocable Trust - Trust documents must be attached.  
 - Also complete Part 3
  Corporate  
 - Also complete Part 3  
 - Required Documents:  
 1. Assigned Corporate Resolution, on letterhead or with a Corporate Seal, dated within 12 months, identifying authorized signers.  
 2. Government Issued Business License or Articles of Incorporation.

Trust TIN

UGMA/UTMA - State Governing UGMA/UTMA  
 [- Not valid in Ohio]  
 - Also complete Part 4

5.

6.

8.

1.

7.



- Sign on pages [2, 5 and 6]
- For assistance - call [1 (800) 862-7919]

**Part 2 Annuitant Information** (UGMA/UTMA Minor must be the Annuitant)

4.

! • The annuitant and successor annuitant will default to the first owner listed unless otherwise indicated here.  
**NOTE:** In order to receive favorable tax treatment, 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.

Annuitant Name	_____	Social Security Number	_____
Birth Date (MMDDYYYY)	____		
Successor Annuitant Name	_____	Social Security Number	_____
Birth Date (MMDDYYYY)	____		

**Part 3 Trust or Corporation Information**

9.

Trust or Corporation will be considered taxpayer unless EIN is not issued. Default will then be first annuitant listed.

Date of Trust (MMDDYYYY)	_____	Trust/Corporation EIN	_____
Name of Trust or Corporation	_____		
Address	_____		
City	_____	State	_____
		ZIP code	_____

5.

**Part 4 UGMA/UTMA Information** (This designation is not valid in the State of Ohio.)

4.

UGMA    UTMA   Relationship to Minor (UGMA/UTMA) \_\_\_\_\_

UGMA/UTMA Designation of Successor Custodian - To be completed only by Custodian. Must be witnessed by person other than Successor Custodian.

Successor Custodian Name	_____		
Signature of Custodian	_____	Date (MMDDYYYY)	_____
<b>X</b>			
Witness Name	_____		
Signature of Witness	_____	Date (MMDDYYYY)	_____
<b>X</b>			

7.

**Part 5 Beneficiary Information**

10.



Step children, Foster children, other Relatives, Trusts, Organizations, etc, are not included in Options A-D; to designate them complete "E" below.

Select one of the following:

**A. Spouse if Living, if not, Lawful Children With Rights of Survivorship.**

Beneficiary is (please insert Spouse's name):

Owner's spouse, if living, if not, the beneficiaries are the children legally born to, or legally adopted by, the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

**B. Spouse if Living, if not, Lawful Children With Rights of Survivorship per Stirpes.**

Beneficiary is (please insert Spouse's name):

Owner's spouse if living, if not, the children legally born to, or legally adopted by, the owner equally, the survivors equally, or the survivor; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her children legally born to, or legally adopted by that deceased child, per stirpes.

**C. Lawful Children With Rights of Survivorship.**

Beneficiary is: The living lawful children of the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

**D. Lawful Children With Rights of Survivorship per Stirpes.**

Beneficiary is: The children legally born to, or legally adopted by, the owner equally, provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased child, per stirpes.

**E. Other** (Step children, Foster children, other Relatives, Trusts, Organizations, etc)

**A. Primary Beneficiary** (If additional space needed, please provide this information on a separate piece of paper signed and dated by the contract owner.)

Name	Date of Birth	Relationship to Annuitant	Social Security Number	%

**B. Contingent Beneficiary** (If additional space needed, please provide this information on a separate piece of paper signed and dated by the contract owner.)

Name	Date of Birth	Relationship to Annuitant	Social Security Number	%

**Part 6 Existing Policy Information**

11.

**A. Complete this section if application is being signed in a National Association of Insurance Commissioners (NAIC) Replacement Model Regulation state:**

Do you have any individual annuities or life insurance policies currently in force or applied for?

- Yes - Complete and submit applicable Replacement Form(s)
- No

11.

**B. Complete this section for applications signed in all other states:**

Will the annuity applied for replace or change payments of any existing annuity or insurance?

- Yes - Complete and submit applicable Replacement Form(s)
- No

7.

## Part 7 Funding Information

4.

⚠ Only funding information provided in the application will be considered in determining the purchase payment band size. Insufficient funds will result in reissue to lower band.

12.

13.

Total Purchase Payment(s) to be received within 180 days: Identify number of funding Sources:

\$ \_\_\_\_\_

### Methods of Funding

Check Attached  Transfer/Redemption Paperwork Attached  Advisor/Client Initiated Transfer  Other - List Sources: \_\_\_\_\_

## Part 8 Select a Fixed Annuity Product

14.

Value Plus Bonus  Bonus Rate 1  Bonus Rate 2  Bonus Rate 3  Immediate  
Indicate if Employee Purchased:

15.

Current and retired employees and advisors of Ameriprise Financial, Inc., including the spouse or domestic partner.

## Part 9 State Fraud and Disclosure Notices

19.

20.

- **For applicants in Arizona:** Refer to Form 131100.
- **For applicants in Arkansas, Kentucky, Maine, New Mexico, and 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 there to 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 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 Maryland:** Any person who knowingly and willfully presents a fraudulent claim for payment of a loss or benefit, or who knowingly and willfully 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 Washington and Washington DC:** 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.

## Part 10 Social Security or Taxpayer Identification Number (TIN) Certification

Under penalties of perjury, I certify that:

21.

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 (defined below).

**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 [irs.gov](http://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.

7.

**Part 11 Agreements, Acknowledgements and Disclosures**

- **Application Declaration:** I declare that each of the statements and answers given in this application are true and complete to the best of my knowledge and belief, and will form the basis of any annuity issued from this application. By signing this application and after reviewing each statement that pertains to my annuity, I acknowledge my understanding of the information.
- **Beneficiary Designation:** I agree to indemnify the company against and hold the company harmless from any and all claims arising from the beneficiary designation. I agree that the beneficiary designation selected shall be binding upon my heirs, legatees, executors, administrators, personal representatives, assigns, and beneficiaries.
- I acknowledge receiving the [Product Disclosure Form [131093]] Privacy Notice Form [131067] and the Military Disclosure Form [274934].
- I have not entered into, or made plans to enter into any agreement to sell or assign the ownership of, or a beneficial interest in, the applied for policy. In addition, in the past, I have not sold or transferred any annuity contract to a third party.
- For the Value Plus Bonus, Bonus Rate 1, Bonus Rate 2 or Bonus Rate 3 clients in states requiring product disclosures: I acknowledge that I have read and understand the applicable Fixed Annuity Rate Bonus Product disclosure and the Buyer's Guide and have reviewed it with my representative.

22.

20.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

21.

**Part 12 Signatures, State and Signed Date:**

Owner's/Authorized Signer Name		
<input type="text"/>		
Owner's/Authorized Signer Signature	State Application Signed In	Date (MMDDYYYY)
<b>X</b>	<input type="text"/>	<input type="text"/>
Owner's/Authorized Signer Name		
<input type="text"/>		
Owner's/Authorized Signer Signature		Date (MMDDYYYY)
<b>X</b>		<input type="text"/>
Annuitant's Name		
<input type="text"/>		
Signature of Annuitant		Date(MMDDYYYY)
<b>X</b>		<input type="text"/>

**Part 13 Advisor Report**

Send contract to:  Owner  Advisor (if neither is chosen, contract will be sent to Owner.)

**Declaration and Signature:**

I certify that I personally solicited this application. The application and this report are complete and accurate to the best of my knowledge, and the information provided regarding replacement of existing insurance and annuities is true and accurate.

**Recommending Advisor Information**

Is this transaction based on a recommendation by an Ameriprise Financial Advisor?  Yes  No

**i** If yes, provide the Recommending Advisor ID# and Name below if different than Servicing Advisor.

Name  Advisor ID

**!** It is assumed the Recommending Advisor and Servicing Advisor are the same if the Recommending Advisor is not identified.

**Servicing Advisor Information**

Name  Servicing Advisor ID   
Servicing Advisor Signature  Date (MMDDYYYY)   
**X**  
Team ID  Comp %  Phone  Ext  Area Office Number

**Co-Advisor Information**

Name  Co-Advisor ID   
Co-Servicing Advisor Signature  Date (MMDDYYYY)   
**X**  
Team ID  Comp %  Phone  Ext  Area Office Number

# 2. Non-Qualified Variable Annuity Application



3. Advisor Number  
Owner's Social Security Number

## Part 1 Ownership Information

### 4. Owner(s) (Required for all Ownership Types)

- Name all Owners or Authorized Signers.
- The first owner listed will be considered the taxpayer except for a Trust or Corporation, and except for UGMA/UTMA.

Owner or Authorized Signer ( <i>Trustee/Custodian/Corporate Officer</i> ) Name	Social Security Number
Birth Date (MMDDYYYY)	
Owner or Authorized Signer ( <i>Trustee/Custodian/Corporate Officer</i> ) Name	Social Security Number
Birth Date (MMDDYYYY)	
Owner or Authorized Signer ( <i>Trustee/Custodian/Corporate Officer</i> ) Name	Social Security Number
Birth Date (MMDDYYYY)	

### Ownership Type (Can only choose one)

5.  Individual  Joint Tenants with Rights of Survivorship if married
- Revocable Trust - Trust documents must be attached. - Also complete Part 3  Tenants in Common if unmarried
- Irrevocable Trust - Trust documents must be attached. - Also complete Part 3  Corporate - Also complete Part 3
- Trust TIN  - Required Documents:
1. Assigned Corporate Resolution, on letterhead or with a Corporate Seal, dated within 12 months, identifying authorized signers.
  2. Government Issued Business License or Articles of Incorporation.
- UGMA/UTMA - State Governing UGMA/UTMA
- Not valid in Ohio  
- Also complete Part 4

8.

6.

1.

7.



- Sign on pages [ 2, 7 and 8 ]
- For assistance - call [ 1 (800) 862-7919 ]

**Part 2 Annuitant Information** (UGMA/UTMA Minor must be the Annuitant)

4.



- The annuitant and successor annuitant will default to the first owner listed unless otherwise indicated here.
- NOTE:** In order to receive favorable tax treatment, 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.

Annuitant Name		Social Security Number	
Birth Date (MMDDYYYY)			
Successor Annuitant Name		Social Security Number	
Birth Date (MMDDYYYY)			

**Part 3 Trust or Corporation Information**

9.

Trust or Corporation will be considered taxpayer unless EIN is not issued. Default will then be first annuitant listed.

Date of Trust (MMDDYYYY)	Trust/Corporation EIN	
Name of Trust or Corporation		
Address		
City	State	ZIP code

5.

**Part 4 UGMA/UTMA Information** (This designation is not valid in the State of Ohio.)

4.

UGMA    UTMA   Relationship to Minor (UGMA/UTMA) \_\_\_\_\_

UGMA/UTMA Designation of Successor Custodian - To be completed only by Custodian. Must be witnessed by person other than Successor Custodian.

Successor Custodian Name		
Signature of Custodian		Date (MMDDYYYY)
<b>X</b>		
Witness Name		
Signature of Witness		Date (MMDDYYYY)
<b>X</b>		

7.

**Part 5 Beneficiary Information**

10.

⚠ Step children, Foster children, other Relatives, Trusts, Organizations, etc, are not included in Options A-D; to designate them complete "E" below.

Select one of the following:

**A. Spouse if Living, if not, Living Lawful Children With Rights of Survivorship.**

Beneficiary is (please insert Spouse's name): \_\_\_\_\_

Owner's spouse, if living, if not, the beneficiaries are the children legally born to, or legally adopted by, the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

**B. Spouse if Living, if not, Lawful Children With Rights of Survivorship per Stirpes.**

Beneficiary is (please insert Spouse's name): \_\_\_\_\_

Owner's spouse, if living, if not, the children legally born to, or legally adopted by, the owner equally, the survivors equally, or the survivor; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her children legally born to, or legally adopted by that deceased child, per stirpes.

**C. Lawful Children With Rights of Survivorship.**

Beneficiary is: The living lawful children of the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

**D. Lawful Children With Rights of Survivorship per Stirpes.**

Beneficiary is: The children legally born to, or legally adopted by, the owner equally, provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased child, per stirpes.

**E. Other** (Step children, Foster children, other Relatives, Trusts, Organizations, etc)

**A. Primary Beneficiary** (If additional space needed, please provide this information on a separate piece of paper signed and dated by the contract owner.)

Name	Date of Birth	Relationship to Annuitant	Social Security Number	%

**B. Contingent Beneficiary** (If additional space needed, please provide this information on a separate piece of paper signed and dated by the contract owner.)

Name	Date of Birth	Relationship to Annuitant	Social Security Number	%

**Part 6 Existing Policy Information**

11.

**A. Complete this section if application is being signed in [a National Association of Insurance Commissioners (NAIC) Replacement Model Regulation state:]**

Do you have any individual annuities or life insurance policies currently in force or applied for?

- Yes - Complete and submit applicable Replacement Form(s)
- No

**B. Complete this section for applications signed in [all other states:]**

Will the annuity applied for replace or change payments of any existing annuity or insurance?

- Yes - Complete and submit applicable Replacement Form(s)
- No

11.

7.

**Part 7 Funding Information**

4.

- Complete A, B or both as applicable.
- Only funding information provided in the application will be considered in determining the purchase payment band size. Insufficient funds will result in reissue to lower band and reversal of any purchase payment credits.

12.

13.

**A. Total Purchase Payment(s) to be received within 180 days:** Identify number of funding Sources:

\$ \_\_\_\_\_

**Methods of Funding**

Check Attached    Transfer/Redemption Paperwork Attached    Advisor/Client Initiated Transfer    Other - List Sources: \_\_\_\_\_

**B. Ongoing Annual Installment Payment**

\$ \_\_\_\_\_

4.

**Bank authorizations are not available if Guaranteed Minimum Accumulation Benefit Rider (GMAB) is selected. Additional purchase payments may be restricted when SecureSource® is selected.**

Bank Authorization:

If no Existing BA attach applicable Form    Form to follow

Existing BA currently into Ameriprise account # \_\_\_\_\_

Installment Amount   By frequency:   Start Date (MMDDYYYY)

\$ \_\_\_\_\_

**Part 8 Select a Variable Annuity Product**

16.

*RAVA 4 Access*® Variable Annuity - (No surrender charge; \$10,000 minimum)

*RAVA 4 Select*® Variable Annuity - (3-year surrender charge) - Choose a band level.

Band 1: \$10,000 - \$249,999.99

Band 2: \$250,000 - \$999,999.99

Band 3: \$1 Million or more

Current and retired employees and advisors of Ameriprise Financial, Inc., including the spouse or domestic partner.

*RAVA 4 Advantage*® Variable Annuity - Choose surrender charge and band level.

Surrender:  Band 1: \$2,000 - \$99,999.99

7-year    Band 2: \$100,000 - \$999,999.99

10-year    Band 3: \$1 Million or more

Current and retired employees and advisors of Ameriprise Financial, Inc., including the spouse or domestic partner.

15.

**Part 9 Living Benefit Riders (Must Be Completed)**

4.

- Living Benefit Riders require selection of the Portfolio Navigator Asset Allocation.
- Available only if oldest owner and covered person are age 80 or younger.

**Must Choose One:**

16.

- No Living Benefit Rider.
- Guaranteed Minimum Accumulation Benefit Rider.
- Single Life Benefit *SecureSource*® Guaranteed Minimum Withdrawal Benefit Rider.
- Joint Life Benefit *SecureSource*® Guaranteed Minimum Withdrawal Benefit Rider. **Complete required information below. Spouse name listed below must be designated sole primary beneficiary for Individual and Revocable Trust\* ownerships:**

Spouse Name

Gender

Date of Birth (MMDDYYYY)

Social Security Number

\* The spouse can be sole primary beneficiary on the account or can be sole primary beneficiary of the trust.

**Part 10 Death Benefit Riders (Optional)**

4.

- In addition to standard contract death benefits, these optional Death Benefit riders are available.

**Available only if oldest owner is age 75 or younger**

May choose one:

May choose one: (not available in Illinois and Washington)

16.

- Maximum Five-Year Anniversary Value (MAV5)
- Maximum Anniversary Value (MAV)

- Enhanced Earnings (EEB)
- Enhanced Earnings Plus (EEP) - *(available only for replacement of Annuity or Life Insurance.)*

**Available only if an owner is age 76 or older.**

- Return of Purchase Payments (ROPP)

**Part 11 Fund Allocation Options (Must select one)**

17.

- Portfolio Navigator Asset Allocation (required with Living Benefit Rider selection) OR
- Subaccount Fund Allocations (% allocations must add up to exactly 100%)

**Part 12 Additional Requests (Optional)**

4.

- Complete and Submit Applicable Forms for any Additional Request Options selected.

18.

- Special Dollar Cost Averaging (SDCA) (Six months only)
- DCA (12 months only, and not available with Portfolio Navigator)
- Rebalancing (Not available with Portfolio Navigator)

## Part 13 State Fraud and Disclosure Notices

- 20. • **For applicants in Arizona:** Refer to Form [131100.]
- **For applicants in Arkansas, Kentucky, Maine, New Mexico, and 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 there to commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- 19. • **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 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 Maryland:** Any person who knowingly and willfully presents a fraudulent claim for payment of a loss or benefit, or who knowingly and willfully 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 Washington and Washington DC:** 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.

## Part 14 Social Security or Taxpayer Identification Number (TIN) Certification

Under penalties of perjury, I certify that:

- 21. 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 (defined below).  
*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 [irs.gov](http://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.

**Part 15** Agreements, Acknowledgements and Disclosures

22.

**Application Declaration:** I declare that each of the statements and answers given in this application are true and complete to the best of my knowledge and belief, and will form the basis of any annuity issued from this application. By signing this application and after reviewing each statement that pertains to my annuity, I acknowledge my understanding of the information.

20.

**Beneficiary Designation:** I agree to indemnify the company against and hold the company harmless from any and all claims arising from the beneficiary designation. I agree that the beneficiary designation selected shall be binding upon my heirs, legatees, executors, administrators, personal representatives, assigns, and beneficiaries.

I acknowledge receiving the product disclosure Form [131093] and, privacy notice Form [131067] and the Military Disclosure Form [274934], the RiverSource<sup>SM</sup> Annuities Product Comparison Disclosure Form 131105 ("Comparison Form"). I understand and have considered, among other factors, the relationship between surrender charges and mortality and expense fees, as explained in the Comparison Form, in my decision to purchase the variable annuity selected in this application.

I have not entered into, or made plans to enter into any agreement to sell or assign the ownership of, or a beneficial interest in, the applied for policy. In addition, in the past, I have not sold or transferred any annuity contract to a third party.

**Prospectus:** I have received the current prospectus for the variable annuity applied for.

23.

Consent for Delivery of Initial Prospectuses on CD

**Yes - By checking this box, I acknowledge that I have received the initial product and fund prospectuses on computer readable compact disk (CD) and have chosen to do so, and that:**

- I understand that I have the right to receive the prospectuses in paper format, which has been offered to me.
- I have access to and understand how to use the hardware and software that are necessary to view the prospectuses (see CD label for operating requirements).
- I understand that, in order to retain paper copies of the prospectuses, I must either:
  - A. print the prospectuses found on the CD, incurring any printing costs myself; or
  - B. request the prospectuses in paper form free of charge by calling Customer Service toll-free at 1 (800) 333-3437.
- I understand that all future prospectus updates and supplements will be provided to me in paper form unless I sign up for online document delivery on the My Financial Accounts website at ameriprise.com.
- I understand that if I enroll in the Portfolio Navigator Asset Allocation Program and I have checked the box above, I am also acknowledging that I have chosen to receive the initial investment Advisor Disclosure Document and the Investment Advisory Agreement ("Advisory Documents") together with the initial product and fund prospectuses on CD, and that I have all the same rights and make all the same acknowledgments as reflected above with respect to the Advisory Documents.

22.

I have reviewed the subaccount options that I selected on the Subaccount Fund Allocations form with my Financial Advisor.

**I understand that earnings and values, when based on the investment experience of a variable fund, portfolio, account or subaccount, are not guaranteed and may increase or decrease.**

24.

**For Guarantee Period Accounts Only:** Amounts payable under the contract are subject to market value adjustments prior to the dates specified in the contract.

21.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Part 16** Signatures, State and Signed Date:

Owner's/Authorized Signer Name		
Owner's/Authorized Signer Signature	State Application Signed In	Date (MMDDYYYY)
<b>X</b>		
Owner's/Authorized Signer Name		
Owner's/Authorized Signer Signature		Date (MMDDYYYY)
<b>X</b>		
Annuitant's Name		
Signature of Annuitant		Date (MMDDYYYY)
<b>X</b>		

**Part 17** Advisor Report

Send contract to:  Owner  Advisor (if neither is chosen, contract will be sent to Owner.)

**Declaration and Signature:**

I certify that I personally solicited this application. The application and this report are complete and accurate to the best of my knowledge and the information provided regarding replacement of existing insurance and annuities is true and accurate.

**Compensation:**

For RAVA 4 *Select*<sup>®</sup> Variable Annuity and RAVA 4 *Advantage*<sup>®</sup> Variable Annuity products only, choose compensation. If no option is chosen, compensation will default to Up-front compensation. Once chosen and submitted to the corporate office, the compensation choice may not be changed.

Up-front compensation  Level compensation

**Recommending Advisor Information**

Is this transaction based on a recommendation by an Ameriprise Financial Advisor?  Yes  No

**i** If yes, provide the Recommending Advisor Name and ID# below, if different than Servicing Advisor.

Name  Advisor ID

**!** It is assumed the Recommending Advisor and Servicing Advisor are the same, if the Recommending Advisor is not identified.

**Servicing Advisor Information**

Name  Servicing Advisor ID   
Servicing Advisor Signature  Date (MMDDYYYY)   
**X**  
Team ID  Comp %  Phone  Ext  Area Office Number

**Co-Advisor Information**

Name  Co-Advisor ID   
Co-Servicing Advisor Signature  Date (MMDDYYYY)   
**X**  
Team ID  Comp %  Phone  Ext  Area Office Number

25.

7.

1. RiverSource Life Insurance Company [70100 Ameriprise Financial Center Minneapolis, MN 55474]

# Qualified Fixed Annuity Application

2. IRAs, 403(b) and 401(a) plans



3.

Advisor Number  
Owner's Social Security Number

## Part 1 Ownership Information

4. Owner (Annuitant is the same as Owner except for 401(a) plans):

Owner's Name Social Security Number  
Birth Date (MMDDYYYY)  
401(a) Plan Annuitant's Name Social Security Number  
Birth Date (MMDDYYYY)

## Part 2 Beneficiary Information

10.

4. Step children, Foster children, other Relatives, Trusts, Organizations, etc, are not included in Options A-D; to designate them complete "E" below.  
For 401(a) plans, the Plan Sponsor and/or Trustee maintain the underlying beneficiary designations for plan participants (Do not submit a designation).

Select one of the following:

A. Spouse if Living, if not, Lawful Children With Rights of Survivorship.

Beneficiary is (please insert Spouse's name):

Owner's spouse, if living, if not, the beneficiaries are the children legally born to, or legally adopted by, the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

B. Spouse if Living, if not, Lawful Children With Rights of Survivorship per Stirpes.

Beneficiary is (please insert Spouse's name):

Owner's spouse, if living, if not, the children legally born to, or legally adopted by, the owner equally, the survivors equally, or the survivor; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her children legally born to, or legally adopted by that deceased child, per stirpes.

C. Lawful Children With Rights of Survivorship.

Beneficiary is: The living lawful children of the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

D. Lawful Children With Rights of Survivorship per Stirpes.

Beneficiary is: The children legally born to, or legally adopted by, the owner equally, provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased child, per stirpes.

*Beneficiary Information continued on next page..*

6.

8.

1.



- Sign on pages [5, 6]
- For assistance - call [1 (800) 862-7919]

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7.

**Beneficiary Information continued**

**E. Other** (Step children, Foster children, other Relatives, Trusts, Organizations, etc)

**A. Primary Beneficiary** (If additional space needed, please provide this information on a separate piece of paper signed and dated by the contract owner.)

Name	Date of Birth	Relationship to Annuitant	Social Security Number	%

**B. Contingent Beneficiary** (If additional space needed, please provide this information on a separate piece of paper signed and dated by the contract owner.)

Name	Date of Birth	Relationship to Annuitant	Social Security Number	%

**Part 3 Existing Policy Information**

**A. Complete this section if application is being signed in [a National Association of Insurance Commissioners (NAIC) Replacement Model Regulation state:]**

Do you have any individual annuities or life insurance policies currently in force or applied for?

- Yes - Complete and submit applicable Replacement Form(s)
- No

**B. Complete this section for applications signed in [all other states:]**

Will the annuity applied for replace or change payments of any existing annuity or insurance?

- Yes - Complete and submit applicable Replacement Form(s)
- No

**Part 4 Type of Qualified Plan** (Select only one option under IRA (4A) OR 403(b)/401(a) plans (4B))

**A. IRA** (Plan Sponsor information in Part 5 is required to establish SEP IRA or SIMPLE IRA.)

Type of IRA Establishing:

- Traditional IRA
- Roth Contributory IRA
- Roth Conversion IRA
- Rollover IRA

**27. Inherited IRA:** • For use with transfers after death only

- Inherited Traditional IRA
- Inherited Roth Contributory IRA
- Inherited Roth Conversion IRA

As beneficiary of (Name of deceased):

--	--	--

SEP IRA      Participation Date      (MMDDYYYY)

SIMPLE IRA      Participation Date      (MMDDYYYY)

The Internal Revenue Service requires Ameriprise Financial Services, Inc. to report SEP and Simple IRA plan contributions for the calendar year in which they are received.

For SEP IRA and SIMPLE IRA, complete this section:

- I am an employee of the employer sponsoring the SEP or SIMPLE plan. (n); or
- I am the sponsor of the plan. The Plan Adoption Agreement is with [Ameriprise Trust Company (ATC)](y); or
- I am the sponsor of the plan. The Plan Adoption Agreement is with another financial institution. (o)

*Type of Qualified Plan continued on next page..*

Type of Qualified Plan continued

IRA Funding Information

4.



Only funding information provided in the application will be considered in determining the purchase payment band size. Insufficient funds will result in reissue to lower band.

12.

13.

Total Purchase Payment(s) to be received within 180 days:

\$

Identify number of funding Sources:

Methods of Funding

- Check Attached, Transfer/Redemption Paperwork Attached, Advisor/Client Initiated Transfer, Other - List Sources:

28.

IRA Contribution Type:

- Current Year, Transfer, Recharacterization, Prior Year, Rollover, Conversion

4.

B. 403(b) and 401(a) plans (Plan Sponsor information in Part 5 is required to establish 403(b) or 401(a) plans.)

26.

- Tax-Sheltered Annuity (TSA), Public schools and universities, 501(c)(3) Nonprofit, Texas ORP, IRC Section 401(a) Plan, Ameriprise Trust Company (ATC) as custodian, Profit Sharing (05), Money Purchase (06), Pension Group Number:

403(b) and 401(a) Plans Funding Information

4.



Only funding information provided in the application will be considered in determining the purchase payment band size. Insufficient funds will result in reissue to lower band.

12.

13.

Total Purchase Payment(s) to be received within 180 days:

\$

Identify number of funding Sources:

Methods of Funding

- Check Attached, Transfer/Redemption Paperwork Attached, Advisor/Client Initiated Transfer, Other - List Sources:

28.

Contribution Type:

- Current Year, Transfer, Rollover

4.

Part 5 Plan Sponsor Information (Required for SEP IRA, Simple IRA, 403(b) and 401(a))

26.

Name of Plan Sponsor associated with the retirement account: Company EIN
Address
City State ZIP code

7.

## Part 6 Select Fixed Annuity Product

Value Plus Bonus     Bonus Rate 1     Bonus Rate 2     Bonus Rate 3     Immediate

Indicate if Employee Purchased:

Current and retired employees and advisors of Ameriprise Financial, Inc., including the spouse or domestic partner.

## Part 7 State Fraud and Disclosure Notices

20. • **For applicants in Arizona:** Refer to Form 131100.
19. • **For applicants in Arkansas, Kentucky, Maine, New Mexico, and 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 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 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 Maryland:** Any person who knowingly and willfully presents a fraudulent claim for payment of a loss or benefit, or who knowingly and willfully 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 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 Washington and Washington DC:** 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.

## Part 8 Social Security or Taxpayer Identification Number (TIN) Certification

Under penalties of perjury, I certify that:

21. 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 I am a U.S. citizen or other U.S. person (defined below).
3. **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 [irs.gov](http://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.

## Part 9 Agreements, Acknowledgements and Disclosures

22. IRAs, TSAs, and Tax Qualified (IRC Section 401) Plans:

29. 20. • I acknowledge receiving a copy of the "Annuities At-A-Glance" client brochure, which contains "Important 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.
- If I am provided information about specific investment alternatives, I understand and acknowledge that other investment alternatives having similar risk and return characteristics may be available.
  - 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.

*Agreements, Acknowledgements and Disclosures continued on next page..*

**Agreements, Acknowledgements and Disclosures continued**

- 29. IRA Applicants Only: I acknowledge receiving a copy of "Your Guide to IRAs" and understand its contents.
- 22. 20. 29. Qualified Plans (401(a)) Only: I understand that neither Ameriprise Financial Services, Inc. nor my Ameriprise financial advisor, is acting as a fiduciary within the meaning of the Employee Retirement Income Security Act (ERISA) or the Internal Revenue Code (IRC) regarding services provided. For purposes of ERISA and the IRC, Ameriprise Financial and my Ameriprise financial advisor are not providing services that may be relied upon as the primary basis for my investment decisions regarding this retirement account. I acknowledge receiving the Custody Agreement or the Ameriprise Financial Services, Inc. Qualified Plan Investment Provider Agreement and the information contained in it. I have read it, and with full knowledge of the information contained in it, I agree to abide by its terms and conditions.
- 29. I have reviewed the costs of my annuity, including surrender and other charges, and have decided that the benefits of purchasing this annuity outweigh its costs for one or more of the following reasons:  
**Required:** Check all that apply to your particular situation.
 

<input type="checkbox"/> Death benefit guarantees	<input type="checkbox"/> Avoiding the cost and delays of probate and estate settlement	<input type="checkbox"/> Access to multi-year interest rate guarantees
<input type="checkbox"/> Availability of surrender charge waivers for nursing home confinement, hospitalization and terminal illness	<input type="checkbox"/> Guaranteed interest rates	<input type="checkbox"/> Availability of settlement options for retirement income or to simplify tax qualified required minimum distributions
<input type="checkbox"/> Guaranteed lifetime income payout rates		
- **Application Declaration:** I declare that each of the statements and answers given in this application are true and complete to the best of my knowledge and belief, and will form the basis of any annuity issued from this application. By signing this application and after reviewing each statement that pertains to my annuity, I acknowledge my understanding of the information.
- **Beneficiary Designation:** I agree to indemnify the company against and hold the company harmless from any and all claims arising from the beneficiary designation. I agree that the beneficiary designation selected shall be binding upon my heirs, legatees, executors, administrators, personal representatives, assigns, and beneficiaries.
- 20. 22. I acknowledge receiving the Product Disclosure Form [131093], Privacy Notice Form [131067], and the Military Disclosure Form [274934].
- I have not entered into, or made plans to enter into any agreement to sell or assign the ownership of, or a beneficial interest in, the applied for policy. In addition, in the past, I have not sold or transferred any annuity contract to a third party.
- For the Value Plus Bonus, Bonus Rate 1, Bonus Rate 2 or Bonus Rate 3 clients in states requiring product disclosures: I acknowledge that I have read and understand the applicable Fixed Annuity Rate Bonus Product disclosure and the Buyer's Guide, and have reviewed it with my representative.

21. **The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Part 10 Signatures, State and Signed Date:**

Owner's/Plan Administrator Name			
Owner's/Plan Administrator Signature	State Application Signed in	Date (MMDDYYYY)	
<b>X</b>			
Owner's/Plan Administrator Name			
Owner's/Plan Administrator Signature		Date (MMDDYYYY)	
<b>X</b>			
401(a) Plan Annuitant's Name			
Signature of 401(a) Plan Annuitant		Date (MMDDYYYY)	
<b>X</b>			

### Part 11 Advisor Report

Send contract to:  Owner  Advisor (if neither is chosen, contract will be sent to Owner.)

#### Declaration and Signature:

I certify that I personally solicited this application. The application and this report are complete and accurate to the best of my knowledge, and the information provided regarding replacement of existing insurance and annuities is true and accurate.

#### Advisor Certification (Required):

- 1. Is this account associated with any employee benefit plan that is subject to ERISA\*?  Yes  No
- 2. Are you, or is any covered member of your family\*\*, a plan fiduciary who has exercised any control or authority over the establishment or investment of this account?\*\*\*  Yes  No

*Processing note: Enter compensation code 01 if both questions answered "YES".*

\*This term includes any tax qualified, employer-sponsored retirement or **pension** plan (such as a 401(k), SIMPLE 401(k), profit sharing, stock bonus, money purchase, target benefit, ESOP, cash balance or traditional defined benefit plan) or any employee welfare benefit plan (such as a group health plan), to the extent the plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

\*\* Covered family members include, as applicable, the advisor's spouse, mother, father, grandmother, grandfather, great-grandmother, great-grandfather, as well as the advisor's lineal descendants (son, daughter, grandson, granddaughter, great-grandson and great-granddaughter) and any spouse of a lineal descendant. Brothers and sisters are not in scope for this rule.

\*\*\* If the advisor of record shares compensation with team members (including through use of a Team ID), then this question must also be answered "YES" if any person under the Team ID — or a covered family member of any person under the Team ID — is a fiduciary who has exercised control or authority over the establishment or investment of the account.

#### Recommending Advisor Information

Is this transaction based on a recommendation by an Ameriprise Financial Advisor?  Yes  No

**i** If yes, provide the Recommending Advisor Name and ID# below, if different than Servicing Advisor.

Name	Advisor ID
<input type="text"/>	<input type="text"/>

**!** It is assumed that Recommending Advisor and Servicing Advisor are the same, if the Recommending Advisor is not identified.

#### Servicing Advisor Information

Name				Servicing Advisor ID
<input type="text"/>				<input type="text"/>
Servicing Advisor Signature				Date (MMDDYYYY)
<input type="text"/>				<input type="text"/>
Team ID	Comp %	Phone	Ext	Area Office Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Co-Advisor Information

Name				Co-Advisor ID
<input type="text"/>				<input type="text"/>
Co-Servicing Advisor Signature				Date (MMDDYYYY)
<input type="text"/>				<input type="text"/>
Team ID	Comp %	Phone	Ext	Area Office Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. RiverSource Life Insurance Company [70100 Ameriprise Financial Center Minneapolis, MN 55474]

# Qualified Variable Annuity Application

2. IRA, 403(b) and 401(a) plans



3.

Advisor Number  
Owner's Social Security Number

## Part 1 Ownership Information

4. Owner (Annuitant is the same as Owner except for 401(a) plans):

Owner's Name Social Security Number  
Birth Date (MMDDYYYY)  
401(a) Plan Annuitant's Name Social Security Number  
Birth Date (MMDDYYYY)

## Part 2 Beneficiary Information

10.

- ! Step children, Foster children, other Relatives, Trusts, Organizations, etc, are not included in Options A-D; to designate them complete "E" below.
- 4. For 401(a) plans, the Plan Sponsor and/or Trustee maintain the underlying beneficiary designations for plan participants (Do not submit a designation).

Select one of the following.

A. Spouse if Living, if not, Lawful Children With Rights of Survivorship.

Beneficiary is (please insert Spouse's name):

Owner's spouse, if living, if not, the beneficiaries are the children legally born to, or legally adopted by, the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

B. Spouse if Living, if not, Lawful Children With Rights of Survivorship per Stirpes.

Beneficiary is (please insert Spouse's name):

Owner's spouse, if living, if not, the children legally born to, or legally adopted by, the owner equally, the survivors equally, or the survivor; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her children legally born to, or legally adopted by that deceased child, per stirpes.

C. Lawful Children With Rights of Survivorship.

Beneficiary is: The living lawful children of the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

D. Lawful Children With Rights of Survivorship per Stirpes.

Beneficiary is: The children legally born to, or legally adopted by, the owner equally, provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased child, per stirpes.

*Beneficiary Information continued on next page..*

6.

8.

1.



- Sign on pages [7, 8]
- For assistance - call [1 (800) 862-79]19

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7.

**Beneficiary Information continued**

10.

**E. Other (Step children, Foster children, other Relatives, Trusts, Organizations, etc)**

**A. Primary Beneficiary** (If additional space needed, please provide this information on a separate piece of paper signed and dated by the contract owner.)

Name	Date of Birth	Relationship to Annuitant	Social Security Number	%

**B. Contingent Beneficiary** (If additional space needed, please provide this information on a separate piece of paper signed and dated by the contract owner.)

Name	Date of Birth	Relationship to Annuitant	Social Security Number	%

**Part 3 Existing Policy Information**

11.

**A. Complete this section if application is being signed in a National Association of Insurance Commissioners (NAIC) Replacement Model Regulation state:**

Do you have any individual annuities or life insurance policies currently in force or applied for?

- Yes - Complete and submit applicable Replacement Form(s)
- No

11.

**B. Complete this section for applications signed in all other states:**

Will the annuity applied for replace or change payments of any existing annuity or insurance?

- Yes - Complete and submit applicable Replacement Form(s)
- No

4.

**Part 4 Type of Qualified Plan** (Choose only one option under IRA (4A) or 403(b)/401(a) plans (4B))

4.

**A. IRA** (Plan Sponsor information in Part 5 is required to establish SEP IRA or SIMPLE IRA.)

Type of IRA Establishing:

- Traditional IRA
- Roth Contributory IRA
- Roth Conversion IRA
- Rollover IRA

Inherited IRA: • For use with transfers after death only  
• *SecureSource*® not available.

- Inherited Traditional IRA
- Inherited Roth Contributory IRA
- Inherited Roth Conversion IRA

As beneficiary of: (Name of deceased)

\_\_\_\_\_

SEP IRA Participation Date \_\_\_\_\_ (MMDDYYYY)

SIMPLE IRA Participation Date \_\_\_\_\_ (MMDDYYYY)

The Internal Revenue Service requires Ameriprise Financial Services, Inc. to report SEP and Simple IRA plan contributions for the calendar year in which they are received.

For SEP IRA and SIMPLE IRA, complete this section.

- I am an employee of the employer sponsoring the SEP or SIMPLE plan. (n); or
- I am the sponsor of the plan. The Plan Adoption Agreement is with Ameriprise Trust Company (ATC) (y); or
- I am the sponsor of the plan. The Plan Adoption Agreement is with another financial institution (o).

*Type of Qualified Plan continued on next page..*

7.

Type of Qualified Plan continued

IRA Funding Information

4.



- Complete A, B or both as applicable.
- Only funding information provided in the application will be considered in determining the purchase payment band size. Insufficient funds will result in reissue to lower band and reversal of any purchase payment credits.

12.

13.

A. Total Purchase Payment(s) [to be received within 180 days]: Identify number of funding sources:

\$ [ ] [ ]

Method of Funding:

- Check Attached    Transfer/Redemption Paperwork Attached    Advisor/Client Initiated Transfer    Other - List Sources: [ ]

IRA Contribution Type:

- Current Year \$ [ ]    Transfer \$ [ ]    Recharacterization \$ [ ]  
 Prior Year \$ [ ]    Rollover \$ [ ]    Conversion \$ [ ]

28.

B. Ongoing Installment Payment:

\$ [ ]

4.

Select either Bank Authorization OR Group Bill. (Options not available if Guaranteed Minimum Accumulation Benefit Rider (GMAB) is selected. Additional purchase payments may be restricted when SecureSource® is selected.)

Bank Authorization:

- If no existing BA attach applicable Form    Form to follow  
 Existing BA currently into Ameriprise account # [ ]  
Installment Amount   Frequency   Start Date (MMDDYYYY)  
\$ [ ]   [ ]   [ ]

IRA contributions in months Jan. 1 - April 15 as

- Current Year   or    Prior Year  
\$ [ ]   \$ [ ]

Group Bill:

- If no existing Group Bill for employer, attach applicable Form for SEP or SIMPLE   or  
 Form to follow  
 If existing Group Bill, provide # [ ]

4.

B. 403(b) and 401(a) plans (Plan Sponsor in Part 5 is required to establish 403(b) or 401(a) plans.)

- Tax-Sheltered Annuity (TSA) - Select Type of 403(b) Employer  
 Public schools and universities    501(c)(3) Nonprofit    Texas ORP (only available in TX)

IRC Section 401(a) Plan - Select Type of Plan:

27.

Ameriprise Trust Company (ATC) as custodian.  
Note: Living Benefit Riders and Portfolio Navigator not available.

- Profit Sharing (05)    Money Purchase (06)  
Pension Group Number  
[ ]

Type of Qualified Plan continued on next page..

7.

Type of Qualified Plan continued

403(b) and 401(a) plans Funding Information

4.



- Complete A, B or both as applicable.
- Only funding information provided in the application will be considered in determining the purchase payment band size. Insufficient funds will result in reissue to lower band and reversal of any purchase payment credits.

12.

A. Total Purchase Payment(s) [to be received] [within 180 days]: Identify number of funding sources:

13.

\$ [ ] [ ]

Method of Funding:

- Check Attached    Transfer/Redemption Paperwork Attached    Advisor/Client Initiated Transfer    Other - List Sources: [ ]

Contribution Type:

28.

- Current Year \$ [ ]    Transfer \$ [ ]    Rollover \$ [ ]

B. Ongoing Installment Payment

\$ [ ]

4.

Group Bill not available if Guaranteed Minimum Accumulation Benefit Rider (GMAB) is selected. Additional purchase payments may be restricted when SecureSource® is selected.

Group Bill

- If no existing Group Bill for employer, attach applicable Form   or  
 Form to follow  
 If existing Group Bill, provide # [ ]

4.

Part 5 Plan Sponsor Information [Required for SEP IRA, Simple IRA, 403(b) and 401(a)]

26.

Name of Plan Sponsor associated with the retirement account: [ ] Company EIN [ ]

Address [ ]

City [ ] State [ ] ZIP code [ ]

Part 6 Select a Variable Annuity Product

16.

RAVA 4 Access® Variable Annuity - (No surrender charge; \$2,000 minimum)

RAVA 4 Select® Variable Annuity - (3-year surrender charge) - Choose a band level.

- Band 1: \$2,000 - \$249,999.99
- Band 2: \$250,000 - \$999,999.99
- Band 3: \$1 Million or more
- Current and retired employees and advisors of Ameriprise Financial, Inc., including the spouse or domestic partner.

15.

RAVA 4 Advantage® Variable Annuity - Choose surrender charge and band level.

- Surrender:
- 7-year    Band 1: \$1,000 - \$99,999.99
  - 10-year    Band 2: \$100,000 - \$999,999.99
  - Band 3: \$1 Million or more
  - Current and retired employees and advisors of Ameriprise Financial, Inc., including the spouse or domestic partner.

15.

7.

## Part 7 Living Benefit Riders (Must Be Completed)

16. 4.  i
- TSA loans are not available if a living benefit is selected.
  - Living Benefit Riders require selection of the Portfolio Navigator Asset Allocation.
  - Available only if oldest owner and covered person are age 80 or younger.

### Must Choose One:

- No Living Benefit Rider  
 Guaranteed Minimum Accumulation Benefit Rider.  
 Single Life Benefit *SecureSource*<sup>®</sup> Guaranteed Minimum Withdrawal Benefit Rider .  
 Joint Life Benefit *SecureSource*<sup>®</sup> Guaranteed Minimum Withdrawal Benefit Rider. **Complete required information below.**

**Spouse name listed below must be the designated sole primary beneficiary:**

Spouse Name

Gender

Date of Birth (MMDDYYYY)

Social Security Number

## Part 8 Death Benefit Riders (Optional)

4.  i In addition to standard contract death benefits, these optional Death Benefit riders are available.

Available only if oldest owner is age 75 or younger

May choose one:

- Maximum Five-Year Anniversary Value (MAV5)  
 Maximum Anniversary Value (MAV)

May choose one: (not available in Illinois and Washington)

- Enhanced Earnings Benefit (EEB)  
 Enhanced Earnings Plus (EEP) -  
(available only for replacement of Annuity or Life Insurance.)

Available only if an owner is age 76 or older.

- Return of Purchase Payments (ROPP)

## Part 9 Fund Allocation Options (Must select one)

17.  Portfolio Navigator Asset Allocation OR  Subaccount Fund Allocations  
(required with Living Benefit Rider selection) (% allocations must add up to exactly 100%)

## Part 10 Additional Request(s) (Optional)

18. 4.  i Complete and Submit Applicable Forms for any Additional Request Options selected.

- Special Dollar Cost Averaging (SDCA) (Six months only)  DCA (12 months only, and not available with Portfolio Navigator)  
 Rebalancing (Not available with Portfolio Navigator)

## Part 11 State Fraud and Disclosure Notices

19. 20.  i
- **For applicants in Arizona:** Refer to Form #131100.
  - **For applicants in Arkansas, Kentucky, Maine, New Mexico, and 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 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 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 Maryland:** Any person who knowingly and willfully presents a fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*State Fraud and Disclosure Notices continued on next page..*

## State Fraud and Disclosure Notices continued

19.

- **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 Washington and Washington DC:** 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.

## Part 12 Social Security or Taxpayer Identification Number (TIN) Certification

20.

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 (defined below).

**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 [irs.gov](http://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.

## Part 13 Agreements, Acknowledgements and Disclosures

### IRAs, TSAs, and Tax Qualified (IRC Section 401) Plans:

22. 29. I acknowledge receiving a copy of the "Annuities At-A-Glance" client brochure, which contains "Important 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
20. 29. If I am provided information about specific investment alternatives, I understand and acknowledge that other investment alternatives having similar risk and return characteristics may be available.
29. 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.
29. **IRA Applicants Only:** I acknowledge receiving a copy of "Your Guide to IRAs" and understand its contents.
29. **Qualified Plans (401 (a)) only:** I understand that neither Ameriprise Financial Services, Inc, nor my Ameriprise financial advisor, is acting as a fiduciary within the meaning of the Employee Retirement Income Security Act (ERISA) or the Internal Revenue Code (IRC) regarding services provided. For purposes of ERISA and the IRC, Ameriprise Financial and my Ameriprise financial advisor are not providing services that may be relied upon as the primary basis for my investment decisions regarding this retirement account. I acknowledge receiving the Custody Agreement or the Ameriprise Financial Services, Inc. Qualified Plan Investment Provider Agreement and the information contained in it. I have read it, and with full knowledge of the information contained in it, I agree to abide by its terms and conditions.
29. I have reviewed the costs of my annuity, including surrender and other charges, and have decided that the benefits of purchasing this annuity outweigh its costs for one or more of the following reasons:  
**REQUIRED:** check all that apply to your particular situation:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Death benefit guarantees  | <input type="checkbox"/> Availability of transfers between fund families without cost  | <input type="checkbox"/> Access to asset rebalancing without cost   |
| <input type="checkbox"/> Access to enhanced death benefits   | <input type="checkbox"/> Access to dollar-cost-averaging without cost                  | <input type="checkbox"/> Guaranteed interest rates  |
| <input type="checkbox"/> Access to enhanced living benefits  | <input type="checkbox"/> Guaranteed lifetime income payout rates                       | <input type="checkbox"/> Access to multi-year interest rate guarantees  |
| <input type="checkbox"/> Access to purchase payment credits  | <input type="checkbox"/> Availability of subaccount transactions without cost          | <input type="checkbox"/> Access to multiple investment managers   |
| <input type="checkbox"/> Availability of surrender charge waivers for nursing home confinement, hospitalization and terminal illness | <input type="checkbox"/> Avoiding the cost and delays of probate and estate settlement | <input type="checkbox"/> Availability of settlement options for retirement income or to simplify tax-qualified required minimum distributions |

Agreements, Acknowledgements and Disclosures continued on next page..

7.

**Agreements, Acknowledgements and Disclosures continued**

• **Application Declaration:** I declare that each of the statements and answers given in this application are true and complete to the best of my knowledge and belief, and will form the basis of any annuity issued from this application. By signing this application and after reviewing each statement that pertains to my annuity, I acknowledge my understanding of the information.

22.

• I acknowledge receiving the product disclosure Form [131093] and , privacy notice Form [131067] and the Military Disclosure Form [274934] and the RiverSource<sup>SM</sup> Annuities Product Comparison Disclosure Form 131105 ("Comparison Form"). I understand, and have considered, among other factors, the relationship between surrender charges and mortality and expense fees, as explained in the Comparison Form, in my decision to purchase the variable annuity product selected in this application.

• I have not entered into, or made plans to enter into any agreement to sell or assign the ownership of, or a beneficial interest in, the applied for policy. In addition, in the past, I have not sold or transferred any annuity contract to a third party.

• **Beneficiary Designation:** I agree to indemnify the company against and hold the company harmless from any and all claims arising from the beneficiary designation. I agree that the beneficiary designation selected shall be binding upon my heirs, legatees, executors, administrators, personal representatives, assigns, and beneficiaries.

• **Prospectus:** I have received the current prospectus for the variable annuity applied for.

23.

• **Consent for Delivery of Initial Prospectuses on CD**

**Yes - By checking this box, I acknowledge that I have received the initial product and fund prospectuses on computer readable compact disk (CD) and have chosen to do so, and that:**

- I understand that I have the right to receive the prospectuses in paper format, which has been offered to me.
- I have access to and understand how to use the hardware and software that are necessary to view the prospectuses (see CD label for operating requirements).
- I understand that, in order to retain paper copies of the prospectuses, I must either:
  - A. print the prospectuses found on the CD, incurring any printing costs myself; or
  - B. request the prospectuses in paper form free of charge by calling Customer Service toll-free at [1 (800) 333-3437].
- I understand that all future prospectus updates and supplements will be provided to me in paper form unless I sign up for online document delivery on the My Financial Accounts website at ameriprise.com.
- I understand that if I enroll in the Portfolio Navigator Asset Allocation Program and I have checked the box above, I am also acknowledging that I have chosen to receive the initial investment Advisor Disclosure Document and the Investment Advisory Agreement ("Advisory Documents") together with the initial product and fund prospectuses on CD, and that I have all the same rights and make all the same acknowledgments as reflected above with respect to the Advisory Documents.

1.

22.

• I have reviewed the subaccount options that I selected on the Subaccount Funds Allocations form with my Financial Advisor.

• **I understand that earnings and values, when based on the investment experience of a variable fund, portfolio, account or subaccount, are not guaranteed and may increase or decrease.**

24.

• **For Guarantee Period Accounts Only:** Amounts payable under the contract are subject to market value adjustments prior to the dates specified in the contract.

21.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Part 14 Signatures, State and Signed Date:**

Owner's/Plan Administrator Name		
Owner's/Plan Administrator Signature	<b>State Application Signed In</b>	Date (MMDDYYYY)
<b>X</b>		
Owner's/Plan Administrator Name		
Owner's/Plan Administrator Signature		Date (MMDDYYYY)
<b>X</b>		
401(a) Plan Annuitant's Name		
Signature of 401(a) Plan Annuitant		Date (MMDDYYYY)
<b>X</b>		

7.

## Part 15 Advisor Report

Send contract to:  Owner  Advisor (if neither is chosen, contract will be sent to Owner.)

### Declaration and Signature:

I certify that I personally solicited this application. The application and this report are complete and accurate to the best of my knowledge and the information provided regarding replacement of existing insurance and annuities is true and accurate.

### Advisor Certification (Required):

1. Is this account associated with any employee benefit plan that is subject to ERISA\*?  Yes  No
2. Are you, or is any covered member of your family\*\*, a plan fiduciary who has exercised any control or authority over the establishment or investment of this account?\*\*\*  Yes  No

*Processing note: Enter compensation code 01 if both questions answered "YES."*

\*This term includes any tax-qualified, employer-sponsored retirement or "pension" plan (such as a 401(k), SIMPLE 401(k), profit sharing, stock bonus, money purchase, target benefit, ESOP, cash balance or traditional defined benefit plan) or any employee welfare benefit plan (such as a group health plan), to the extent the plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

\*\* Covered family members include, as applicable, the advisor's spouse, mother, father, grandmother, grandfather, great-grandmother, great-grandfather, as well as the advisor's lineal descendants (son, daughter, grandson, granddaughter, great-grandson and great-granddaughter) and any spouse of a lineal descendant. Brothers and sisters are not in scope for this rule.

\*\*\* If the advisor of record shares compensation with team members (including through use of a Team ID), then this question must also be answered "YES" if any person under the Team ID - or a covered family member of any person under the Team ID - is a fiduciary who has exercised control or authority over the establishment or investment of the account.

### Compensation:

For RAVA 4 Select<sup>®</sup> Variable Annuity and RAVA 4 Advantage<sup>®</sup> Variable Annuity products only, choose compensation. If no option is chosen, compensation will default to Up-front compensation. Once chosen and submitted to the corporate office, the compensation choice may not be changed.

Up-front compensation  Level compensation

### Recommending Advisor Information

Is this transaction based on a recommendation by an Ameriprise Financial Advisor?  Yes  No

**i** If yes, provide the Recommending Advisor Name and ID# below, if different than Servicing Advisor.

Name

Advisor ID



It is assumed that Recommending Advisor and Servicing Advisor are the same, if the Recommending Advisor is not identified.

### Servicing Advisor Information

Name

Servicing Advisor ID

Servicing Advisor Signature

Date (MMDDYYYY)

X

Team ID

Comp %

Phone

Ext

Area Office Number

### Co-Advisor Information

Name

Co-Advisor ID

Co-Servicing Advisor Signature

Date (MMDDYYYY)

X

Team ID

Comp %

Phone

Ext

Area Office Number

2. **Subaccount Funds New Business**  
**Initial and Future Allocations**



Fund Name and Type	Payment/Allocation		
	Initial	Future/Instal.	Fund Code
<b>RiverSource Life Regular Fixed Account</b> (Not available for RAVA 4 Access <sup>SM</sup> ) (The 30% Fixed Transfer rule does not apply if Form 402153 is attached to this application requesting the DCA arrangement).	<input type="text"/> %	<input type="text"/> %	Fix
<b>Special DCA</b> (\$10,000 minimum each payment source. Use Form 402153 and note details).	<input type="text"/> %	<input type="text"/> %	DCA
<b>Guarantee Period Account (GPA).</b> \$1,000 minimum per GPA and each source of payment.			
1-Year GPA	<input type="text"/> %	<input type="text"/> %	G01
2-Year GPA	<input type="text"/> %	<input type="text"/> %	G02
3-Year GPA	<input type="text"/> %	<input type="text"/> %	G03
4-Year GPA	<input type="text"/> %	<input type="text"/> %	G04
5-Year GPA	<input type="text"/> %	<input type="text"/> %	G05
6-Year GPA	<input type="text"/> %	<input type="text"/> %	G06
7-Year GPA	<input type="text"/> %	<input type="text"/> %	G07
8-Year GPA	<input type="text"/> %	<input type="text"/> %	G08
9-Year GPA	<input type="text"/> %	<input type="text"/> %	G09
10-Year GPA	<input type="text"/> %	<input type="text"/> %	G10
<b>AIM V.I.</b>			
Capital Appreciation Fund, Series II Shares	<input type="text"/> %	<input type="text"/> %	AC
Capital Development Fund, Series II Shares	<input type="text"/> %	<input type="text"/> %	AD
Financial Service Fund, Series II Shares	<input type="text"/> %	<input type="text"/> %	FA
Global Health Care Fund, Series II Shares	<input type="text"/> %	<input type="text"/> %	GH
International Growth Fund, Series II Shares	<input type="text"/> %	<input type="text"/> %	NG
<b>AllianceBernstein VPS</b>			
Global Technology Portfolio (Class B)	<input type="text"/> %	<input type="text"/> %	AT
Growth and Income Portfolio (Class B)	<input type="text"/> %	<input type="text"/> %	AL
International Value Portfolio (Class B)	<input type="text"/> %	<input type="text"/> %	AB
Large Cap Growth Portfolio (Class B)	<input type="text"/> %	<input type="text"/> %	GC
<b>American Century VP</b>			
Mid Cap Value, Class II	<input type="text"/> %	<input type="text"/> %	DP
Ultra <sup>®</sup> , Class II	<input type="text"/> %	<input type="text"/> %	AU
Value, Class II	<input type="text"/> %	<input type="text"/> %	AV
<b>Columbia</b>			
High Yield Fund, Variable Series, Class B	<input type="text"/> %	<input type="text"/> %	HI
Marsico Growth Fund, Variable Series, Class A	<input type="text"/> %	<input type="text"/> %	MT
Marsico International Opportunities Fund, Variable Series, Class B	<input type="text"/> %	<input type="text"/> %	OP
<b>Credit Suisse Trust -</b>			
Commodity Return Strategy Portfolio	<input type="text"/> %	<input type="text"/> %	CS
<b>Dreyfus</b>			
VIF International Equity Portfolio - Service Shares	<input type="text"/> %	<input type="text"/> %	ET
<b>Eaton Vance VT</b>			
Floating-Rate Income Fund	<input type="text"/> %	<input type="text"/> %	FT
<b>Evergreen VA</b>			
Fundamental Large Cap Fund - Class 2	<input type="text"/> %	<input type="text"/> %	DG
International Equity Fund - Class 2	<input type="text"/> %	<input type="text"/> %	EE
<b>Fidelity<sup>®</sup> VIP</b>			
Contrafund <sup>®</sup> Portfolio Service Class 2	<input type="text"/> %	<input type="text"/> %	CF
Mid Cap Portfolio Service Class 2	<input type="text"/> %	<input type="text"/> %	FM
Overseas Portfolio Service Class 2	<input type="text"/> %	<input type="text"/> %	FO
<b>Franklin Templeton VIP Trust (FTVIPT)</b>			
Franklin Global Real Estate Securities Fund - Class 2	<input type="text"/> %	<input type="text"/> %	RE
Franklin Small Cap Value Securities Fund - Class 2	<input type="text"/> %	<input type="text"/> %	SI
Mutual Shares Securities Fund - Class 2	<input type="text"/> %	<input type="text"/> %	MS

6.

Fund Name and Type	Payment/Allocation		
	Initial	Future/Instal.	Fund Code
<b>Goldman Sachs VIT</b>			
Structured U.S. Equity Fund - Institutional Shares	<input type="text"/> %	<input type="text"/> %	UE
<b>Janus Aspen Series</b>			
Janus Portfolio: Service Shares	<input type="text"/> %	<input type="text"/> %	JL
<b>Legg Mason Partners Variable</b>			
Small Cap Growth Portfolio, Class I	<input type="text"/> %	<input type="text"/> %	BS
<b>MFS®</b>			
Investors Growth Stock Series - Service Class	<input type="text"/> %	<input type="text"/> %	MG
Utilities Series - Service Class	<input type="text"/> %	<input type="text"/> %	UT
<b>Neuberger Berman AMT</b>			
International Portfolio S Class	<input type="text"/> %	<input type="text"/> %	BI
Socially Responsive Portfolio S Class	<input type="text"/> %	<input type="text"/> %	BP
<b>Oppenheimer</b>			
Global Securities Fund/VA, Service Shares	<input type="text"/> %	<input type="text"/> %	OG
Main Street Small Cap Fund/VA, Service Shares	<input type="text"/> %	<input type="text"/> %	SS
Strategic Bond Fund/VA, Service Shares	<input type="text"/> %	<input type="text"/> %	BB
Value Fund/VA, Service Shares	<input type="text"/> %	<input type="text"/> %	OV
<b>PIMCO VIT</b>			
All Asset Portfolio, Advisor Share Class	<input type="text"/> %	<input type="text"/> %	AS
<b>RiverSource Variable Series Trust</b>			
<i>Disciplined Asset Allocation®</i> portfolios - Conservative	<input type="text"/> %	<input type="text"/> %	CJ
<i>Disciplined Asset Allocation®</i> portfolios - Moderately Conservative	<input type="text"/> %	<input type="text"/> %	CI
<i>Disciplined Asset Allocation®</i> portfolios - Moderate	<input type="text"/> %	<input type="text"/> %	CH
<i>Disciplined Asset Allocation®</i> portfolios - Moderately Aggressive	<input type="text"/> %	<input type="text"/> %	CE
<i>Disciplined Asset Allocation®</i> portfolios - Aggressive	<input type="text"/> %	<input type="text"/> %	CC
RiverSource® VP Balanced Fund	<input type="text"/> %	<input type="text"/> %	MF
RiverSource® VP Cash Management Fund	<input type="text"/> %	<input type="text"/> %	CM
RiverSource® VP Diversified Bond Fund	<input type="text"/> %	<input type="text"/> %	BD
RiverSource® VP Diversified Equity Income Fund	<input type="text"/> %	<input type="text"/> %	DE
RiverSource® VP Dynamic Equity Fund	<input type="text"/> %	<input type="text"/> %	CR
RiverSource® VP Global Bond Fund	<input type="text"/> %	<input type="text"/> %	GB
RiverSource® VP Global Inflation Protected Securities Fund	<input type="text"/> %	<input type="text"/> %	PR
RiverSource® VP High Yield Bond Fund	<input type="text"/> %	<input type="text"/> %	EI
RiverSource® VP Income Opportunities Fund	<input type="text"/> %	<input type="text"/> %	IO
RiverSource® VP Mid Cap Growth Fund	<input type="text"/> %	<input type="text"/> %	ES
RiverSource® VP Mid Cap Value Fund	<input type="text"/> %	<input type="text"/> %	MV
RiverSource® VP S&P 500 Index Fund	<input type="text"/> %	<input type="text"/> %	IV
RiverSource® VP Short Duration U.S. Government Fund	<input type="text"/> %	<input type="text"/> %	FI
RiverSource® Partners VP - Fundamental Value Fund	<input type="text"/> %	<input type="text"/> %	FV
RiverSource® Partners VP - Select Value Fund	<input type="text"/> %	<input type="text"/> %	PS
RiverSource® Partners VP - Small Cap Value Fund	<input type="text"/> %	<input type="text"/> %	SV
Seligman VP Growth Fund	<input type="text"/> %	<input type="text"/> %	GR
Seligman Larger-Cap Value Fund	<input type="text"/> %	<input type="text"/> %	LC
Seligman Smaller-Cap Value Fund	<input type="text"/> %	<input type="text"/> %	SC
Threadneedle <sup>SM</sup> VP - Emerging Markets Fund	<input type="text"/> %	<input type="text"/> %	EM
Threadneedle <sup>SM</sup> VP - International Opportunity Fund	<input type="text"/> %	<input type="text"/> %	IE
<b>Van Kampen</b>			
LIT Comstock Portfolio Class II Shares	<input type="text"/> %	<input type="text"/> %	VC
UIF Global Real Estate Portfolio, Class II Shares	<input type="text"/> %	<input type="text"/> %	GE
UIF Mid Cap Growth Portfolio, Class II Shares	<input type="text"/> %	<input type="text"/> %	DC
<b>Wanger</b>			
International	<input type="text"/> %	<input type="text"/> %	IT
USA	<input type="text"/> %	<input type="text"/> %	SP
<b>Wells Fargo Advantage VT</b>			
Opportunity Fund	<input type="text"/> %	<input type="text"/> %	SO
Small Cap Growth Fund	<input type="text"/> %	<input type="text"/> %	SG
<b>Total Allocations must equal 100%</b>	<input type="text"/> %	<input type="text"/> %	

8.

9.

SERFF Tracking Number: AEMN-126049733 State: Arkansas  
 Filing Company: RiverSource Life Insurance Company State Tracking Number: 41865  
 Company Tracking Number: 131150AR  
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
 Variable and Variable  
 Product Name: Annuities  
 Project Name/Number: EODB Applications/131150

## Supporting Document Schedules

	Item Status:	Status Date:
<p><b>Satisfied - Item:</b> Flesch Certification  <b>Comments:</b>  <b>Attachments:</b>            AR CH 19 CERT.pdf            AR GTY NOTICE.pdf            ARNOTIC2.pdf            Readability Certification.pdf</p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> this is an application filing.  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Statement of Variability  <b>Comments:</b>  <b>Attachments:</b>            Statement of Variability.pdf            SoV Form 131174.pdf</p>		

**STATE OF ARKANSAS**  
**Life and Disability Income Application**  
**CERTIFICATION OF COMPLIANCE**

Forms:	<b>131150</b>	<b>Non-Qualified Fixed Annuity Application Form</b>
	<b>131151</b>	<b>Non-Qualified Variable Annuity Application Form</b>
	<b>131152</b>	<b>Qualified Fixed Annuity Application Form</b>
	<b>131153</b>	<b>Qualified Variable Annuity Application form</b>
	<b>131174</b>	<b>Subaccount Funds Allocations Form</b>

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

I, Susan Schmidt, 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.



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RiverSource Life Insurance Company  
Susan Schmidt, Assistant Secretary

Date: March 19, 2009

## **Limitations and Exclusions under the Arkansas Life and Disability Insurance Guaranty Association Act**

Residents of this state who purchase life insurance, annuities, or health and accident 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 the Guaranty 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 insurance companies that are well managed and financially stable.

### **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 this state. 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 variable annuity contract.

Insurance companies or their agents are required by law to provide you with 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

The state law that provides for this safety-net 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 or 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 health 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 owning 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 or contract 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 Guaranty 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.

**RiverSource Life Insurance Company**  
70100 Ameriprise Financial Center  
Minneapolis, MN 55474

John Doe  
XXXX-XXXXXXXX

**Questions Regarding Your Policy?**

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

**RiverSource Life Insurance Company**  
**Policyowner Service Department**  
70100 Ameriprise Financial Center  
Minneapolis, MN 55474

**Tele: 1-800-862-7919 (Hours are 7 am - 8 pm Central Standard time)**

**Representative Name:** John Smith

**Representative Address:** Ameriprise Financial Services  
1234 Main Street  
Little Rock, AR 72204

**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**

**Tele: 1-800-852-5494**

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

**CERTIFICATION OF READABILITY**

RiverSource Life Insurance Company certifies, to the best of its knowledge and belief, that the below listed policy forms meet the minimum reading ease score as set forth in your state's Policy Language Simplification Act. These forms are at least 10 (ten) point type, 2 (two) point leaded.

<u>Title</u>	<u>Form Number</u>	<u>Flesch Score</u>
Non-Qualified Fixed Annuity Application	131150	52
Qualified Fixed Annuity Application	131152	50

Signature:   
\_\_\_\_\_  
Susan Schmidt  
Assistant Secretary

Date: March 19, 2009

## **RiverSource Life Insurance Company**

### **Statement of Variability**

Form 131150	Nonqualified Fixed Annuity Application
Form 131151	Nonqualified Variable Annuity Application
Form 131152	Tax Qualified Fixed Annuity Application
Form 131153	Tax Qualified Variable Annuity Application

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 and/or electronic generation of the forms. 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 or spacing errors.

Non - qualified Fixed Application Form 131150, NQ Variable Application Form 131151, Qualified Fixed Application Form 131152 and Qualified Variable Application form 131153 (see additional items following for Qualified Applications only)

1. If our street address and/or phone numbers change.
2. Logo: bracketed to allow for future logo changes.
3. Advisor ID number and Owner Social Security are bracketed in case we decide to remove them from this part of the application as they are duplicated later in the application (Owner Social Security asked in Part 1 of application, and Advisor ID number requested in Advisor Section at end of application.)
4. Informational or instruction information is bracketed so that we may clarify or expand in future if needed.
5. Application form 131150 and 131151 Non-Qualified Applications only: "Not valid in Ohio" bracketed under UGMA/UTMA as it may be determined that it no longer applies and would be removed, or that it applies to more states.
6. Page numbers for signature pages may shift due to future reformatting.
7. The version letter/print date will be changed if any future changes are made to items bracketed as variable. The range will be A - Z EXCEPT never "B, I, O, Q, or S". The date range will also use 1-12 for the months and the last two numbers of a year, from 2009 to future years.
8. Bracketed in case copyright year changes with future application updates of variable items.
9. (non-qualified application forms 131150 and 131151 only) Trust or Corporation: The section is bracketed so we may add or revise information necessary to establish and properly service the account. This may include adding Grantor information (name, address, TIN number, birthdate, etc.) that is not found in other trust documents.
10. Beneficiary is bracketed in the event the current options are expanded, reduced or to be referenced to a separate form specifically for beneficiary information.
11. Existing Policy Information: The "National Association Insurance Commissioner States (NAIC) states" and "all other states" are bracketed in case we determine it is better to list the state abbreviations that apply to this question or an improved language is needed for clarity to our advisors.
12. Instructions regarding Purchase Payment may be expanded or revised to provide clarification or to respond to changing market conditions.
13. The Purchase Payment timeframe may vary. The range: within 0 to 365 days.
14. Fixed Annuity Applications 131150 and 131152 - Fixed Annuity Product section: These are bracketed in case the product names are changed, if additional products are available or discontinued in the future. Any new fixed annuity products would be filed with your department, if required, for prior approval.
15. "Current and retired employees and advisors of Ameriprise Financial, Inc., including spouse or domestic partner" is bracketed in case the eligibility for that category changes or language needs clarification.
16. Variable Annuity Applications 131151 and 131153: The Variable Annuity products including available living benefit and death benefit riders are bracketed in the event the product or rider names are changed, premium band sizes change, if riders are not offered for new issues of the contract or the instructional rules change, or if additional products are available or discontinued in the future. Any new products or riders would be filed with your department, if required, for prior approval.

**RiverSource Life Insurance Company**  
**Statement of Variability**

17. The Fund Allocation Options section is bracketed in its entirety due to potential future addition of another allocation program option for applicants to select, as well as revised Marketing Names to be used or additional or expanded instructions included for clarification.
18. The Additional Requests section is bracketed in case additional instructions are required to ensure accurate completion of the section, or to provide additional services available or it could be removed entirely if we choose to continue the service via another service form only.
19. State Fraud and Disclosure Notices: For new or revised state required wording of fraud or disclosures.
20. Service form numbers or names: If the form number or marketing name changes for any referenced service form.
21. TIN Certification: For possible changes to Federal TIN certification required language.
22. Agreements, Acknowledgements and Disclosures: this is bracketed in the event other disclosures are created or these are revised or discontinued. For example, an additional disclosure may be created to reflect certain product rules, transfer limitations in response to changing market conditions, or to prevent anti-selection behavior in the event there develops a secondary market for these contracts.
23. Variable Annuity Applications Only 131151 and 131153 only: Consent for Delivery of Initial Prospectuses on CD-ROM: This is bracketed in the event that this language is removed and placed into a separate acknowledgement form for applicants to sign and to allow for text change within this provision to clarify or add additional language relating to consenting to receiving a CD ROM and If telephone number referenced is updated.
24. Variable Annuity Applications Only 131151 and 131153 only: For Guarantee Period Accounts Only: This is bracketed in case the referenced GPA accounts are no longer available.
25. Advisor Report: This section is attached to the application for convenience to the agent and is not subject to review and approval. The information may change as needed to identify the selling agent, pay compensation, verify replacement of coverage, add notes from the agent, etc.

Qualified Application Forms 131152 and 131153 only - additional bracketed items

26. Type of Qualified Plan section - This is bracketed in anticipation of future tax law changes or if the products were no longer available in one or more markets. It's possible that the choices may change or be deleted. "ATC" and "Ameriprise Trust Company" are bracketed in case the name of the affiliated trust company changes or a different trust company is used.
27. In the Inherited IRA and IRC Section 401(a) portions of Applications: This is bracketed as this information may be expanded or clarified; also in the Variable Application form 131153 rider(s) may become available in the future.
28. Funding Information for both Fixed and Variable: The "IRA Contribution Type" and "Contribution Type" portion is bracketed to reflect future changes to the tax code that could change the rules for the years payments may be accepted or the type or category of contribution.
29. IRAs, TSAs and Tax Qualified (IRA Section 401) Plans in Agreements, Acknowledgements and Disclosure section: Bracketed in the event we discontinue use of the provision, informational brochures or change their names.

**RiverSource Life Insurance Company**  
**Statement of Variability**

Form 131174

Subaccount Funds New Business, Initial and Future Allocations

Subaccount Funds New Business - Initial and Future Allocations 131174

1. If our street address and/or phone numbers change.
2. Logo: Bracketed to allow for future logo changes.
3. Parenthesis statement regarding "Fixed" annual transfer rule: The percentage of allowable fixed to variable transfers may change, or the limitation discontinued. The fixed account transfer amount is currently 30% and may vary from 20% -100% for new issues if needed to manage our assets and liability risks.
4. Service Form number may change.
5. Bracketed as the Special DCA minimum may change over time.
6. Variable Account Fund Names and Type: Bracketed as the funds, Guarantee Period Accounts or Special DCA offered may change over time.
7. Bracketed in case copyright year changes with future application updates of variable items. The year will range from today's current year of 2009 to a future "current" year number.
8. Page numbers may shift due to future reformatting with additional or removal of subaccount funds.
9. The version letter/print date will be changed if any future changes are made to items bracketed as variable. The range will be A - Z EXCEPT never "B, I, O, Q, or S". The date range will also use 1-12 for the months and the last two numbers of a year, from 2009 to future years.