

SERFF Tracking Number: AEMN-126273393 State: Arkansas  
 Filing Company: RiverSource Life Insurance Company State Tracking Number: 43281  
 Company Tracking Number: 272614-R AR  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: OD Annuities  
 Project Name/Number: Replacement app filing/272614-R

## Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: OD Annuities

SERFF Tr Num: AEMN-126273393 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 43281

Variable and Variable

Closed

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: 272614-R AR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Debbie Berg, Linda Elston, Disposition Date: 08/24/2009

Claudia Gehrig, Jeff Pederson,

Susan Schmidt

Date Submitted: 08/20/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Replacement app filing

Status of Filing in Domicile: Not Filed

Project Number: 272614-R

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: 08/24/2009

Explanation for Other Group Market Type:

State Status Changed: 08/24/2009

Deemer Date:

Created By: Claudia Gehrig

Submitted By: Claudia Gehrig

Corresponding Filing Tracking Number:

Filing Description:

RE: Individual Annuity Application Filing for Compliance with AR Rule 97

272614-R Annuity Application – replaces 272614

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

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Enclosed is the above referenced application being submitted to reflect the Arkansas replacement rule effective 01/01/2010. The new application contains the required replacement question and will replace existing application 272614, approved 07/01/2003 in Arkansas file #23279. It will be used to apply for currently issued contract 272613 approved 07/01/2003 in Arkansas file #23279. Because of the effective date of these new regulations, we respectfully request your Department's expedited handling of this filing.

The associated annuity contracts are sold through different distributors in the bank and broker-dealer markets.

To the best of our knowledge, these forms comply with the laws of the State of Arkansas.

The filing fee for a form filing in our domicile state of Minnesota is \$125.

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.

## Company and Contact

### Filing Contact Information

Claudia Gehrig, Sr. Contract Analyst	Claudia.Gehrig@ampf.com
9507 Ameriprise Financial Center	612-671-3628 [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]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$125.00
Retaliatory?	Yes
Fee Explanation:	Domicile fee is \$125 per filing.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	\$125.00	08/20/2009	29987960

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/24/2009	08/24/2009

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## **Disposition**

Disposition Date: 08/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Fixed Annuity Application		Yes

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## Form Schedule

Lead Form Number: 272614-R

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	272614-R	Application/Fixed Annuity Enrollment Application Form	Initial		53.643	272614-R - Bracketed QS Application RVSL.pdf

**Quantum Select Annuity**  
**Fixed Annuity Application**

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



**1 — Annuitant**

Name (First, Middle, Last) \_\_\_\_\_  
Address (Street, City, State, Zip) \_\_\_\_\_

Sex:  M  F Date of Birth \_\_\_\_\_ (Month/Day/Year)  
Social Security Number (SSN) \_\_\_\_\_  
Tax Identification Number (TIN) \_\_\_\_\_

Citizenship  U.S.  Other (country) \_\_\_\_\_

**2 — Beneficiary/Relationship**

**Primary** (Name, relationship to Annuitant; if unrelated, include SSN) \_\_\_\_\_

**Contingent** (Name, relationship to Annuitant; if unrelated, include SSN) \_\_\_\_\_

**4 — Tax Type**

Check one:  Non-qualified  Individual Retirement Annuity (IRA) [ ]

**IF IRA:**  Traditional IRA  Roth IRA  SEP IRA [ ]

- Contribution Amount \$ \_\_\_\_\_ for \_\_\_\_\_ (year)
- Contribution Amount \$ \_\_\_\_\_ for \_\_\_\_\_ (year)
- Trustee to Trustee IRA Amount \$ \_\_\_\_\_
- Rollover IRA Amount \$ \_\_\_\_\_
- Conversion Roth IRA Amount \$ \_\_\_\_\_

**(Section 7 must be completed.)** [ ]

**5 — Replacement**

Do you have any existing insurance policies or annuity contracts?  Yes  No

**If yes, complete, sign, retain and attach a copy of the "Important Notice: Replacement of Life Insurance Policies or Annuity Contracts" form.**

**8 — Social Security or Taxpayer Identification Number Certification**

You certify, under the penalties of perjury as required by Form W-9 of the Internal Revenue Service, that:

- (1) The number shown on this form is your correct taxpayer identification number (or you are waiting for a number to be issued to you), and
- (2) You are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and
- (3) You are a U.S. person (including a U.S. resident alien).

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.

**9 — Annuity Information**

We will send you written confirmation of your annuity within 60 days. If not received, please contact us at the address above.

Contract Date \_\_\_\_\_  
Initial or Single Payment Amount \$ \_\_\_\_\_  
Moneyback Guarantee Option Elected?  Yes  No  
Rate Guarantee Period Elected?  1 year  3 years  5 years [ ]

Initial/Single Payment Base Interest Rate	_____ %
+ Volume Enhancement Interest Rate	_____ %
+ First-Year Additional Interest Rate	_____ %
<b>[=] Total Initial/Single Payment First-Year Interest Rate</b>	<b>_____ %</b>
Payment Year	1    2    3    4    5    6+
Withdrawal Charge	8%   7%   6%   4%   2%   0%

**10 — Agent Information**

You certify that, to the best of your knowledge and belief, the information provided in the above **Replacement** Section 5 of this application regarding replacement of existing insurance and annuities is true and accurate and that only RVSL approved sales materials were used and copies of all sales materials were left with the customer.

**Agent Name** \_\_\_\_\_

**Agent SSN** \_\_\_\_\_

**Agency Name and Sale Location** \_\_\_\_\_

**Annuity Contract Number:**

272614-R

[Original Copy — RVSL Corporate Office

2nd Copy — Annuity Owner

3rd Copy — Agency

4th Copy — Agent]

[D (1/07) R-NAIC]

Page 1a

**3 — Owner**

- Same as Annuitant — Do not complete owner information below
- Joint with Annuitant (spouse only) — Not available for IRA
- Other \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Sex:  M  F Date of Birth \_\_\_\_\_ (Month/Day/Year)  
SSN \_\_\_\_\_ (TIN)

Citizenship  U.S.  Other (country) \_\_\_\_\_

*For joint owners, the Annuitant's SSN will be used for tax reporting purposes unless you specify otherwise in Remarks.*

**6 — Remarks and Special Instructions** \_\_\_\_\_

**7 — Tax-Deferred Retirement Plan Disclosure** (complete if [IRA] [ ])

- I understand that I am purchasing an annuity that will be used to fund a retirement plan that is tax-deferred under the Internal Revenue Code.
- I understand that any tax deferral benefits will be provided by the retirement plan, and that my annuity will not provide any necessary or additional tax deferral benefits.
- I have received a copy of ["Things to Know About Using an Annuity to Fund Your Tax-Deferred Retirement Plan"] and understand the contents.
- I have reviewed the costs of my annuity and have decided that the benefits outweigh the costs for the following reasons (check or list all that apply):
  - Access to a guaranteed interest rate  Other (list) [ ]
  - Guarantee of principal \_\_\_\_\_
  - Guaranteed lifetime income payout rates \_\_\_\_\_

**11 — Agreements/Signatures**

- All statements and answers given above are true and complete to the best of my/our knowledge and belief.
- Only an officer of RiverSource Life Insurance Company (RVSL) can modify any annuity contract or waive any application requirement.
- For joint spousal owners, ownership will be in joint tenancy with right of survivorship unless prohibited by state of settlement, or specified otherwise in **Remarks**.
- **I/we acknowledge reading any applicable State Information on page 1b.**
- **I/we acknowledge receipt of ["RiverSource Life Insurance Company Privacy Notice"].**
- **I/we have received, read and understood the RVSL product disclosure for the annuity here applied for.**
- **If IRA, I acknowledge receipt of ["A Guide to Your RiverSource Life IRA"].**
- **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (See Section 8)**

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Annuitant Signature

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Owner Signature (if other than Annuitant)

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Licensed Agent Signature

**X** \_\_\_\_\_ Location (City/State) \_\_\_\_\_  
Joint Owner Signature (if any)

## 12 — State Information

For Applicants in **Arizona**: Upon written request, the insurance company will provide, within a reasonable time, factual information to you regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with the contract after you receive it, you may return it within 10 days of receiving it (30 days if you are 65 years of age or older on the date of application). We will then refund any payments made and the contract will then be void. For non-IRA variable annuity applicants, this refund will be equal to the contract's account value on the day we receive it. This may be less than the payments made by you.

Contracts returned after 10 days after receipt (30 days if you are 65 years of age or older on the date of application), may result in a substantial penalty known as a withdrawal charge.

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

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

For Applicants in **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 **New Mexico**: and **Washington**: We may deduct annuity premium tax for payments you make while a resident of a state with an annuity premium tax. New Mexico and Washington currently do not impose any annuity premium tax.

For Applicants in **Oregon**: The first year bonus interest rate is an inducement to purchase.

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

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## 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            Readability Cert - Multistate 272614-R.pdf</p>		
<p><b>Satisfied - Item:</b> Application  <b>Comments:</b>            See the application attached to the Form Schedule.</p>		
<p><b>Bypassed - Item:</b> Life &amp; Annuity - Acturial Memo  <b>Bypass Reason:</b> Not applicable for this application filing.  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Statement of Variability  <b>Comments:</b>  <b>Attachment:</b>            Statement of Variability RVL 272614-R.pdf</p>		

**STATE OF ARKANSAS**  
**Individual Variable Annuity**  
**CERTIFICATION OF COMPLIANCE**

**Forms:**  
272614-R                      Fixed Annuity Application

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

I, Jeffrey R. Pederson, 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  
Jeffrey R. Pederson, Assistant Secretary

Date:           August 20, 2009

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



### **CERTIFICATION OF READABILITY**

FORM 272613 and 272614-R\*

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

The Flesch score obtained for the two forms scored together is 53.643.

A handwritten signature in black ink, appearing to read "Jeff R. Pederson". The signature is fluid and cursive.

Date: August 20, 2009  
Secretary

Jeffrey R. Pederson, Assistant

\*NOTE: Application Form 272614-R is typeset in 10 point Bailey Sanserif font.

**Statement of Variability  
Annuity Application Form 272614-R**

Material that may change is indicated by brackets on the submitted specimen. Below is a description of the bracketed application items. We also plan to vary the typestyle, paper, weight and ink color to accommodate future generations of the form. However, any adaptation we make will not involve changes to the text without prior approval and will always meet or exceed the requirements of the laws of your state.

Application 272614-R Variable Information

- Title - [Quantum Select Annuity] - the product marketing name will print - revised or additional product names will be printed as needed
- RiverSource Life Insurance Company address - changes such as addition of route numbers
- Section 4 – Tax Type  
The types are each bracketed. Only the type(s) available for the specific product will print on the specific product application. Empty brackets are for potential additional tax types. All the IRA accounting payment source items are bracketed. The items will only be included if the annuity is available for purchase as the specific IRA type. Empty brackets are for potential additional IRA types.
- Section 7 - Tax-Deferred Retirement Plan Disclosure  
The tax-qualified type is bracketed. Only the type(s) available for the specific product will print on the specific product application. Empty brackets are for potential additional tax types.

The form title [“Things to Know About Using an Annuity to Fund Your Tax-Deferred Retirement Plan”] is bracketed for potential future form title changes. The last bullet empty brackets are for potential additional benefit/features.

- Section 8 – Social Security or Taxpayer Identification Number Certification  
The entire certification text is bracketed and will change as may later be needed to comply with IRS TIN certification requirements.
- Section 9 – Annuity Information  
The available rate guarantee periods are bracketed for potential future additions or deletions of offered periods.

Many potential first-year Interest rate elements are bracketed. If the total initial/single payment first year interest rate contains volume enhancement or other additional interest components, those interest components will be shown.

[Initial/Single Payment Base Rate:]	[____%]
[+ Volume Enhancement Interest Rate]	[____%]
[+ First-Year Initial/Single Payment Additional Interest Rate:]	[____%]
[=]Total Initial/Single Payment First-Year Interest Rate:	_____%

- Section 11 - Agreements / Signatures  
[“RiverSource Life Insurance Company Privacy Notice”] and [“A Guide to Your RiverSource Life IRA”] are bracketed for potential future form title changes.

The last bullet is entirely bracketed and will change as may later be needed to comply with IRS TIN certification requirements.

- Section 12 – State Information - the entire section is bracketed and will change as state specific requirements such as fraud warnings are adopted or changed.
- Lower right corner internal administrative information