

SERFF Tracking Number: AEMN-126880714 State: Arkansas
Filing Company: RiverSource Life Insurance Company State Tracking Number: 47194
Company Tracking Number: 411318AR
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: Variable Annuities
Project Name/Number: OAF Refile/411318

Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Variable Annuities SERFF Tr Num: AEMN-126880714 State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 47194
Variable and Variable Closed
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: 411318AR State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 11/05/2010
Authors: Linda Elston, Claudia Gehrig, Jeff Pederson, Susan Schmidt
Date Submitted: 11/02/2010 Disposition Status: Approved-Closed
Implementation Date: Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: OAF Refile
Project Number: 411318
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/05/2010

Deemer Date:
Submitted By: Susan Schmidt
Filing Description:
Filing Description for Arkansas

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Our domicile state of Minnesota is an Interstate Compact state. The filing is pending at the IIPRC.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 11/05/2010
Created By: Linda Elston
Corresponding Filing Tracking Number:

Subject: Individual Variable Annuity Submission

SERFF Tracking Number: AEMN-126880714 State: Arkansas
Filing Company: RiverSource Life Insurance Company State Tracking Number: 47194
Company Tracking Number: 411318AR
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable
Product Name: Variable Annuities
Project Name/Number: OAF Refile/411318

We wish to submit variable annuity application form 411318 for approval. The form replaces form 411267, approved 09/14/2009, your file number 43492. No part of this filing contains any unusual or controversial items from normal company or industry standards.

The variable annuities that are purchased using this form will be sold through different distributors in the bank, captive agent and broker-dealer markets on a nonqualified, IRA, TSA and 401 plan basis. We intend to implement the new form after IIPRC approval. Variable forms are subject to federal jurisdiction and accordingly the Flesch readability requirements do not apply.

'Back End' Application:

...Form 411318 (Owner Acknowledgement Form)

This application acknowledgement form will be used for sales of previously approved contract forms. See the Form List attached under Supporting Documentation for a list of the forms which will use this application and approval information for those forms.

This application is used when purchase information is sent to us electronically by the agent/distributor. The applicant information and selections made electronically are shown on the form and delivered with the contract. The application is then reviewed by the applicant, corrected if necessary, signed and mailed back to us in a self-addressed, stamped envelope which is provided. For replacement sales, paper state replacement forms are read, completed, signed and sent to RiverSource Life in advance of issuing this form.

Primary differences between the new form and the form it replaces are as follows:

- + We moved the Fraud Warning to the top of the form.
- + We shortened and moved the section containing reasons for purchasing an annuity in a tax-deferred retirement plan since other means of capturing suitability information are used. The revised section is now part of the Acknowledgement and Agreements section.
- + We shortened the Taxpayer Identification Number (TIN) Certification Language.
- We changed the Telephone Authorization section to reflect positive consent. Previously we required the applicant to check a box to authorize telephone authorizations. The process to reject the authorization is included in this section.
- + We added an acknowledgement that no agreements to sell or assign ownership exist.
- + We reformatted the application to be more reader friendly.
- + The form now has a clearer "Sign and Return" format.

A comparison of the new form and the replaced form is attached under Supporting Documentation.

STATEMENT OF VARIABILITY

Material that may change is indicated by brackets on the submitted form. A Statement of Variability (SOV) is included,

SERFF Tracking Number: AEMN-126880714 State: Arkansas
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 Variable and Variable
 Product Name: Variable Annuities
 Project Name/Number: OAF Refile/411318

and the form is annotated to match the SOV explanation given. We also plan to vary the typestyle, paper, weight and ink color to accommodate future generations of the form and to correct any typographical errors. However, any adaptation we make will not involve changes to the text, other than misspellings, without prior approval and will always meet or exceed the requirements of the IIPRC standards.

To the best of our knowledge, these forms comply with your state regulations. Please call, email or FAX me if I can provide any assistance.

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]

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 per form or retaliatory of \$125.00, which ever ever is higher. Retaliatory is higher.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	\$125.00	11/02/2010	41438319

SERFF Tracking Number: AEMN-126880714 State: Arkansas
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Product Name: Variable Annuities
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/05/2010	11/05/2010

SERFF Tracking Number: AEMN-126880714 *State:* Arkansas
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Disposition

Disposition Date: 11/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

1. [THIS SPACE RESERVED FOR BAR CODE]

RiverSource Life Insurance Company

2. 829 Ameriprise Financial Center
Minneapolis, MN 55474
Service Line: 1-800-333-3437



[STATE-SPECIFIC LANGUAGE:]

[PRINTS IF ARIZONA:]

3.

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) for a refund. For non-IRA variable annuity applicants, we refund the Contract Value as of day we receive the request, less any purchase payment credits. For IRAs, we refund the greater of (1) the Contract Value less any purchase payment credits, or (2) all purchase payments paid. 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 surrender charge.

[PRINTS IF ARKANSAS:]

FRAUD WARNING: 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.

[PRINTS IF DC:]

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

[PRINTS IF NEW JERSEY:]

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

SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

4. [RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form

4. Please review the following information concerning your [RiverSource® RAVA 5 AdvantageSM Variable Annuity] contract. If any corrections are needed, please note them next to the item(s) listed below. You must sign and date this form and return it in the enclosed reply envelope within 10 days.

GENERAL CONTRACT	
Contract Number:	9925-1234567
Tax Type:	[NonQualified] 6. 5.
Ownership Type:	[Individual] 7. 5.
Contract Date:	September 2, 2010
Initial Purchase Payment:	\$100,000.00

1. [THIS SPACE RESERVED FOR BAR CODE]

1. [THIS SPACE RESERVED FOR BAR CODE]

SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

4. **[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form**

ASSOCIATED PEOPLE

8. [Mailing Address]	Name: Jonathan Q. Client Address: One Main Street Minneapolis, MN 12345 P.O. Box 1234 Minneapolis, MN 55555 Date of Birth: January 1, 1965 Sex: Male Citizenship: United States Social Security Number/Taxpayer Identification Number used for tax reporting purposes: 999-99-9999	OWNER
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5.

9. 10. 8. [Mailing Address]	Name: Jane Q. Client Address: One Main Street Minneapolis, MN 12345 P.O. Box 1234 Minneapolis, MN 55555 Date of Birth: February 1, 1965 Sex: Female Citizenship: United States Relationship to Owner: Spouse Social Security Number/Taxpayer Identification Number used for tax reporting purposes: 111-11-1111	JOINT OWNER
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5.

8. [Mailing Address]	Name: Jonathan Q. Client Address: One Main Street Minneapolis, MN 12345 P.O. Box 1234 Minneapolis, MN 55555 Date of Birth: January 1, 1965 Sex: Male Citizenship: United States Social Security Number/Taxpayer Identification Number used for tax reporting purposes: 999-99-9999	ANNUITANT
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5.

1. [THIS SPACE RESERVED FOR BAR CODE]

1. [THIS SPACE RESERVED FOR BAR CODE]

SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

4. **[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form**

ASSOCIATED PEOPLE (cont'd.)

9.	8.	Name:	Jane Q. Client	5.	JOINT ANNUITANT
		Address:	One Main Street Minneapolis, MN 12345		
9.		Mailing Address:	P.O. Box 1234 Minneapolis, MN 55555		
10.		Date of Birth:	February 1, 1965		
		Sex:	Female		
		Citizenship:	United States		
		Social Security Number/Taxpayer Identification Number used for tax reporting purposes:	111-11-1111		

9.	Name:	Jenny Q. Client	5.	PRIMARY BENEFICIARY
	Date of Birth:	March 1, 1995		
10.	Relationship to Contract Owner:	Daughter		
	Percentage:	100%		
	Social Security Number/Taxpayer Identification Number used for tax reporting purposes:	222-22-2222		

9.	Name:	Jeff Q. Client	5.	CONTINGENT BENEFICIARY
	Date of Birth:	March 1, 1915		
10.	Relationship to Contract Owner:	Father		
	Percentage:	100%		
	Social Security Number/Taxpayer Identification Number used for tax reporting purposes:	888-88-8888		

13.	Name:	Jonathan Q. Client	5.	SECURESOURCE STAGES 2 SM COVERED SPOUSE
	Date of Birth:	January 1, 1965		
	Sex:	Male		
	Social Security Number/Taxpayer Identification Number used for tax reporting purposes:	999-99-9999		

13.	Name:	Jane Q. Client	5.	SECURESOURCE STAGES 2 SM COVERED SPOUSE
	Date of Birth:	February 1, 1965		
	Sex:	Female		
	Social Security Number/Taxpayer Identification Number used for tax reporting purposes:	111-11-1111		

1. [THIS SPACE RESERVED FOR BAR CODE]

1. [THIS SPACE RESERVED FOR BAR CODE]

SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

4.

[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form

ASSOCIATED PEOPLE (cont'd.)

14.

[this space reserved for text flow]

CONTRACT SPECIFICS

Surrender Charge Schedule: [10 years] 15.

Additional Riders: [Enhanced Death Benefit Rider
SecureSource Stages 2SM Joint Lifetime Withdrawal Benefit Rider] 16.

Initial Allocation of Purchase Payments: [100% Portfolio Navigator Program: VP - Moderate Portfolio] 17.

1. [THIS SPACE RESERVED FOR BAR CODE]

SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

4. **[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form**

ACKNOWLEDGEMENTS AND AGREEMENTS

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION

19.

I hereby authorize and direct RiverSource Life Insurance Company (RiverSource Life) to accept telephone or electronic transaction instructions from the agent or registered / licensed assistant who can furnish proper identification to [make transfers between accounts, change the allocation of future investments, change the contract address of record, request elective step-up on certain optional riders, and/or to request surrenders to the extent authorized in the prospectus]. RiverSource Life will use reasonable procedures to confirm that these instructions are authorized and genuine. RiverSource Life and I acknowledge that these transactions will be made in accordance with procedures specified in the current prospectus and contract for my RiverSource Life variable product.

This authorization is valid until I cancel it in writing. However, RiverSource Life may, without notice, cancel or suspend this authorization or certain transactions at any time.

I agree to hold harmless and indemnify RiverSource Life and its affiliates, including each of their directors, officers, employees and agents, for any loss, liability or expense arising from such instructions.

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER 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 in the instructions for Form W-9)

Form W-9 instructions are available upon request or on www.irs.gov. Non-U.S. persons submit the appropriate Form W-8.

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.

21.

[PRINTS IF TAX QUALIFIED:]

TAX QUALIFIED ACKNOWLEDGEMENT

The following applies since the annuity will be used to fund a tax-deferred retirement plan.

- I acknowledge that an annuity generally has a tax deferral feature provided by the Internal Revenue Code. However, I further understand that if I purchase an annuity to fund a retirement plan that is already tax-deferred, any tax deferral benefits will be provided by the retirement plan and that my annuity will not provide any necessary or additional tax-deferral benefits.
- I further acknowledge that RiverSource Life Insurance Company assumes no responsibility for any tax consequences and/or penalties that may result from my contributions to or distributions from this annuity or that may result from any related transaction or conversion.
- I have read and understood the disclosures listed above for tax deferred retirement plans.

[PRINTS IF IRA:]

- I acknowledge receipt of ["A Guide to Your RiverSource Life IRA"].

SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form

ACKNOWLEDGEMENTS AND AGREEMENTS

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

18. If joint spousal owners are named, ownership will be in joint tenancy with right of survivorship unless prohibited by the state in which death benefit settlement occurs or specified otherwise in writing to RiverSource Life and acknowledged in writing by RiverSource Life.

I acknowledge that either (a) I do not have any existing annuity or insurance contracts or (b) My agent has read aloud or I have read and received the [Important Notice: Replacement of Life Insurance and Annuity] form.

22. [PRINTS IF NON NAIC REPLACEMENT STATE, NON REPLACEMENT:]

I acknowledge that this annuity is not a replacement of one or more annuity or life insurance contracts.

[PRINTS IF NAIC REPLACEMENT STATE, NON REPLACEMENT:]

I acknowledge that (i) I am not considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating my existing contracts and (ii) I am not considering using funds from my existing contracts to pay premiums due on the new contract.

[PRINTS IF NON NAIC REPLACEMENT STATE, REPLACEMENT:]

After hearing or reading the Important Notice, I acknowledge that this annuity is a replacement of one or more annuity or life insurance contracts, and that state replacement forms were read, completed, signed and sent to RiverSource Life in advance.

[PRINTS IF NAIC REPLACEMENT STATE, REPLACEMENT:]

After hearing or reading the Important Notice, I acknowledge that this annuity is a replacement of one or more annuity or life insurance contracts, and that state replacement forms were read, completed, signed and sent to RiverSource Life in advance.

23. [PRINTS IF NON-QUALIFIED:]

Tax law requires that all non-qualified deferred annuity contracts issued by the same company, to the same contract owner, during the same calendar year are to be treated as a single, unified contract. The amount of income included and taxed in a distribution (or a transaction deemed a distribution under tax law) taken from any one of such contracts is determined by summing all such contracts together.

[PRINTS FOR ALL APPLICATION STATES:]

18. I acknowledge receipt of the current prospectus for the variable annuity.
I acknowledge receipt of my annuity contract.
I acknowledge receipt of the [Product Disclosure] [and the Military Disclosure Form].
I acknowledge receipt of RiverSource Life Insurance Company's [Privacy Notice].
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 contract. In addition, in the past, I have not sold or transferred any annuity contract to a third party.
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 both increase or decrease. **[PRINTS IF State Allows GPA funds:** Allocations and transfers to Guarantee Period Account(s) are subject to market value adjustments prior to the dates specified in the contract.] 24.

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

Owner Signature

Date

Joint Owner Signature (if applicable)

Date

SERFF Tracking Number: AEMN-126880714 State: Arkansas
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 Variable and Variable
 Product Name: Variable Annuities
 Project Name/Number: OAF Refile/411318

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Forms List		
Comments:		
Attachment: AR Forms List.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Statement of Variability OAF 411318.pdf		

	Item Status:	Status Date:
Satisfied - Item: Side by Side redline of changes		
Comments: The side by side redline of changes identifies text changes. There was some text changes as identified by the biggest change was the organization of the information and the format. A lot of the text is the same, just moved around. The "John Doe" information was not redlined. Be sure to view comparison in which two pages are viewed at the same time.		
Attachment: National OAF Side by Side Redline of Changes.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certifications		
Comments:		
Attachments: AR Cert of Compliance Reg 33 form 411318.pdf		

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Variable and Variable
Product Name: Variable Annuities
Project Name/Number: OAF Refile/411318
AR Certification.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Consumer Notices

Comments:

Attachments:

AR Guaranty Association Notice (OD) 34146.pdf

AR Multi Fixed Consumer Info (OD) 271786.pdf

**Forms List
Arkansas**

Form **411318** will be used to apply for previously approved forms as shown below:

Form Number	Form Name	Status	Status Date	State/SERFF Filing Number
411309	Deferred Annuity Contract	Approved	10/01/2010	46901
411309-DPPPC	Contract Data for Retirement Select with Purchase Payment Credit feature	Approved	10/01/2010	46901
411265	Deferred Annuity Contract	Approved	09/23/2009	43492
411265-DPL4	Contract Data for Retirement Select with 4-year surrender charge option	Approved	10/05/2010	46903
411265-DPIN5	Contract Data for Innovations Select with 5-year surrender charge	Approved	09/23/2009	43492
411265-DPIN7	Contract Data for Innovations Select with 7-year surrender charge	Approved	09/23/2009	43492
411265-DPIN10	Contract Data for Innovations Select with 10-year surrender charge	Approved	09/23/2009	43492
411265-DPSIG	Contract Data for Signature Select	Approved	09/23/2009	43492
411265-DPSG1	Contract Data for Signature One	Approved	09/23/2009	43492
411265-DPBS6	Contract Data for Builder Select with 6-year surrender charge	Approved	09/23/2009	43492
411265-DPBS8	Contract Data for Builder Select with 8-year surrender charge	Approved	09/23/2009	43492
411265-DPFCL	Contract Data for Flex Choice L-Share	Approved	09/23/2009	43492
411265-DPRA57	Contract Data for RAVA 5 Advantage with 7-year surrender charge	Approved	12/07/2009	44232
411265-DPRA510	Contract Data for RAVA 5 Advantage with 10-year surrender charge	Approved	12/07/2009	44232
411276	Deferred Annuity Contract	Approved	09/24/2009	43480
411276-DPFCC	Contract Data for Flex Choice with no surrender charges	Approved	09/24/2009	43480
411276-DPRC5	Contract Data for RAVA 5 Advantage with no surrender charges	Approved	12/07/2009	44233
411295	Deferred Annuity Contract	Approved	12/07/2009	44231
411295-DPRS5	Contract Data for RAVA 5 Select	Approved	12/07/2009	44231
411269	Annuity Endorsement 401a	Approved	09/23/2009	43492
411273	Annuity Endorsement Roth IRA	Approved	09/23/2009	43492
411274	Annuity Endorsement SIMPLE	Approved	09/23/2009	43492
411275	Annuity Endorsement Trad-SEP IRA	Approved	09/23/2009	43492
131068C	TSA Endorsement with a Loan Provision	Approved	03/20/2009	41857
275193	TSA Endorsement without loan provision.	Approved	03/20/2009	41857
411277	Return of Purchase Payment (ROPP)Death Benefit Rider	Approved	09/23/2009	43480
411278	Maximum Anniversary Value (MAV) Death Benefit Rider	Approved	09/23/2009	43480
411279	5% Accumulation Death Benefit Rider	Approved	09/23/2009	43492
411280	Enhanced Death Benefit Rider	Approved	09/23/2009	43492
411281	Enhanced Earnings (EE) Death Benefit Rider	Approved	09/23/2009	43492
411282	Enhanced Earnings Plus (EEP) Death Benefit Rider	Approved	09/23/2009	43492
411283	Guaranteed Minimum Accumulation Benefit Rider (GMAB)	Approved	09/23/2009	43480

Form Number	Form Name	Status	Status Date	State/SERFF Filing Number
411291	Maximum 5-Year Anniversary Value Death Benefit Rider	Approved	12/07/2009	44231
411296-JT	Guaranteed Lifetime Withdrawal Benefit Rider - Joint Life	Approved	12/07/2009	44231
411296-SG	Guaranteed Lifetime Withdrawal Benefit Rider - Single Life	Approved	12/07/2009	44231

Statement of Variability

Generic Variable Application Acknowledgment

Form 411318

The forms are designed for use with different RiverSource Life Insurance Company (RiverSource Life) variable annuity products and/or different distributors. Below is a description of the bracketed items. Only the choices made by the applicant will appear on the form. RiverSource Life also plans to vary the typestyle, paper, weight and ink color and to correct any typographical errors to accommodate future generations of this form. However, any adaptation RiverSource Life makes will not involve changes to the text, other than to correct misspellings, without prior approval and will always meet or exceed the requirements of your state laws.

NOTE: The light grey [Prints if...] bracketed text on form 411318 as seen on pages 5 and 6 are for instructional purposes for our automated policy generation system for form setup. This text will NEVER appear on the form or be seen by an applicant.

Generic Variable Annuity Application Acknowledgment - Form 411318

1. Barcode

Barcode will be added to the form for administrative purposes. It will contain a barcode with code information to the right of it showing the page number, the number of pages total in the form, and the form number. Sample: DOC0106ICC10411318NY. Initially this form will be printed through one vendor and will be part of the contract packet (Welcome Packet), and in this situation the bar code will be at the top of the form. In the near future, this form will be available to print through a different vendor in certain situations where the form is sent separate from the Welcome Packet, and the barcode will then be at the bottom right hand corner. There will never be two barcodes on this form at one time.

2. RiverSource Life Address, Service Phone, Logo

Address changes such as addition of route numbers. Phone number changes. Logo design changes.

3. Fraud Warnings

The entire section is bracketed and will change as state specific requirements such as fraud warnings are adopted or changed.

4. Product Name

The specific annuity product marketing name will print. Current product names include *RiverSource® Signature Select*, *RiverSource® Signature One Select*, *RiverSource® Builder Select*, *RiverSource® FlexChoice Select*, *RiverSource® Innovations Select*, *RiverSource® Retirement Select*, *RiverSource® RAVA 5 AdvantageSM*, *RiverSource® RAVA 5 SelectSM* and *RiverSource® RAVA 5 AccessSM*. Revised or additional annuity product names will print as may later are approved. The service mark will change to a registration mark.

5. John Doe Customer Information

Name, address, DOB, sex, citizenship, SSN/TIN, annuity contract date, initial purchase payment, beneficiary information, signature and date are bracketed as only contract specific information will be shown.

6. Tax Type

The specific federal tax qualification type indicated by the applicant will be shown, such as NonQualified, Traditional IRA, SEP IRA, Roth IRA, TSA, etc.

7. Ownership Type

The specific type of ownership elected by the contract owner will be shown, such as Individual, Joint, Revocable Trust, Irrevocable Trust, Corporate, UGMA/UTMA.

8. Mailing address

Will only print if there is a designated mailing address.

9. Prints only if applicable

Joint owner, joint annuitant, primary beneficiary, contingent annuitant, and additional primary or contingent beneficiaries, etc. will only print if appropriate.

10. Multiple Identical sections

In the event of multiple owners, joint annuitants, primary beneficiaries and contingent beneficiaries, the appropriate section information may be repeated for each individual as applicable.

11. Page numbers

The page numbers will fluctuate depending on how many of the sections print and if a section prints multiple times.

12. Lower right corner internal administrative information

The document identification number (doc ID) is a unique identifier we use for tracking purposes. The system will use a random-character-sequence algorithm to create an identifier on the fly that is unique for every single document that is generated from the system. The first 6-7 characters tell us the document type and the remaining characters are randomly assigned. This enables us to quickly look up a document based on that number if a client or agent should call in with a question or issue with a given document. Under the doc ID, the contract number will print along with the version letter and date which will contain an alpha from A-Z, numbers from 01-12 and 10-20 in the format A (MM/YY), The version letter and date will change for future form changes as described in this statement of variability.

13. Secure Source Stages 2SM

Will only print if applicable. Covered Person for the SecureSource Stages 2SM single life living benefit rider and Covered Spouses for the SecureSource Stages 2 joint life living benefit rider. If only the single life rider is selected, only one of the sections will appear and it will reflect [SecureSource Stages 2SM [Covered Person]]. The marketing name might change, and the service mark will change to a registration mark.

14. This space reserved for text flow

In the event of multiple owners, annuitants, beneficiaries, and so forth, the extra text will push the subsequent text down as well as cause the number of pages to fluctuate.

15. Surrender charge schedule

The number of years in the surrender charge schedule of the specific annuity product/option purchased by the customer will print.

16. Additional Riders

The name(s) of optional rider(s) selected by the customer will print, such as Maximum Anniversary Value Death Benefit Rider, 5-Year Maximum Anniversary Value Death Benefit Rider, Return of Purchase Payment Death Benefit Rider, 5% Accumulation Death Benefit Rider, Enhanced Death Benefit Rider, Benefit Protector Death Benefit Rider, Benefit Protector Plus Death Benefit Rider, SecureSource Stages 2SM Single Guaranteed Lifetime Withdrawal Benefit Rider, SecureSource Stages 2SM Joint Guaranteed Lifetime Withdrawal Benefit Rider, Accumulation Protector Benefit® Rider. The below is an example of what will print if the customer does not select any riders.

[No optional death benefit rider selected]

[No optional living benefit rider selected]

17. Initial Allocation of Purchase Payments

The specific accounts/subaccounts and allocation percentages selected by the applicant will print. If the applicant selects a living benefit rider and is required to be in the Portfolio Navigator Program, one of the following specific investment options will print, based on the applicant's selection:

[100% Portfolio Navigator Program: VP - Conservative Portfolio]

[100% Portfolio Navigator Program: VP - Moderately Conservative Portfolio]

[100% Portfolio Navigator Program: VP - Moderate Portfolio]

[100% Portfolio Navigator Program: VP - Moderately Aggressive Portfolio]

[100% Portfolio Navigator Program: VP - Aggressive Portfolio]

18. Acknowledgements and Agreements

These disclosures are bracketed in the event they are revised, discontinued, or additional disclosures are created. For example, an additional disclosure may be created to reflect certain product rules or transfer limitations in response to changing market conditions or to prevent anti-selection behavior in the event a secondary market develops for these contracts. The titles of referenced forms are bracketed in case of future form title changes.

[Important Notice: Replacement of Life Insurance and Annuity]

I acknowledge receipt of RiverSource Life Insurance Company's [Privacy Notice].

I acknowledge receipt of the [Product Disclosure] [and the Military Disclosure Form].

19. Telephone/Electronic Transaction Authorization

This section will print if the application is used for annuity product(s) where we allow the customer to authorize the agent to perform certain functions. The section is also bracketed to allow for revision if processes change or to remove the section if the information is collected on a separate administrative form and/or if it is no longer needed.

20. SSN/TIN Certification

The entire certification text is bracketed in case the information is collected on a separate administrative form and/or if it is no longer needed. In addition, it will change as needed to comply with IRS TIN certification requirements. The last sentence prior to the signatures is also bracketed to allow for future text changes from the IRS.

21. Tax Qualified Plan Disclosure

This section is bracketed to indicate the section will print only if the annuity is purchased as part of a tax-qualified plan or as an IRA. The title of the referenced form itself is bracketed for potential future form title changes [I acknowledge receipt of ["A Guide to Your RiverSource Life IRA"].] This section is also bracketed in the event we change or discontinue use of the disclosures or informational brochure pursuant to IRS requirements.

22. Replacement Statement

For replacement sales, paper state replacement forms are read, completed, signed and sent to RiverSource Life in advance of issuing this form. The following describes which statements will print. Also, the bracketed statements will be revised to meet any new replacement requirements.

- i. In states that have not adopted the current version NAIC model replacement regulation, for non replacement situations this text will print:
[I acknowledge that this annuity is not a replacement of one or more annuity or life insurance contracts.]
- ii. In states that have adopted the current version NAIC model replacement regulation, for non replacement situations this text will print. The title of the referenced form itself is bracketed for potential future form title changes.
[I acknowledge that (i) I am not considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating my existing contracts and (ii) I am not considering using funds from my existing contracts to pay premiums due on the new contract.]
- iii. In states that have not adopted the current version NAIC model replacement regulation, for replacement situations this text will print:
[After hearing or reading the Important Notice, I acknowledge that this annuity is a replacement of one or more annuity or life insurance contracts, and that state replacement forms were read, completed, signed and sent to RiverSource Life in advance.]
- iv. In states that have adopted the current version NAIC model replacement regulation, for replacement situations this text will print. The title of the referenced form itself is bracketed for potential future form title changes.
[After hearing or reading the Important Notice, I acknowledge that this annuity is a replacement of one or more annuity or life insurance contracts, and that state replacement forms were read, completed, signed and sent to RiverSource Life in advance.]

23. Non-Qualified Annuity

This disclosure will appear only if the annuity purchased is a non-qualified annuity. Also bracketed in the event we discontinue use of the provision or need to make clarifying revisions.

24. Guaranteed Period Accounts (GPAs)

This required modified guaranteed annuity disclosure will appear only in states that have approved Guarantee Period Accounts. Also bracketed in the event we discontinue offering this type of account or if the disclosure requirements for this type of account change.

RiverSource Life Insurance Company

829 Ameriprise Financial Center, Minneapolis, MN 55474

Service line: (800) 333-3437



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

~~For applicants in Arizona:~~ Upon written request, the insurance company will provide, within a reasonable time, factual information to you regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with the contract after you receive it, you may return it within 10 days of receiving it (30 days if you are 65 years of age or older on the date of the 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 the application) may result in a substantial penalty known as a surrender charge.

SIGN ON PAGE X AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

~~Product Name~~ **Product Name Variable Annuity Application Acknowledgement Form**

Please review the following information concerning your Product Name Variable Annuity contract. If any corrections are needed, please note them next to the item(s) listed below.

You must sign and date this form and return it in the enclosed reply envelope within 10 days.

Product Name Variable Annuity Contract Number: 9920-SAMPLE

Ownership Type:

- Individual
- Joint
- Revocable Trust
- Irrevocable Trust
- Corporate
- UGMA/UTMA, anystate
- ...

Tax Type:

- Non-Qualified Annuity
- Traditional Individual Retirement Annuity
- SEP-IRA
- Contributory Roth IRA
- Tax-Sheltered Annuity
- ...

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

↓PRINTS ONLY IF THERE IS A DESIGNATED MAILING ADDRESS↓

Mailing Address: PO Box 25
 Anywhere, USA 00000

Date of Birth: 06/01/71
Sex: Male
Citizenship: USA
**Social Security Number (SSN) /
 Taxpayer Identification Number (TIN)
 used for tax reporting purposes:** 123-45-6789

[THIS SPACE RESERVED FOR
BAR CODE]

RiverSource Life Insurance Company

829 Ameriprise Financial Center
Minneapolis, MN 55474
Service Line: 1-800-333-3437



[STATE-SPECIFIC LANGUAGE:]

[PRINTS IF 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) for a refund. For non-IRA variable annuity applicants, we refund the Contract Value as of day we receive the request, less any purchase payment credits. For IRAs, we refund the greater of (1) the Contract Value less any purchase payment credits, or (2) all purchase payments paid. 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 surrender charge.

[PRINTS IF ARKANSAS:]

FRAUD WARNING: 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.

Previously on page 3

[PRINTS IF DC:]

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

[PRINTS IF NEW JERSEY:]

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

SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form

Please review the following information concerning your [RiverSource® RAVA 5 AdvantageSM Variable Annuity] contract. If any corrections are needed, please note them next to the item(s) listed below. You must sign and date this form and return it in the enclosed reply envelope within 10 days.

GENERAL CONTRACT

Contract Number:	9925-1234567
Tax Type:	NonQualified
Ownership Type:	Individual
Contract Date:	September 2, 2010
Initial Purchase Payment:	\$100,000.00

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BAR CODE]

↓PRINTS ONLY IF THERE IS A JOINT OWNER↓

Joint Owner: Jane Doe
Address: 100 Main Street
 Anywhere, USA 00000
Mailing Address PO Box 25
 Anywhere, USA 00000
Date of Birth: 05/01/71
Sex: Female
Citizenship: USA
Social Security Number (SSN) /
Taxpayer Identification Number (TIN): 333-44-5555
Relationship to Contract Owner: Spouse

Annuitant: John Doe
Address: 100 Main Street
 Anywhere, USA 00000

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

↓PRINTS ONLY IF THERE IS A DESIGNATED MAILING ADDRESS↓

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

↓PRINTS ONLY IF THERE IS A JOINT ANNUITANT↓

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

↓PRINTS ONLY IF THERE IS A DESIGNATED SUCCESSOR ANNUITANT↓

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

Annuity Contract Date: 05/01/06

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SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form

ASSOCIATED PEOPLE

Name:	Jonathan Q. Client	<u>OWNER</u>
Address:	One Main Street Minneapolis, MN 12345	
Mailing Address:	P.O. Box 1234 Minneapolis, MN 55555	
Date of Birth:	January 1, 1965	
Sex:	Male	
Citizenship:	United States	
Social Security Number/Taxpayer Identification Number used for tax reporting purposes:	999-99-9999	

Name:	Jane Q. Client	<u>JOINT OWNER</u>
Address:	One Main Street Minneapolis, MN 12345	
Mailing Address:	P.O. Box 1234 Minneapolis, MN 55555	
Date of Birth:	February 1, 1965	
Sex:	Female	
Citizenship:	United States	
Relationship to Owner:	Spouse	
Social Security Number/Taxpayer Identification Number used for tax reporting purposes:	111-11-1111	

Name:	Jonathan Q. Client	<u>ANNUITANT</u>
Address:	One Main Street Minneapolis, MN 12345	
Mailing Address:	P.O. Box 1234 Minneapolis, MN 55555	
Date of Birth:	January 1, 1965	
Sex:	Male	
Citizenship:	United States	
Social Security Number/Taxpayer Identification Number used for tax reporting purposes:	999-99-9999	

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Surrender Charge Schedule: 7 years
8 years
...

Additional Riders: No additional riders selected
Maximum Anniversary Value Death Benefit Rider
Guaranteed Minimum Accumulation Benefit Rider
...

Initial Purchase Payment: \$25,000

Initial Allocation of Purchase Payments: PORTFOLIO NAVIGATOR ASSET ALLOCATION MODEL PORTFOLIO:
CONSERVATIVE MODEL
ACTIVE ALLOCATION FUNDS
...

Beneficiary:
Primary Beneficiary: Jane Doe
Date of Birth: 06/01/71
Relationship to Contract Owner: Spouse
SSN/TIN: 333-44-5555
%: 100%

↓PRINTS FOR EACH ADDITIONAL PRIMARY BENEFICIARY↓

Primary Beneficiary: Gary Doe
Date of Birth: 06/01/51
Relationship to Contract Owner: Uncle
SSN/TIN
%:

↓PRINTS FOR EACH CONTINGENT BENEFICIARY↓

Contingent Beneficiary: Harriet Doe
Date of Birth: 06/01/911
Relationship to Contract Owner: Niece
SSN/TIN
%:

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

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

For applicants in **Arkansas**

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

For applicants in 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 **Florida:**

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

~~Agent's Print Name: _____ Agent's Florida License ID #: _____~~

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.

Fraud warnings moved to top of page 1

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SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form

ASSOCIATED PEOPLE (cont'd.)

<p>Name: Jane Q. Client Address: One Main Street Minneapolis, MN 12345 Mailing Address: P.O. Box 1234 Minneapolis, MN 55555 Date of Birth: February 1, 1965 Sex: Female Citizenship: United States Social Security Number/Taxpayer Identification Number used for tax reporting purposes: 111-11-1111</p>	JOINT ANNUITANT
<p>Name: Jenny Q. Client Date of Birth: March 1, 1995 Relationship to Contract Owner: Daughter Percentage: 100% Social Security Number/Taxpayer Identification Number used for tax reporting purposes: 222-22-2222</p>	PRIMARY BENEFICIARY
<p>Name: Jeff Q. Client Date of Birth: March 1, 1915 Relationship to Contract Owner: Father Percentage: 100% Social Security Number/Taxpayer Identification Number used for tax reporting purposes: 888-88-8888</p>	CONTINGENT BENEFICIARY
<p>Name: Jonathan Q. Client Date of Birth: January 1, 1965 Sex: Male Social Security Number/Taxpayer Identification Number used for tax reporting purposes: 999-99-9999</p>	SECURESOURCE STAGES 2SM COVERED SPOUSE
<p>Name: Jane Q. Client Date of Birth: February 1, 1965 Sex: Female Social Security Number/Taxpayer Identification Number used for tax reporting purposes: 111-11-1111</p>	SECURESOURCE STAGES 2SM COVERED SPOUSE

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Telephone/Electronic Transaction Authorization Yes

By checking "Yes," I/we hereby authorize and direct RiverSource Life Insurance Company (RiverSource Life) to accept telephone or electronic transaction instructions from the agent or registered / licensed assistant who can furnish proper identification to make transfers between accounts, change the allocation of future investments, change the contract address of record, request elective step-up on certain optional riders, and/or to request surrenders to the extent authorized in the prospectus. RiverSource Life will use reasonable procedures to confirm that these instructions are authorized and genuine. RiverSource Life and I/we agree that these transactions will be made in accordance with procedures specified in the current prospectus for my RiverSource Life variable product.

This authorization is valid until I/we cancel it in writing. However, RiverSource Life may, without notice, cancel or suspend this authorization or certain transactions at any time.

I/we agree to hold harmless and indemnify RiverSource Life and its affiliates, including each of their directors, officers, employees and agents, for any loss, liability or expense arising from such instructions.

~~CHECK "YES" IF YOU WISH TO ALLOW YOUR AGENT TO MAKE TRANSACTIONS FOR YOU.~~

~~↓PRINTS ONLY IF TAXQUALIFIED↓~~

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

- ~~• I have received a copy of "A guide for investors" and understand it's contents, including the Commonly Asked Questions section, which contains information about using an annuity to fund a tax-deferred retirement plan. I understand that an annuity generally has a tax deferral feature provided by the Internal Revenue Code. However, I further understand that if I purchase an annuity to fund a retirement plan that is already tax-deferred, any tax deferral benefits will be provided by the retirement plan and that my annuity will not provide any necessary or additional tax-deferral benefits.~~
- ~~• I further acknowledge that RiverSource Life Insurance Company assumes no responsibility for any tax consequences and/or penalties that may result from my contributions to or distributions from this annuity or that may result from any related transaction or conversion.~~
- ~~• IRA Applicants Only: I acknowledge receiving a copy of "Your Guide to IRAs" and understand its contents.~~
- ~~• I acknowledge reviewing 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 (check all that apply to your particular situation.):~~

- ~~Ability to transfer among multiple investment options without additional charges~~
- ~~Access to asset rebalancing without cost~~
- ~~Access to dollar cost averaging without cost~~
- ~~Access to enhanced death benefits~~
- ~~Access to enhanced living benefits~~
- ~~Access to multiple investment managers~~
- ~~Availability of annuity payment plan options for retirement income or to simplify taxqualified required minimum distributions~~
- ~~Availability of subaccount transactions without cost~~
- ~~Availability of surrender charge waivers for nursing home confinement, hospitalization and terminal illness~~
- ~~Avoiding the cost and delays of probate and estate settlement in certain circumstances~~
- ~~Death benefit guarantees~~
- ~~Guaranteed lifetime income payout rates~~

~~↓PRINTS IF PRODUCT INCLUDES THE FIXED ACCOUNT↓~~

- ~~Access to a guaranteed interest rate in the fixed account~~

~~↓PRINTS IF GPAs ALLOWED IN STATE↓~~

- ~~Access to multi-year interest rate guarantees~~

~~↓PRINTS ONLY FOR SIGNATURE ONE SELECT AND BUILDER SELECT↓~~

- ~~Access to purchase payment credits~~

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SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form

ASSOCIATED PEOPLE (cont'd.)

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CONTRACT SPECIFICS

Surrender Charge Schedule: 10 years

Additional Riders: Enhanced Death Benefit Rider
SecureSource Stages 2SM Joint Lifetime Withdrawal Benefit Rider

Initial Allocation of Purchase Payments: 100% Portfolio Navigator Program: VP - Moderate Portfolio

[THIS SPACE RESERVED FOR
BAR CODE]

Acknowledgements and Agreements:**SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER CERTIFICATION**

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (defined in the instructions for Form W-9)

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

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

Form W-9 instructions are available upon request or on www.irs.gov.

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.

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

- If joint spousal owners are named, ownership will be in joint tenancy with right of survivorship unless prohibited by the state in which death benefit settlement occurs or specified otherwise in writing to RiverSource Life and acknowledged in writing by RiverSource Life.
- ~~↓PRINTS IF NON NAIC REPLACEMENT STATE, NON REPLACEMENT↓~~
I ~~affirm~~ that this annuity is not a replacement of one or more annuity or life insurance contracts.
~~↓PRINTS IF NON NAIC REPLACEMENT STATE, REPLACEMENT↓~~
I ~~affirm~~ that this annuity is a replacement of one or more annuity or life insurance contracts, and that state replacement forms were read, completed, signed and sent to RiverSource Life in advance.
- ~~↓PRINTS IF NAIC REPLACEMENT STATE, NON REPLACEMENT↓~~
I ~~affirm~~ that either (a) I do not have any existing annuity or insurance contracts or (b) My agent has read aloud or I have read and received the Important Notice: Replacement of Life Insurance and Annuity form, and (i) I am not considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating my existing contracts and (ii) I am not considering using funds from my existing contracts to pay premiums due on the new contract.
~~↓PRINTS IF NAIC REPLACEMENT STATE, REPLACEMENT↓~~
I ~~affirm~~ that this annuity is a replacement of one or more annuity or life insurance contracts, and that the Important Notice: Replacement of Life Insurance and Annuity was read, completed, signed and sent to RiverSource Life in advance.
- ~~↓PRINTS IF NONQUALIFIED↓~~
Tax law requires that all non-qualified deferred annuity contracts issued by the same company, to the same contract owner, during the same calendar year are to be treated as a single, unified contract. The amount of income included and taxed in a distribution (or a transaction deemed a distribution under tax law) taken from any one of such contracts is determined by summing all such contracts together.

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SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form

ACKNOWLEDGEMENTS AND AGREEMENTS

TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION

I hereby authorize and direct RiverSource Life Insurance Company (RiverSource Life) to accept telephone or electronic transaction instructions from the agent or registered / licensed assistant who can furnish proper identification to [make transfers between accounts, change the allocation of future investments, change the contract address of record, request elective step-up on certain optional riders, and/or to request surrenders to the extent authorized in the prospectus]. RiverSource Life will use reasonable procedures to confirm that these instructions are authorized and genuine. RiverSource Life and I acknowledge that these transactions will be made in accordance with procedures specified in the current prospectus and contract for my RiverSource Life variable product.

This authorization is valid until I cancel it in writing. However, RiverSource Life may, without notice, cancel or suspend this authorization or certain transactions at any time.

I agree to hold harmless and indemnify RiverSource Life and its affiliates, including each of their directors, officers, employees and agents, for any loss, liability or expense arising from such instructions.

SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (defined in the instructions for Form W-9)

Form W-9 instructions are available upon request or on www.irs.gov. [Non-U.S. persons submit the appropriate Form W-8.](#)

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.

[PRINTS IF TAX QUALIFIED:]

TAX QUALIFIED ACKNOWLEDGEMENT

The following applies since the annuity will be used to fund a tax-deferred retirement plan.

- I acknowledge that an annuity generally has a tax deferral feature provided by the Internal Revenue Code. However, I further understand that if I purchase an annuity to fund a retirement plan that is already tax-deferred, any tax deferral benefits will be provided by the retirement plan and that my annuity will not provide any necessary or additional tax-deferral benefits.
- I further acknowledge that RiverSource Life Insurance Company assumes no responsibility for any tax consequences and/or penalties that may result from my contributions to or distributions from this annuity or that may result from any related transaction or conversion.
- I have read and understood the disclosures listed above for tax deferred retirement plans.

[PRINTS IF IRA:]

Previously from page 5

- I acknowledge receipt of ["A Guide to Your RiverSource Life IRA"].

[THIS SPACE RESERVED FOR
BAR CODE]

- **↓PRINTS IF TAXQUALIFIED↓**
I/we have read and understood the disclosures listed above for tax deferred retirement plans.

**moved with other
Tax Qualified
disclosures**

- **↓PRINTS IF IRA↓**
I/we acknowledge receipt of "A Guide to Your RiverSource Life IRA".

- I/we acknowledge receipt of RiverSource Life Insurance Company's Privacy Notice.
- I/we acknowledge receipt of the Product Disclosure and the Military Disclosure Form.
- I/we acknowledge receipt of my annuity contract.
- I/we acknowledge receipt of the current prospectus for the variable annuity.

↓PRINTS FOR ALL APPLICATION STATES↓

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

↓PRINTS IF PRODUCT PURCHASED HAS GPAs AVAILABLE IN THE APPLICATION STATE↓

Allocations and transfers to Guarantee Period Account(s) are subject to market value adjustments prior to the dates specified in the contract.

~~↓PRINTS IF APPLICATION STATE IS FLORIDA↓~~

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

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

Owner Signature

Date

Joint Owner Signature (if applicable)

Date

~~SIGN ABOVE AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY~~

[THIS SPACE RESERVED FOR
BAR CODE]

SIGN AND RETURN TO RIVERSOURCE LIFE INSURANCE COMPANY

[RiverSource® RAVA 5 AdvantageSM Variable Annuity] Application Acknowledgement Form

ACKNOWLEDGEMENTS AND AGREEMENTS

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

- If joint spousal owners are named, ownership will be in joint tenancy with right of survivorship unless prohibited by the state in which death benefit settlement occurs or specified otherwise in writing to RiverSource Life and acknowledged in writing by RiverSource Life.
- I acknowledge that either (a) I do not have any existing annuity or insurance contracts or (b) My agent has read aloud or I have read and received the [Important Notice: Replacement of Life Insurance and Annuity] form.

[PRINTS IF NON NAIC REPLACEMENT STATE, NON REPLACEMENT:]

- I acknowledge that this annuity is not a replacement of one or more annuity or life insurance contracts.

[PRINTS IF NAIC REPLACEMENT STATE, NON REPLACEMENT:]

- I acknowledge that (i) I am not considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating my existing contracts and (ii) I am not considering using funds from my existing contracts to pay premiums due on the new contract.

[PRINTS IF NON NAIC REPLACEMENT STATE, REPLACEMENT:]

- After hearing or reading the Important Notice, I acknowledge that this annuity is a replacement of one or more annuity or life insurance contracts, and that state replacement forms were read, completed, signed and sent to RiverSource Life in advance.

[PRINTS IF NAIC REPLACEMENT STATE, REPLACEMENT:]

- After hearing or reading the Important Notice, I acknowledge that this annuity is a replacement of one or more annuity or life insurance contracts, and that state replacement forms were read, completed, signed and sent to RiverSource Life in advance.

[PRINTS IF NON-QUALIFIED:]

- Tax law requires that all non-qualified deferred annuity contracts issued by the same company, to the same contract owner, during the same calendar year are to be treated as a single, unified contract. The amount of income included and taxed in a distribution (or a transaction deemed a distribution under tax law) taken from any one of such contracts is determined by summing all such contracts together.

[PRINTS FOR ALL APPLICATION STATES:]

- I acknowledge receipt of the current prospectus for the variable annuity.
- I acknowledge receipt of my annuity contract.
- I acknowledge receipt of the [Product Disclosure] [and the Military Disclosure Form].
- I acknowledge receipt of RiverSource Life Insurance Company's [Privacy Notice].
- 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 contract. In addition, in the past, I have not sold or transferred any annuity contract to a third party.
- 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 both increase or decrease. **[PRINTS IF State Allows GPA funds:** Allocations and transfers to Guarantee Period Account(s) are subject to market value adjustments prior to the dates specified in the contract.]

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

Owner Signature

Date

Joint Owner Signature (if applicable)

Date

[THIS SPACE RESERVED FOR
BAR CODE]

CERTIFICATION

Form Number(s)	Form Title(s)
411318	Owners Acknowledgement Form

I, Susan Schmidt, Assistant Secretary of RiverSource Life Insurance Company, certify that RiverSource Life is in compliance with Regulation 33, particularly Article VI, VII, IX and XI.



RiverSource Life Insurance Company
Susan Schmidt, Assistant Secretary

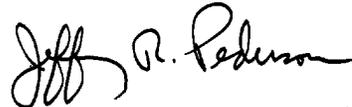
Date: November 2, 2010

STATE OF ARKANSAS
Individual Variable Annuity
CERTIFICATION OF COMPLIANCE

Forms: 411318

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.



RiverSource Life Insurance Company
Jeffrey R. Pederson, Assistant Secretary

Date: November 2, 2010

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

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

DISCLAIMER

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

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

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

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

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

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

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

The Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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

Annuity Contract Number _____

Annuity Owner _____

Questions Regarding Your Annuity?

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

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

Telephone: 1-800-333-3437

Agent Name: _____

Agent Address: _____

Telephone: _____

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

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

Telephone: 1-800-852-5494

IMPORTANT NOTICE FOR AGENT:

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