Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Disability	SERFF Tr Num: AEMN-126585305	State: Arkansas
TOI: H11I Individual Health - Disability Income	SERFF Status: Closed-Approved-Closed	State Tr Num: 45420
Sub-TOI: H11I.003 Long Term - Unrelated to marketing with employer or association groups	Co Tr Num: IPE	State Status: Approved-Closed
Filing Type: Rate		Reviewer(s): Rosalind Minor
	Authors: Debbie Berg, Bonnie Foley, Susan Schmidt, Cheryl Meyer	Disposition Date: 04/22/2010
	Date Submitted: 04/14/2010	Disposition Status: Approved-Closed
Implementation Date Requested: 06/22/2010		Implementation Date:

State Filing Description:

General Information

Project Name: IPE
Project Number: IPE
Requested Filing Mode: Informational

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/22/2010

Deemer Date:
Submitted By: Cheryl Meyer
Filing Description:
Please see attached cover letter.

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Informational filing submitted in MN 4/13/2010
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 04/22/2010
Created By: Cheryl Meyer
Corresponding Filing Tracking Number:

Company and Contact

SERFF Tracking Number:	*AEMN-126585305*	*State:*	*Arkansas*
Filing Company:	*RiverSource Life Insurance Company*	*State Tracking Number:*	*45420*
Company Tracking Number:	*IPE*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Disability*		
Project Name/Number:	*IPE/IPE*		

Filing Contact Information

Cheryl Meyer, Sr. Contract Analyst
9550 Ameriprise Financial Center
Minneapolis, MN 55474

Cheryl.D.Meyer@ampf.com
612-671-5583 [Phone]
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:	$50.00
Retaliatory?	No
Fee Explanation:	Paying the AR fee which is greater than the MN fee.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	$50.00	04/14/2010	35655366

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/22/2010	04/22/2010

Disposition

Disposition Date: 04/22/2010
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AEMN-126585305*	*State:*	*Arkansas*
Filing Company:	*RiverSource Life Insurance Company*	*State Tracking Number:*	*45420*
Company Tracking Number:	*IPE*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Disability*		
Project Name/Number:	*IPE/IPE*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	04/22/2010
Bypass Reason:	na		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	04/22/2010
Comments:			
Attachment:			

AR CoverLetter for Informational Filing.pdf

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

April 14, 2010

Life Rates and Forms Intake Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AEMN-126585305
Disability Income Base Policy Forms 30200G, 30203G, 30205G, 30207G and 30208G
Rider Policy Forms 30700G, 30701G, 30706G, 30712G and 30714G

Dear Sir or Madam:

This informational filing is in regards the above-referenced policy forms which were approved in Arkansas on 7/12/2007, under the tracking information below:

Form	SERFF Tracking	State Tracking
30200G, 30700G, 30712G, 30714G, and 30706G	AEMN-125193745	36199
30203G and 30701G	AEMN-125208854	36204
30205G	AEMN-125208967	36205
30207G	AEMN-125208971	36203
30208G	AEMN-125208991	36201

At this time, RiverSource Life is expanding the product offering in two ways:

1. Form 30207G is now available to occupation class 4M, using the same level premium rates that are offered to occupation class 4A, which were filed at the time this form was approved. Rider policy forms 30701G, 30706G, 30712G and 30714G will be available at the same premium rates as occupation class 4A. Attachment 1 to this letter contains the premium rate tables for occupation class 4M, for reference.

2. An IPE discount is now available when an individual applies for both a disability income policy under the above-referenced policy forms and a term life insurance policy Form 132289 (approved 3/19/2010, SERFF tracking number AEMN-126542812, state tracking number 45190), at the same time. The IPE discount reduces the total premiums on the disability income policy by 5%. When the IPE discount is applicable, the following information will be included on the Policy Data page for the disability income policy:

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

"The total premium for this policy reflects a 5% discount as you have applied for an [Income Protection Life] Term Life Insurance policy from RiverSource Life Insurance Company at the same time."

Please note that "Income Protection Life" is a marketing name currently used to refer to Term Life Insurance Policy Form 132289. We reserve the right to change that marketing name in the future.

There are two other discounts available on these disability policy forms; a 10% large case discount and a 10% multiple case discount. The applicant will receive the greatest of the three discounts available, up to a maximum discount of 10%. Attachment 2 to this letter describes these discounts and includes examples of how the final discount is calculated.

Please let me know if you have any questions. You can reach me directly at (612) 671-5583 or by email at cheryl.d.meyer@ampf.com.

Respectfully,

Cheryl Meyer

Attachment 1: Premium Rates for Occupation Class 4M, Form 30207G and Related Riders
Attachment 2: Calculation of Premium Rates and Discounts

Attachment 1

RIVERSOURCE LIFE INSURANCE COMPANY
Male Non-tobacco*
Occupation Class 4M

Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period			
	Age 67					Age 65					5 Year					1 Year			
Age	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180
18	4.90	3.98	2.75	2.29	2.04	4.66	3.79	2.61	2.17	1.95	3.79	2.98	1.95	1.65	1.48	2.65	2.09	1.37	1.15
19	4.90	3.98	2.75	2.29	2.04	4.66	3.79	2.61	2.17	1.95	3.79	2.98	1.95	1.65	1.48	2.65	2.09	1.37	1.15
20	4.90	3.98	2.75	2.29	2.04	4.66	3.79	2.61	2.17	1.95	3.79	2.98	1.95	1.65	1.48	2.65	2.09	1.37	1.15
21	5.07	4.08	2.81	2.33	2.09	4.83	3.89	2.67	2.21	1.99	3.87	2.99	1.96	1.66	1.49	2.71	2.10	1.38	1.16
22	5.24	4.17	2.87	2.36	2.13	4.99	3.99	2.73	2.25	2.03	3.95	3.01	1.98	1.67	1.51	2.77	2.11	1.39	1.17
23	5.39	4.27	2.93	2.40	2.17	5.14	4.08	2.78	2.28	2.07	4.03	3.04	1.99	1.69	1.53	2.83	2.13	1.40	1.18
24	5.52	4.37	2.98	2.43	2.21	5.26	4.17	2.83	2.32	2.11	4.10	3.07	2.02	1.71	1.55	2.88	2.16	1.41	1.19
25	5.65	4.46	3.03	2.47	2.25	5.38	4.26	2.88	2.35	2.14	4.17	3.12	2.04	1.73	1.57	2.93	2.19	1.43	1.21
26	5.74	4.54	3.06	2.49	2.27	5.45	4.33	2.90	2.36	2.16	4.22	3.18	2.07	1.76	1.59	2.97	2.24	1.45	1.23
27	5.82	4.63	3.09	2.52	2.30	5.53	4.41	2.93	2.38	2.18	4.27	3.25	2.10	1.79	1.62	3.01	2.28	1.48	1.25
28	5.91	4.72	3.13	2.55	2.33	5.60	4.49	2.97	2.41	2.21	4.33	3.32	2.13	1.82	1.65	3.05	2.33	1.50	1.28
29	6.00	4.82	3.18	2.60	2.37	5.67	4.57	3.01	2.45	2.25	4.40	3.40	2.17	1.85	1.68	3.09	2.38	1.53	1.30
30	6.09	4.92	3.23	2.65	2.42	5.74	4.65	3.05	2.49	2.29	4.48	3.48	2.21	1.89	1.71	3.13	2.43	1.55	1.32
31	6.19	5.02	3.32	2.74	2.50	5.83	4.74	3.13	2.58	2.37	4.61	3.55	2.25	1.93	1.75	3.17	2.45	1.56	1.33
32	6.32	5.13	3.42	2.84	2.60	5.95	4.84	3.22	2.67	2.45	4.75	3.63	2.30	1.97	1.79	3.22	2.47	1.57	1.34
33	6.48	5.27	3.55	2.96	2.71	6.09	4.96	3.33	2.78	2.55	4.90	3.72	2.36	2.01	1.84	3.27	2.50	1.59	1.35
34	6.67	5.42	3.68	3.09	2.83	6.25	5.10	3.45	2.91	2.65	5.07	3.82	2.43	2.07	1.89	3.34	2.53	1.61	1.36
35	6.88	5.60	3.84	3.24	2.96	6.44	5.25	3.59	3.04	2.77	5.25	3.93	2.50	2.12	1.95	3.41	2.57	1.63	1.38
36	7.16	5.83	4.03	3.39	3.10	6.68	5.44	3.75	3.18	2.89	5.41	4.05	2.58	2.17	2.00	3.52	2.65	1.68	1.42
37	7.49	6.09	4.22	3.56	3.25	6.95	5.66	3.92	3.32	3.02	5.59	4.19	2.68	2.23	2.06	3.64	2.75	1.74	1.46
38	7.85	6.39	4.43	3.73	3.40	7.26	5.91	4.10	3.47	3.15	5.79	4.35	2.78	2.31	2.13	3.77	2.85	1.81	1.51
39	8.26	6.72	4.66	3.92	3.57	7.60	6.19	4.28	3.63	3.29	6.00	4.54	2.90	2.40	2.22	3.91	2.97	1.88	1.57
40	8.70	7.08	4.89	4.11	3.74	7.97	6.50	4.48	3.79	3.44	6.23	4.74	3.03	2.50	2.31	4.05	3.09	1.96	1.63
41	9.19	7.50	5.09	4.29	3.89	8.41	6.88	4.66	3.94	3.58	6.50	5.00	3.17	2.65	2.44	4.17	3.20	2.02	1.69
42	9.72	7.95	5.31	4.48	4.06	8.86	7.27	4.84	4.10	3.72	6.80	5.27	3.33	2.81	2.59	4.30	3.32	2.08	1.76
43	10.28	8.43	5.55	4.70	4.25	9.34	7.67	5.05	4.28	3.88	7.13	5.57	3.50	3.00	2.75	4.43	3.45	2.16	1.85
44	10.87	8.93	5.82	4.93	4.46	9.84	8.09	5.26	4.47	4.06	7.48	5.89	3.70	3.19	2.93	4.57	3.59	2.25	1.94
45	11.50	9.46	6.10	5.19	4.69	10.36	8.53	5.49	4.67	4.24	7.87	6.23	3.91	3.41	3.12	4.72	3.74	2.35	2.04
46	12.11	9.94	6.47	5.53	5.00	10.82	8.89	5.78	4.93	4.48	8.23	6.51	4.15	3.62	3.32	4.86	3.92	2.51	2.17
47	12.77	10.46	6.86	5.89	5.32	11.32	9.28	6.08	5.21	4.73	8.66	6.84	4.42	3.85	3.53	5.03	4.12	2.67	2.32
48	13.47	11.01	7.28	6.26	5.67	11.84	9.68	6.39	5.50	4.98	9.15	7.20	4.72	4.09	3.76	5.22	4.34	2.85	2.46
49	14.23	11.60	7.72	6.66	6.03	12.38	10.10	6.71	5.79	5.25	9.70	7.61	5.03	4.35	4.00	5.43	4.57	3.04	2.62
50	15.03	12.23	8.18	7.07	6.41	12.96	10.55	7.05	6.10	5.53	10.31	8.06	5.37	4.63	4.25	5.67	4.83	3.23	2.78

Annual Premium per $10 Monthly Benefit
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Attachment 1

RIVERSOURCE LIFE INSURANCE COMPANY
Female Non-tobacco*
Occupation Class 4M

Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period			
	Age 67					Age 65					5 Year					1 Year			
Age	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180
18	8.55	6.56	3.98	3.16	2.80	8.16	6.24	3.79	3.00	2.66	5.99	4.46	2.80	2.42	2.04	4.19	3.13	1.96	1.69
19	8.55	6.56	3.98	3.16	2.80	8.16	6.24	3.79	3.00	2.66	5.99	4.46	2.80	2.42	2.04	4.19	3.13	1.96	1.69
20	8.55	6.56	3.98	3.16	2.80	8.16	6.24	3.79	3.00	2.66	5.99	4.46	2.80	2.42	2.04	4.19	3.13	1.96	1.69
21	8.78	6.73	4.09	3.25	2.88	8.39	6.41	3.90	3.09	2.74	6.14	4.58	2.87	2.49	2.10	4.30	3.21	2.02	1.74
22	9.03	6.91	4.20	3.34	2.96	8.62	6.58	4.00	3.18	2.82	6.30	4.71	2.95	2.55	2.15	4.41	3.30	2.07	1.78
23	9.28	7.09	4.31	3.43	3.05	8.85	6.76	4.11	3.28	2.90	6.46	4.83	3.02	2.62	2.21	4.53	3.38	2.12	1.83
24	9.53	7.29	4.43	3.53	3.13	9.09	6.94	4.22	3.37	2.98	6.62	4.95	3.10	2.69	2.26	4.64	3.47	2.18	1.87
25	9.80	7.49	4.55	3.63	3.22	9.33	7.13	4.33	3.46	3.06	6.79	5.07	3.17	2.75	2.32	4.76	3.55	2.23	1.92
26	10.02	7.67	4.64	3.71	3.29	9.53	7.29	4.41	3.53	3.12	6.95	5.18	3.24	2.81	2.37	4.89	3.64	2.28	1.97
27	10.28	7.87	4.75	3.81	3.37	9.75	7.47	4.51	3.61	3.19	7.12	5.29	3.30	2.87	2.43	5.01	3.73	2.34	2.01
28	10.57	8.09	4.87	3.91	3.46	10.01	7.67	4.62	3.71	3.27	7.30	5.41	3.38	2.93	2.48	5.13	3.81	2.39	2.06
29	10.89	8.34	5.02	4.03	3.57	10.29	7.89	4.75	3.81	3.36	7.48	5.53	3.45	2.99	2.54	5.25	3.89	2.43	2.10
30	11.24	8.62	5.19	4.16	3.68	10.60	8.13	4.90	3.92	3.46	7.68	5.66	3.53	3.06	2.60	5.37	3.97	2.48	2.14
31	11.75	9.03	5.48	4.34	3.84	11.07	8.50	5.16	4.08	3.61	7.91	5.81	3.63	3.14	2.67	5.45	4.01	2.51	2.16
32	12.29	9.45	5.78	4.53	4.01	11.56	8.89	5.43	4.26	3.77	8.15	5.97	3.73	3.22	2.74	5.53	4.06	2.54	2.19
33	12.86	9.88	6.09	4.75	4.20	12.07	9.28	5.71	4.46	3.94	8.39	6.14	3.84	3.31	2.82	5.62	4.12	2.57	2.22
34	13.47	10.32	6.42	4.98	4.40	12.62	9.67	6.00	4.67	4.12	8.65	6.32	3.95	3.41	2.90	5.71	4.18	2.61	2.25
35	14.11	10.78	6.75	5.23	4.62	13.19	10.08	6.30	4.89	4.32	8.92	6.51	4.07	3.51	2.99	5.81	4.24	2.65	2.29
36	14.77	11.13	7.00	5.52	4.87	13.75	10.37	6.51	5.14	4.53	9.19	6.69	4.19	3.61	3.09	5.99	4.36	2.73	2.36
37	15.41	11.48	7.25	5.81	5.12	14.29	10.65	6.72	5.39	4.75	9.47	6.88	4.31	3.72	3.19	6.17	4.49	2.81	2.43
38	16.02	11.82	7.49	6.10	5.37	14.81	10.93	6.92	5.63	4.96	9.75	7.09	4.44	3.83	3.30	6.35	4.62	2.89	2.50
39	16.62	12.16	7.73	6.39	5.61	15.31	11.20	7.12	5.87	5.16	10.03	7.31	4.58	3.95	3.41	6.52	4.76	2.97	2.57
40	17.19	12.50	7.96	6.67	5.86	15.78	11.47	7.31	6.11	5.37	10.32	7.54	4.72	4.08	3.53	6.70	4.90	3.06	2.65
41	17.46	12.82	8.17	6.81	5.99	16.03	11.76	7.50	6.25	5.50	10.56	7.81	4.86	4.22	3.63	6.77	4.99	3.10	2.69
42	17.78	13.18	8.40	6.98	6.15	16.31	12.08	7.71	6.40	5.63	10.82	8.10	5.02	4.37	3.75	6.84	5.09	3.15	2.75
43	18.14	13.58	8.65	7.17	6.32	16.60	12.42	7.93	6.56	5.78	11.12	8.41	5.19	4.53	3.88	6.92	5.21	3.20	2.81
44	18.54	14.02	8.93	7.38	6.52	16.92	12.79	8.16	6.74	5.95	11.44	8.74	5.38	4.72	4.03	6.99	5.33	3.27	2.87
45	18.98	14.50	9.24	7.62	6.74	17.25	13.18	8.41	6.93	6.12	11.79	9.09	5.59	4.91	4.19	7.07	5.46	3.35	2.95
46	19.98	15.25	9.73	8.14	7.19	17.97	13.72	8.76	7.32	6.46	12.27	9.45	5.86	5.15	4.42	7.24	5.68	3.52	3.10
47	20.99	16.01	10.22	8.66	7.65	18.68	14.26	9.10	7.70	6.80	12.80	9.82	6.14	5.39	4.66	7.42	5.91	3.70	3.24
48	22.04	16.77	10.71	9.19	8.11	19.40	14.78	9.44	8.08	7.13	13.36	10.21	6.43	5.65	4.92	7.61	6.14	3.88	3.40
49	23.10	17.53	11.20	9.72	8.58	20.13	15.28	9.77	8.46	7.46	13.95	10.62	6.74	5.92	5.18	7.81	6.38	4.06	3.55
50	24.19	18.30	11.70	10.26	9.05	20.85	15.78	10.09	8.83	7.79	14.59	11.05	7.07	6.20	5.46	8.03	6.62	4.25	3.71

Annual Premium per $10 Monthly Benefit
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Attachment 1

RIVERSOURCE LIFE INSURANCE COMPANY
Unisex Non-tobacco*
Occupation Class 4M

Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period			
	Age 67					Age 65					5 Year					1 Year			
Age	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180
18	6.54	5.14	3.30	2.68	2.38	6.24	4.89	3.14	2.54	2.27	4.78	3.65	2.33	2.00	1.73	3.34	2.56	1.64	1.39
19	6.54	5.14	3.30	2.68	2.38	6.24	4.89	3.14	2.54	2.27	4.78	3.65	2.33	2.00	1.73	3.34	2.56	1.64	1.39
20	6.54	5.14	3.30	2.68	2.38	6.24	4.89	3.14	2.54	2.27	4.78	3.65	2.33	2.00	1.73	3.34	2.56	1.64	1.39
21	6.74	5.27	3.39	2.74	2.45	6.43	5.02	3.22	2.61	2.33	4.89	3.71	2.37	2.03	1.76	3.43	2.60	1.67	1.42
22	6.95	5.40	3.47	2.80	2.50	6.62	5.16	3.30	2.67	2.39	5.01	3.78	2.42	2.07	1.80	3.51	2.65	1.70	1.44
23	7.14	5.54	3.55	2.86	2.57	6.81	5.29	3.38	2.73	2.44	5.12	3.85	2.45	2.11	1.84	3.60	2.69	1.72	1.47
24	7.32	5.68	3.63	2.93	2.62	6.98	5.42	3.46	2.79	2.50	5.23	3.92	2.51	2.15	1.87	3.67	2.75	1.76	1.50
25	7.52	5.82	3.71	2.99	2.69	7.16	5.55	3.53	2.85	2.55	5.35	4.00	2.55	2.19	1.91	3.75	2.80	1.79	1.53
26	7.67	5.95	3.77	3.04	2.73	7.29	5.66	3.58	2.89	2.59	5.45	4.08	2.60	2.23	1.94	3.83	2.87	1.82	1.56
27	7.83	6.09	3.84	3.10	2.78	7.43	5.79	3.64	2.93	2.63	5.55	4.17	2.64	2.28	1.98	3.91	2.93	1.87	1.59
28	8.01	6.24	3.91	3.16	2.84	7.58	5.92	3.71	3.00	2.69	5.67	4.26	2.69	2.32	2.02	3.99	3.00	1.90	1.63
29	8.20	6.40	4.01	3.24	2.91	7.75	6.06	3.79	3.06	2.75	5.79	4.36	2.75	2.36	2.07	4.06	3.06	1.94	1.66
30	8.41	6.59	4.11	3.33	2.99	7.93	6.22	3.88	3.13	2.82	5.92	4.46	2.80	2.42	2.11	4.14	3.12	1.97	1.69
31	8.69	6.82	4.29	3.46	3.10	8.19	6.43	4.04	3.26	2.93	6.10	4.57	2.87	2.47	2.16	4.20	3.15	1.99	1.70
32	9.01	7.07	4.48	3.60	3.23	8.47	6.66	4.21	3.39	3.04	6.28	4.68	2.94	2.53	2.22	4.26	3.19	2.01	1.72
33	9.35	7.34	4.69	3.77	3.38	8.78	6.90	4.40	3.54	3.18	6.47	4.81	3.03	2.60	2.28	4.33	3.23	2.03	1.74
34	9.73	7.63	4.91	3.94	3.54	9.12	7.16	4.60	3.70	3.31	6.68	4.95	3.11	2.67	2.34	4.41	3.27	2.06	1.76
35	10.13	7.93	5.15	4.14	3.71	9.48	7.42	4.81	3.87	3.47	6.90	5.09	3.21	2.75	2.42	4.49	3.32	2.09	1.79
36	10.58	8.22	5.37	4.35	3.90	9.86	7.66	4.99	4.06	3.63	7.11	5.24	3.30	2.82	2.49	4.63	3.42	2.15	1.84
37	11.05	8.52	5.58	4.57	4.09	10.25	7.91	5.18	4.25	3.80	7.34	5.40	3.41	2.90	2.57	4.78	3.53	2.22	1.90
38	11.53	8.83	5.81	4.80	4.29	10.66	8.17	5.37	4.44	3.96	7.57	5.58	3.53	2.99	2.66	4.93	3.65	2.30	1.96
39	12.02	9.17	6.04	5.03	4.49	11.07	8.44	5.56	4.64	4.13	7.81	5.79	3.66	3.10	2.76	5.08	3.78	2.37	2.02
40	12.52	9.52	6.27	5.26	4.69	11.48	8.74	5.75	4.83	4.31	8.07	6.00	3.79	3.21	2.86	5.24	3.90	2.46	2.09
41	12.91	9.89	6.48	5.42	4.84	11.84	9.08	5.94	4.98	4.44	8.33	6.26	3.93	3.36	2.98	5.34	4.01	2.51	2.14
42	13.35	10.30	6.70	5.61	5.00	12.21	9.43	6.13	5.14	4.58	8.61	6.54	4.09	3.51	3.11	5.44	4.12	2.56	2.21
43	13.82	10.75	6.95	5.81	5.18	12.61	9.81	6.35	5.31	4.74	8.93	6.85	4.26	3.69	3.26	5.55	4.24	2.63	2.28
44	14.32	11.22	7.22	6.03	5.39	13.03	10.21	6.57	5.49	4.91	9.26	7.17	4.46	3.88	3.43	5.66	4.37	2.71	2.36
45	14.87	11.73	7.51	6.28	5.61	13.46	10.62	6.80	5.69	5.09	9.63	7.52	4.67	4.09	3.60	5.78	4.51	2.80	2.45
46	15.65	12.33	7.94	6.70	5.99	14.04	11.06	7.12	6.01	5.37	10.05	7.83	4.92	4.31	3.82	5.93	4.71	2.96	2.59
47	16.47	12.96	8.37	7.14	6.37	14.63	11.52	7.44	6.33	5.66	10.52	8.18	5.19	4.54	4.04	6.11	4.93	3.13	2.73
48	17.33	13.60	8.82	7.58	6.77	15.24	11.98	7.76	6.66	5.95	11.04	8.55	5.49	4.79	4.28	6.30	5.15	3.31	2.88
49	18.22	14.27	9.29	8.04	7.18	15.87	12.43	8.09	6.99	6.24	11.61	8.96	5.80	5.06	4.53	6.50	5.38	3.50	3.04
50	19.15	14.96	9.76	8.51	7.60	16.51	12.90	8.42	7.33	6.55	12.24	9.41	6.14	5.34	4.79	6.73	5.64	3.69	3.20

Annual Premium per $10 Monthly Benefit
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Attachment 1

RIVERSOURCE LIFE INSURANCE COMPANY
Male Non-tobacco*
Occupation Class 4M

Social Benefits Rider - Form 30712G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period			
	Age 67					Age 65					5 Year					1 Year			
Age	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180
18	4.02	3.25	2.25	1.73	1.55	3.82	3.09	2.13	1.64	1.48	3.07	2.42	1.60	1.24	1.12	2.14	1.69	1.11	0.87
19	4.02	3.25	2.25	1.73	1.55	3.82	3.09	2.13	1.64	1.48	3.07	2.42	1.60	1.24	1.12	2.14	1.69	1.11	0.87
20	4.02	3.25	2.25	1.73	1.55	3.82	3.09	2.13	1.64	1.48	3.07	2.42	1.60	1.24	1.12	2.14	1.69	1.11	0.87
21	4.15	3.31	2.28	1.74	1.57	3.95	3.16	2.16	1.65	1.50	3.14	2.43	1.61	1.24	1.12	2.19	1.70	1.11	0.87
22	4.27	3.37	2.30	1.75	1.59	4.07	3.22	2.19	1.66	1.51	3.20	2.44	1.61	1.24	1.12	2.24	1.71	1.12	0.87
23	4.38	3.43	2.32	1.76	1.61	4.18	3.28	2.21	1.67	1.52	3.26	2.47	1.62	1.25	1.12	2.29	1.72	1.13	0.87
24	4.48	3.49	2.34	1.77	1.62	4.27	3.33	2.23	1.68	1.54	3.32	2.49	1.64	1.25	1.12	2.33	1.74	1.14	0.87
25	4.57	3.54	2.36	1.78	1.63	4.35	3.38	2.25	1.69	1.55	3.38	2.53	1.65	1.25	1.12	2.37	1.77	1.15	0.87
26	4.63	3.58	2.36	1.78	1.63	4.40	3.41	2.26	1.70	1.56	3.42	2.58	1.66	1.25	1.12	2.40	1.81	1.17	0.87
27	4.68	3.63	2.37	1.78	1.63	4.44	3.45	2.27	1.71	1.57	3.46	2.63	1.68	1.25	1.12	2.44	1.85	1.19	0.88
28	4.74	3.67	2.38	1.78	1.63	4.48	3.48	2.28	1.72	1.58	3.51	2.68	1.70	1.25	1.13	2.47	1.89	1.21	0.88
29	4.79	3.72	2.39	1.79	1.64	4.53	3.52	2.29	1.73	1.59	3.57	2.74	1.72	1.26	1.13	2.51	1.93	1.23	0.89
30	4.85	3.77	2.40	1.80	1.65	4.57	3.56	2.30	1.75	1.60	3.63	2.81	1.75	1.26	1.14	2.54	1.97	1.25	0.89
31	4.92	3.82	2.42	1.83	1.67	4.63	3.60	2.31	1.77	1.61	3.73	2.87	1.78	1.27	1.15	2.57	1.98	1.25	0.89
32	5.01	3.88	2.45	1.86	1.71	4.71	3.66	2.33	1.79	1.63	3.85	2.94	1.81	1.28	1.16	2.61	2.00	1.26	0.89
33	5.12	3.96	2.50	1.91	1.75	4.81	3.73	2.37	1.83	1.66	3.98	3.02	1.85	1.29	1.18	2.65	2.02	1.28	0.89
34	5.25	4.06	2.57	1.97	1.80	4.93	3.81	2.42	1.87	1.70	4.11	3.10	1.89	1.31	1.20	2.70	2.05	1.29	0.89
35	5.41	4.17	2.65	2.04	1.86	5.07	3.91	2.48	1.92	1.74	4.26	3.19	1.94	1.34	1.23	2.76	2.08	1.31	0.90
36	5.63	4.33	2.78	2.13	1.94	5.26	4.05	2.59	2.00	1.81	4.39	3.28	2.00	1.37	1.26	2.85	2.15	1.36	0.91
37	5.88	4.52	2.93	2.23	2.03	5.47	4.21	2.72	2.08	1.89	4.53	3.40	2.07	1.41	1.29	2.95	2.22	1.41	0.93
38	6.17	4.74	3.09	2.34	2.13	5.71	4.39	2.85	2.18	1.97	4.69	3.52	2.16	1.46	1.34	3.05	2.31	1.46	0.96
39	6.49	4.98	3.26	2.46	2.24	5.98	4.59	3.00	2.28	2.06	4.86	3.67	2.25	1.51	1.39	3.16	2.40	1.52	0.99
40	6.84	5.25	3.45	2.59	2.35	6.27	4.82	3.16	2.39	2.16	5.05	3.83	2.35	1.58	1.45	3.28	2.50	1.59	1.02
41	7.23	5.56	3.61	2.72	2.46	6.62	5.10	3.31	2.50	2.26	5.27	4.04	2.47	1.68	1.54	3.38	2.59	1.63	1.06
42	7.65	5.90	3.79	2.85	2.57	6.98	5.39	3.45	2.61	2.36	5.51	4.27	2.60	1.79	1.64	3.48	2.68	1.69	1.11
43	8.09	6.25	3.97	2.99	2.69	7.35	5.69	3.61	2.72	2.46	5.77	4.51	2.74	1.90	1.74	3.59	2.79	1.75	1.17
44	8.55	6.62	4.15	3.13	2.82	7.74	6.00	3.76	2.83	2.56	6.06	4.77	2.88	2.02	1.85	3.70	2.91	1.82	1.22
45	9.04	7.01	4.35	3.28	2.95	8.14	6.32	3.92	2.95	2.67	6.37	5.05	3.03	2.14	1.96	3.82	3.03	1.90	1.28
46	9.49	7.36	4.57	3.43	3.09	8.48	6.59	4.08	3.07	2.77	6.66	5.28	3.16	2.23	2.05	3.93	3.18	2.03	1.34
47	9.97	7.74	4.80	3.59	3.24	8.84	6.87	4.25	3.18	2.88	7.01	5.54	3.30	2.33	2.14	4.07	3.34	2.16	1.40
48	10.49	8.15	5.04	3.75	3.39	9.21	7.16	4.42	3.29	2.98	7.41	5.84	3.46	2.43	2.23	4.22	3.51	2.30	1.46
49	11.04	8.58	5.28	3.91	3.54	9.61	7.47	4.59	3.41	3.09	7.85	6.17	3.62	2.54	2.33	4.40	3.70	2.45	1.52
50	11.62	9.04	5.54	4.08	3.70	10.02	7.80	4.77	3.52	3.19	8.35	6.53	3.79	2.65	2.43	4.59	3.91	2.61	1.58

Annual Premium per $10 Monthly Benefit
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Attachment 1

RIVERSOURCE LIFE INSURANCE COMPANY
Female Non-tobacco*
Occupation Class 4M

Social Benefits Rider - Form 30712G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period			
	Age 67					Age 65					5 Year					1 Year			
Age	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180
18	7.01	5.35	3.11	2.39	2.12	6.69	5.09	2.96	2.27	2.02	4.85	3.61	2.26	1.83	1.55	3.39	2.53	1.59	1.28
19	7.01	5.35	3.11	2.39	2.12	6.69	5.09	2.96	2.27	2.02	4.85	3.61	2.26	1.83	1.55	3.39	2.53	1.59	1.28
20	7.01	5.35	3.11	2.39	2.12	6.69	5.09	2.96	2.27	2.02	4.85	3.61	2.26	1.83	1.55	3.39	2.53	1.59	1.28
21	7.18	5.47	3.17	2.44	2.16	6.86	5.21	3.02	2.32	2.06	4.97	3.71	2.31	1.86	1.58	3.48	2.60	1.63	1.30
22	7.36	5.59	3.23	2.49	2.21	7.03	5.32	3.08	2.37	2.10	5.10	3.81	2.36	1.89	1.61	3.58	2.67	1.67	1.32
23	7.55	5.71	3.29	2.53	2.25	7.20	5.44	3.13	2.41	2.14	5.23	3.91	2.41	1.92	1.63	3.67	2.73	1.72	1.34
24	7.74	5.83	3.35	2.57	2.28	7.38	5.55	3.19	2.45	2.17	5.36	4.01	2.46	1.95	1.65	3.76	2.80	1.76	1.36
25	7.94	5.96	3.41	2.61	2.32	7.56	5.67	3.24	2.49	2.20	5.50	4.11	2.52	1.97	1.67	3.86	2.87	1.80	1.38
26	8.10	6.06	3.44	2.63	2.34	7.70	5.76	3.27	2.50	2.21	5.63	4.20	2.58	1.98	1.68	3.96	2.94	1.84	1.40
27	8.29	6.17	3.49	2.66	2.36	7.87	5.86	3.31	2.52	2.23	5.77	4.29	2.64	2.00	1.69	4.06	3.01	1.89	1.41
28	8.51	6.30	3.55	2.69	2.39	8.06	5.97	3.36	2.55	2.25	5.91	4.39	2.70	2.01	1.70	4.16	3.08	1.93	1.42
29	8.75	6.45	3.62	2.73	2.42	8.27	6.10	3.42	2.58	2.28	6.06	4.49	2.77	2.02	1.72	4.26	3.15	1.97	1.43
30	9.02	6.61	3.70	2.77	2.46	8.51	6.24	3.49	2.61	2.31	6.22	4.59	2.84	2.04	1.73	4.35	3.21	2.01	1.44
31	9.41	6.87	3.86	2.84	2.52	8.87	6.48	3.64	2.68	2.37	6.41	4.71	2.93	2.06	1.75	4.41	3.25	2.04	1.44
32	9.83	7.15	4.04	2.93	2.60	9.25	6.73	3.80	2.75	2.45	6.60	4.84	3.02	2.09	1.78	4.48	3.29	2.06	1.44
33	10.28	7.43	4.23	3.04	2.69	9.65	6.98	3.97	2.85	2.53	6.80	4.98	3.11	2.12	1.81	4.55	3.34	2.09	1.44
34	10.75	7.73	4.43	3.16	2.79	10.08	7.25	4.15	2.95	2.62	7.01	5.12	3.20	2.16	1.85	4.62	3.39	2.13	1.44
35	11.25	8.04	4.65	3.29	2.91	10.52	7.52	4.34	3.07	2.73	7.23	5.27	3.30	2.21	1.89	4.70	3.44	2.16	1.45
36	11.76	8.29	4.84	3.47	3.06	10.95	7.72	4.50	3.22	2.86	7.45	5.41	3.38	2.27	1.95	4.85	3.54	2.22	1.49
37	12.25	8.54	5.03	3.65	3.22	11.37	7.93	4.66	3.38	2.99	7.67	5.57	3.46	2.33	2.01	5.00	3.64	2.29	1.53
38	12.72	8.79	5.22	3.83	3.37	11.76	8.13	4.82	3.54	3.12	7.90	5.73	3.55	2.40	2.07	5.14	3.74	2.35	1.57
39	13.18	9.04	5.41	4.01	3.53	12.14	8.33	4.98	3.69	3.25	8.13	5.91	3.64	2.48	2.14	5.29	3.85	2.42	1.62
40	13.62	9.29	5.60	4.20	3.69	12.50	8.53	5.14	3.85	3.38	8.36	6.10	3.73	2.57	2.22	5.43	3.97	2.49	1.67
41	13.83	9.51	5.78	4.31	3.79	12.69	8.74	5.31	3.95	3.47	8.55	6.33	3.84	2.67	2.30	5.49	4.05	2.52	1.70
42	14.07	9.77	5.96	4.43	3.90	12.90	8.97	5.47	4.06	3.57	8.77	6.57	3.96	2.78	2.38	5.55	4.13	2.56	1.74
43	14.34	10.06	6.16	4.55	4.01	13.12	9.21	5.64	4.16	3.66	9.01	6.82	4.08	2.88	2.46	5.61	4.22	2.60	1.77
44	14.64	10.38	6.36	4.67	4.12	13.35	9.48	5.81	4.26	3.76	9.27	7.09	4.21	2.99	2.55	5.67	4.32	2.66	1.81
45	14.97	10.73	6.57	4.80	4.24	13.60	9.76	5.98	4.36	3.85	9.55	7.37	4.34	3.10	2.64	5.73	4.43	2.72	1.85
46	15.71	11.29	6.86	5.04	4.45	14.12	10.16	6.18	4.53	4.00	9.95	7.65	4.46	3.19	2.74	5.87	4.61	2.86	1.91
47	16.46	11.86	7.14	5.28	4.66	14.65	10.56	6.36	4.69	4.15	10.37	7.95	4.59	3.28	2.83	6.01	4.79	3.00	1.97
48	17.23	12.42	7.41	5.51	4.87	15.17	10.95	6.54	4.85	4.28	10.83	8.25	4.72	3.38	2.93	6.16	4.98	3.14	2.02
49	18.01	13.00	7.68	5.73	5.06	15.69	11.33	6.70	4.99	4.40	11.31	8.57	4.85	3.47	3.03	6.33	5.17	3.29	2.08
50	18.81	13.57	7.94	5.95	5.25	16.21	11.70	6.85	5.12	4.52	11.83	8.91	4.99	3.56	3.13	6.50	5.37	3.44	2.13

Annual Premium per $10 Monthly Benefit
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Attachment 1

RIVERSOURCE LIFE INSURANCE COMPANY
Unisex Non-tobacco*
Occupation Class 4M

Social Benefits Rider - Form 30712G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period					Maximum Benefit Period			
	Age 67					Age 65					5 Year					1 Year			
Age	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180	EP 365	EP 30	EP 60	EP 90	EP 180
18	5.37	4.20	2.64	2.03	1.81	5.11	3.99	2.50	1.92	1.72	3.87	2.96	1.90	1.51	1.31	2.70	2.07	1.33	1.05
19	5.37	4.20	2.64	2.03	1.81	5.11	3.99	2.50	1.92	1.72	3.87	2.96	1.90	1.51	1.31	2.70	2.07	1.33	1.05
20	5.37	4.20	2.64	2.03	1.81	5.11	3.99	2.50	1.92	1.72	3.87	2.96	1.90	1.51	1.31	2.70	2.07	1.33	1.05
21	5.51	4.28	2.68	2.06	1.84	5.26	4.08	2.55	1.95	1.75	3.96	3.01	1.93	1.52	1.33	2.77	2.11	1.34	1.06
22	5.66	4.37	2.72	2.08	1.87	5.40	4.17	2.59	1.98	1.78	4.06	3.06	1.95	1.53	1.34	2.84	2.14	1.37	1.07
23	5.81	4.46	2.76	2.11	1.90	5.54	4.25	2.62	2.00	1.80	4.15	3.12	1.98	1.55	1.35	2.91	2.17	1.40	1.08
24	5.95	4.54	2.79	2.13	1.92	5.67	4.33	2.66	2.03	1.82	4.24	3.17	2.01	1.57	1.36	2.97	2.22	1.42	1.09
25	6.09	4.63	2.83	2.15	1.94	5.79	4.41	2.70	2.05	1.84	4.33	3.24	2.04	1.57	1.37	3.04	2.27	1.44	1.10
26	6.19	4.70	2.85	2.16	1.95	5.89	4.47	2.71	2.06	1.85	4.41	3.31	2.07	1.58	1.37	3.10	2.32	1.47	1.11
27	6.30	4.77	2.87	2.18	1.96	5.98	4.53	2.74	2.07	1.87	4.50	3.38	2.11	1.59	1.38	3.17	2.37	1.51	1.12
28	6.44	4.85	2.91	2.19	1.97	6.09	4.60	2.77	2.09	1.88	4.59	3.45	2.15	1.59	1.39	3.23	2.43	1.53	1.12
29	6.57	4.95	2.94	2.21	1.99	6.21	4.68	2.80	2.11	1.90	4.69	3.53	2.19	1.60	1.40	3.30	2.48	1.56	1.13
30	6.73	5.05	2.99	2.24	2.01	6.34	4.77	2.84	2.14	1.92	4.80	3.61	2.24	1.61	1.41	3.35	2.53	1.59	1.14
31	6.94	5.19	3.07	2.28	2.05	6.54	4.90	2.91	2.18	1.95	4.94	3.70	2.30	1.63	1.42	3.40	2.55	1.61	1.14
32	7.18	5.35	3.17	2.34	2.11	6.75	5.04	2.99	2.22	2.00	5.09	3.80	2.35	1.64	1.44	3.45	2.58	1.62	1.14
33	7.44	5.52	3.28	2.42	2.17	6.99	5.19	3.09	2.29	2.05	5.25	3.90	2.42	1.66	1.46	3.51	2.61	1.64	1.14
34	7.73	5.71	3.41	2.51	2.25	7.25	5.36	3.20	2.36	2.11	5.42	4.01	2.48	1.69	1.49	3.56	2.65	1.67	1.14
35	8.04	5.91	3.55	2.60	2.33	7.52	5.53	3.32	2.44	2.19	5.60	4.13	2.55	1.73	1.53	3.63	2.69	1.69	1.15
36	8.39	6.11	3.71	2.73	2.44	7.82	5.70	3.45	2.55	2.28	5.77	4.24	2.62	1.78	1.57	3.75	2.78	1.75	1.17
37	8.75	6.33	3.88	2.87	2.57	8.13	5.88	3.59	2.67	2.39	5.94	4.38	2.70	1.82	1.61	3.87	2.86	1.81	1.20
38	9.12	6.56	4.05	3.01	2.69	8.43	6.07	3.74	2.79	2.49	6.13	4.51	2.79	1.88	1.67	3.99	2.95	1.86	1.23
39	9.50	6.81	4.23	3.16	2.82	8.75	6.27	3.89	2.91	2.60	6.33	4.68	2.88	1.95	1.73	4.12	3.05	1.93	1.27
40	9.89	7.07	4.42	3.31	2.95	9.07	6.49	4.05	3.05	2.71	6.54	4.85	2.97	2.03	1.80	4.25	3.16	2.00	1.31
41	10.20	7.34	4.59	3.44	3.06	9.35	6.74	4.21	3.15	2.80	6.75	5.07	3.09	2.13	1.88	4.33	3.25	2.03	1.35
42	10.54	7.64	4.77	3.56	3.17	9.64	7.00	4.36	3.26	2.90	6.98	5.31	3.21	2.24	1.97	4.41	3.33	2.08	1.39
43	10.90	7.96	4.96	3.69	3.28	9.95	7.27	4.52	3.37	3.00	7.23	5.55	3.34	2.34	2.06	4.50	3.43	2.13	1.44
44	11.29	8.31	5.14	3.82	3.41	10.26	7.57	4.68	3.47	3.10	7.50	5.81	3.48	2.46	2.17	4.59	3.54	2.20	1.49
45	11.71	8.68	5.35	3.96	3.53	10.60	7.87	4.85	3.58	3.20	7.80	6.09	3.62	2.57	2.27	4.68	3.66	2.27	1.54
46	12.29	9.13	5.60	4.15	3.70	11.02	8.20	5.03	3.73	3.32	8.14	6.35	3.75	2.66	2.36	4.80	3.82	2.40	1.60
47	12.89	9.59	5.85	4.35	3.88	11.45	8.53	5.20	3.86	3.45	8.52	6.62	3.88	2.76	2.45	4.94	3.99	2.54	1.66
48	13.52	10.07	6.11	4.54	4.06	11.89	8.87	5.37	3.99	3.57	8.95	6.92	4.03	2.86	2.55	5.09	4.17	2.68	1.71
49	14.18	10.57	6.36	4.73	4.22	12.35	9.21	5.54	4.12	3.68	9.41	7.25	4.17	2.96	2.65	5.27	4.36	2.83	1.77
50	14.86	11.08	6.62	4.92	4.40	12.81	9.56	5.71	4.24	3.79	9.92	7.60	4.33	3.06	2.75	5.45	4.57	2.98	1.83

Annual Premium per $10 Monthly Benefit
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Attachment 1

RIVERSOURCE LIFE INSURANCE COMPANY
Male Non-tobacco*
Occupation Class 4M

Supplemental Disability Income Rider - Form 30701G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period				Maximum Benefit Period		
	to 365th day				to 180th day		
Age	EP 30	EP 60	EP 90	EP 180	EP 30	EP 60	EP 90
18	2.71	1.84	0.66	0.22	2.49	1.62	0.44
19	2.71	1.84	0.66	0.22	2.49	1.62	0.44
20	2.71	1.84	0.66	0.22	2.49	1.62	0.44
21	2.84	1.90	0.68	0.22	2.62	1.68	0.46
22	2.96	1.96	0.70	0.22	2.74	1.74	0.48
23	3.07	2.01	0.71	0.22	2.86	1.80	0.50
24	3.15	2.06	0.72	0.22	2.94	1.85	0.51
25	3.24	2.12	0.74	0.22	3.03	1.91	0.53
26	3.29	2.17	0.74	0.22	3.09	1.97	0.54
27	3.35	2.23	0.75	0.22	3.15	2.03	0.55
28	3.39	2.28	0.76	0.22	3.19	2.08	0.56
29	3.42	2.32	0.76	0.22	3.22	2.12	0.56
30	3.45	2.36	0.76	0.22	3.25	2.16	0.56
31	3.46	2.37	0.76	0.22	3.25	2.16	0.56
32	3.50	2.39	0.77	0.22	3.28	2.17	0.56
33	3.54	2.41	0.78	0.23	3.31	2.18	0.56
34	3.60	2.45	0.80	0.26	3.34	2.19	0.56
35	3.67	2.48	0.82	0.27	3.40	2.21	0.56
36	3.79	2.55	0.86	0.29	3.50	2.26	0.57
37	3.93	2.64	0.90	0.30	3.63	2.34	0.60
38	4.11	2.76	0.95	0.32	3.79	2.44	0.63
39	4.31	2.90	0.99	0.34	3.97	2.56	0.65
40	4.53	3.06	1.04	0.35	4.18	2.71	0.69
41	4.83	3.30	1.08	0.36	4.47	2.94	0.72
42	5.14	3.55	1.12	0.38	4.76	3.17	0.74
43	5.46	3.79	1.17	0.40	5.06	3.39	0.77
44	5.78	4.03	1.20	0.41	5.37	3.62	0.79
45	6.12	4.29	1.25	0.43	5.69	3.86	0.82
46	6.34	4.41	1.30	0.45	5.89	3.96	0.85
47	6.59	4.55	1.35	0.48	6.11	4.07	0.87
48	6.86	4.70	1.41	0.52	6.34	4.18	0.89
49	7.13	4.85	1.46	0.54	6.59	4.31	0.92
50	7.43	5.02	1.52	0.57	6.86	4.45	0.95

Annual Premium per $10 Monthly Benefit
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Cost of Living Adjustment Rider - Form 30714G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period		
	Age 67	Age 65	5 Year
Age			
18	0.18	0.16	0.01
19	0.18	0.16	0.01
20	0.18	0.16	0.01
21	0.18	0.16	0.01
22	0.18	0.16	0.01
23	0.19	0.17	0.01
24	0.19	0.17	0.01
25	0.19	0.17	0.01
26	0.19	0.17	0.01
27	0.19	0.17	0.01
28	0.20	0.18	0.02
29	0.20	0.18	0.02
30	0.20	0.18	0.02
31	0.20	0.18	0.02
32	0.20	0.18	0.02
33	0.21	0.19	0.03
34	0.21	0.19	0.03
35	0.21	0.19	0.03
36	0.21	0.19	0.03
37	0.21	0.19	0.03
38	0.22	0.20	0.04
39	0.22	0.20	0.04
40	0.22	0.20	0.04
41	0.22	0.20	0.04
42	0.22	0.20	0.04
43	0.22	0.20	0.05
44	0.22	0.20	0.05
45	0.22	0.20	0.05
46	0.22	0.20	0.05
47	0.21	0.19	0.05
48	0.21	0.19	0.06
49	0.21	0.19	0.06
50	0.20	0.18	0.06

Rates Per 1% of Maximum Percent
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Future Purchase Option - Form 30712G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Ages	Annual Premium
Future Purchase Option per $10 of Option Amount	18-49	8% of the DI premium rate (incl. COL if applicable)

Attachment 1

RIVERSOURCE LIFE INSURANCE COMPANY
Female Non-tobacco*
Occupation Class 4M

Supplemental Disability Income Rider - Form 30701G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period				Maximum Benefit Period		
	to 365th day				to 180th day		
Age	EP 30	EP 60	EP 90	EP 180	EP 30	EP 60	EP 90
18	5.50	3.58	1.13	0.34	5.16	3.24	0.79
19	5.50	3.58	1.13	0.34	5.16	3.24	0.79
20	5.50	3.58	1.13	0.34	5.16	3.24	0.79
21	5.65	3.67	1.16	0.35	5.30	3.32	0.81
22	5.80	3.76	1.18	0.36	5.44	3.40	0.82
23	5.95	3.86	1.21	0.38	5.57	3.48	0.83
24	6.11	3.96	1.24	0.39	5.72	3.57	0.85
25	6.27	4.07	1.27	0.40	5.87	3.67	0.87
26	6.41	4.17	1.29	0.41	6.00	3.76	0.88
27	6.56	4.28	1.32	0.42	6.14	3.86	0.90
28	6.74	4.40	1.35	0.44	6.30	3.96	0.91
29	6.93	4.53	1.39	0.45	6.48	4.08	0.94
30	7.14	4.67	1.44	0.46	6.68	4.21	0.98
31	7.46	4.89	1.55	0.47	6.99	4.42	1.08
32	7.79	5.12	1.66	0.49	7.30	4.63	1.17
33	8.13	5.34	1.77	0.52	7.61	4.82	1.25
34	8.50	5.55	1.88	0.55	7.95	5.00	1.33
35	8.87	5.76	1.98	0.57	8.30	5.19	1.41
36	9.22	5.84	1.98	0.61	8.61	5.23	1.41
37	9.54	5.90	1.98	0.64	8.90	5.26	1.41
38	9.85	5.97	1.98	0.67	9.18	5.30	1.41
39	10.15	6.04	1.98	0.71	9.44	5.33	1.41
40	10.41	6.10	1.98	0.74	9.67	5.36	1.41
41	10.53	6.26	2.00	0.75	9.78	5.51	1.41
42	10.68	6.45	2.08	0.77	9.91	5.68	1.41
43	10.82	6.64	2.15	0.78	10.04	5.86	1.41
44	10.97	6.84	2.21	0.79	10.18	6.05	1.42
45	11.13	7.06	2.29	0.81	10.32	6.25	1.48
46	11.51	7.26	2.30	0.86	10.65	6.40	1.48
47	11.88	7.46	2.30	0.90	10.98	6.56	1.48
48	12.27	7.65	2.31	0.95	11.32	6.70	1.48
49	12.67	7.82	2.31	1.00	11.67	6.82	1.48
50	13.06	7.99	2.31	1.04	12.02	6.95	1.48

Annual Premium per $10 Monthly Benefit
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Cost of Living Adjustment Rider - Form 30714G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period		
	Age 67	Age 65	5 Year
Age			
18	0.43	0.38	0.02
19	0.43	0.38	0.02
20	0.43	0.38	0.02
21	0.43	0.38	0.02
22	0.44	0.39	0.03
23	0.44	0.39	0.03
24	0.45	0.40	0.03
25	0.45	0.40	0.03
26	0.45	0.40	0.03
27	0.46	0.41	0.03
28	0.46	0.41	0.04
29	0.47	0.42	0.04
30	0.47	0.42	0.04
31	0.47	0.42	0.04
32	0.47	0.42	0.04
33	0.48	0.43	0.05
34	0.48	0.43	0.05
35	0.48	0.43	0.05
36	0.48	0.43	0.05
37	0.49	0.44	0.05
38	0.49	0.44	0.06
39	0.50	0.45	0.06
40	0.50	0.45	0.06
41	0.51	0.46	0.06
42	0.52	0.47	0.07
43	0.53	0.48	0.07
44	0.53	0.48	0.08
45	0.53	0.48	0.08
46	0.51	0.46	0.08
47	0.49	0.44	0.08
48	0.46	0.42	0.08
49	0.43	0.39	0.08
50	0.40	0.36	0.08

Rates Per 1% of Maximum Percent
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Future Purchase Option - Form 30712G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Ages	Annual Premium
Future Purchase Option per $10 of Option Amount	18-49	8% of the DI premium rate (incl. COL if applicable)

Attachment 1

RIVERSOURCE LIFE INSURANCE COMPANY
Unisex Non-tobacco*
Occupation Class 4M

Supplemental Disability Income Rider - Form 30701G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period				Maximum Benefit Period		
	to 365th day				to 180th day		
Age	EP 30	EP 60	EP 90	EP 180	EP 30	EP 60	EP 90
18	3.97	2.62	0.87	0.27	3.69	2.35	0.60
19	3.97	2.62	0.87	0.27	3.69	2.35	0.60
20	3.97	2.62	0.87	0.27	3.69	2.35	0.60
21	4.10	2.70	0.90	0.28	3.83	2.42	0.62
22	4.24	2.77	0.92	0.28	3.96	2.49	0.63
23	4.37	2.84	0.94	0.29	4.08	2.56	0.65
24	4.48	2.92	0.95	0.30	4.19	2.62	0.66
25	4.60	3.00	0.98	0.30	4.31	2.70	0.68
26	4.69	3.07	0.99	0.31	4.40	2.78	0.69
27	4.79	3.15	1.01	0.31	4.50	2.85	0.71
28	4.90	3.23	1.03	0.32	4.59	2.93	0.72
29	5.00	3.31	1.04	0.32	4.69	3.00	0.73
30	5.11	3.40	1.07	0.33	4.79	3.08	0.75
31	5.26	3.50	1.12	0.33	4.93	3.18	0.79
32	5.43	3.62	1.17	0.34	5.09	3.28	0.83
33	5.61	3.73	1.23	0.36	5.25	3.37	0.87
34	5.81	3.85	1.29	0.39	5.41	3.45	0.91
35	6.01	3.96	1.34	0.41	5.61	3.55	0.94
36	6.23	4.03	1.36	0.43	5.80	3.60	0.95
37	6.45	4.11	1.39	0.45	6.00	3.65	0.96
38	6.69	4.20	1.41	0.48	6.22	3.73	0.98
39	6.94	4.31	1.44	0.51	6.43	3.81	0.99
40	7.18	4.43	1.46	0.53	6.65	3.90	1.01
41	7.40	4.63	1.49	0.54	6.86	4.10	1.03
42	7.63	4.86	1.55	0.56	7.08	4.30	1.04
43	7.87	5.07	1.61	0.57	7.30	4.50	1.06
44	8.12	5.29	1.65	0.58	7.53	4.71	1.07
45	8.37	5.54	1.72	0.60	7.77	4.94	1.12
46	8.67	5.69	1.75	0.63	8.03	5.06	1.13
47	8.97	5.86	1.78	0.67	8.30	5.19	1.14
48	9.29	6.03	1.82	0.71	8.58	5.31	1.16
49	9.62	6.19	1.84	0.75	8.88	5.44	1.17
50	9.96	6.36	1.88	0.78	9.18	5.58	1.19

Annual Premium per $10 Monthly Benefit
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Cost of Living Adjustment Rider - Form 30714G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Maximum Benefit Period		
	Age 67	Age 65	5 Year
Age			
18	0.29	0.26	0.01
19	0.29	0.26	0.01
20	0.29	0.26	0.01
21	0.29	0.26	0.01
22	0.30	0.26	0.02
23	0.30	0.27	0.02
24	0.31	0.27	0.02
25	0.31	0.27	0.02
26	0.31	0.27	0.02
27	0.31	0.28	0.02
28	0.32	0.28	0.03
29	0.32	0.29	0.03
30	0.32	0.29	0.03
31	0.32	0.29	0.03
32	0.32	0.29	0.03
33	0.33	0.30	0.04
34	0.33	0.30	0.04
35	0.33	0.30	0.04
36	0.33	0.30	0.04
37	0.34	0.30	0.04
38	0.34	0.31	0.05
39	0.35	0.31	0.05
40	0.35	0.31	0.05
41	0.35	0.32	0.05
42	0.36	0.32	0.05
43	0.36	0.33	0.06
44	0.36	0.33	0.06
45	0.36	0.33	0.06
46	0.35	0.32	0.06
47	0.34	0.30	0.06
48	0.32	0.29	0.07
49	0.31	0.28	0.07
50	0.29	0.26	0.07

Rates Per 1% of Maximum Percent
*Multiply Above Premium Rate by 1.25 for the Tobacco Premium Rate

Future Purchase Option - Form 30712G
Attached to Income Protection with Residual Benefits (IPTr) - Form 30207G

	Ages	Annual Premium
Future Purchase Option per $10 of Option Amount	18-49	8% of the DI premium rate (incl. COL if applicable)

Attachment 2
Calculation of Premiums on Disability Income Policy

General

- Premium rates apply to insureds that are eligible for non-tobacco rates. To calculate the premium for tobacco users, multiply the non-tobacco rate by 125%.
- Premium rates are the annual premium rates per $10 of monthly benefit, except for the Cost of Living (COL) rider which is per 1% of maximum percent per $10 of base monthly benefit.
- The total annual premium is a sum of the base policy premium, any rider premiums and a $30 annual policy fee.

Discounts

- A 10% large case discount is available on policies where the base monthly benefit amount plus the Social Benefits Substitute Rider (SBSR) monthly benefit total $5,000 or more. This discount applies to the policy's total annual premium, even though only the base policy and SBSR benefit amounts are used to qualify for the discount. This discount is available for occupation classes 5A, 5M, 4A, 4M, 3A and 3M.
- A 10% multiple case discount is available on applications submitted for 3 or more owners, partners or key employees of the same business. This discount is available for occupation classes 5A, 5M, 4A, 4M, 3A and 3M.
- A 5% IPE discount is available when an applicant applies for both a disability income policy and a Term Life Insurance Policy – Income Protection Life (Form 132289) at the same time. This discount is available for all occupation classes.
- The greater of the large case, the multiple case and the IPE discounts will be applied, up to a maximum discount of 10%.

Calculating Modal Premiums

Use the following equations are to calculate the desired modal premiums:

Semi-annual = (0.502 x annual premium) + .40
Quarterly = (0.258 x annual premium) + .50
Monthly = (0.0868 x annual premium) + .60

Example 1: Male, Age 40, Non-tobacco, Occupation Class 5A

- Income Protection Plus (IPP), to Age 65 (65DI), $5,000 monthly benefit, 90-day elimination period (EP)
- Social Benefits Substitute Rider (SBSR), 90-day EP, $1,000 per month
- Cost of Living benefit (COL), to Age 65, 5%
- Future Purchase Option (FPO) with $4,000 pool amount
- Has applied for Term Life Insurance Policy – Income Protection Life

1. Base policy premium calculation:
   Locate premium rate for a 5A, IPP, 65DI, 90-day EP.....$4.36
   Multiply premium rate by per $10 in monthly benefit..... x 500
   Total base policy premium..... $2,180

2. SBR premium calculation:
   Locate SBR premium rate for 5A, 65DI, IPP, 90-day EP..... $2.83
   Multiply premium rate by per $10 in monthly benefit..... x 100
   Total SBR premium..... $283

3. COL premium calculation:

Locate COL premium rate for 5A, 65DI, IPP, 90-day EP..... $0.21
Multiply premium rate by percentage chosen..... x 5
Total COL premium rate..... $1.05

Multiply the SBR benefit amount by .7..... $1,000
x .7
$ 700

Add the SBR result and the base policy benefit amount.....$700
+ $5,000
$5,700
Divide the result by 10..... ÷ 10
$570
Multiply result by the COL premium rate calculated above.....x 1.05
Total COL premium.....$598.50

4. FPO premium calculation:

Add the base policy premium rate and the COL premium rate..... $4.36 (base)
+ 1.05 (COL)
$5.41
Multiply result by .08..... x .08
.432
Multiply result by per $10 of FPO pool amount..... x 400
Total FPO Premium.....$172.80

5. To obtain the total annual premium add the total premiums from steps 1 – 4:

$2,180.00 (base policy)
283.00 (SBR)
598.50 (COL)
172.80 (FPO)
+ 30.00 (Policy Fee)
$3,264.30 Total annual premium

6. Determining Discount:

This policy qualifies for the large case discount as the total monthly benefit of the base policy and SBR is equal to or greater than $5,000. This policy also qualifies for the IPE discount as the applicant has applied for both a Term Life Insurance Policy – Income Protection Life and a Disability Income Policy. Take the greater of the two discounts to determine the final discount.

Large Case Discount..... 10%
IPE Discount..... 5%
Applicable Discount..... 10%

Follow these steps to calculate the discount:

a. Multiply the total annual premium by 10%:

$3,264.30
x .10
$ 326.43 (discount)

b. Subtract the discount from the total annual premium:

$3,264.30
- 326.43
$2,937.87 Total discounted annual premium

7. Calculate the Desired Modal Premium

Example: Monthly premium on the above example

$2,937.87 Total discounted annual premium
x 0.0868 (monthly modal premium factor)
$ 255.01
+ .60
$ 255.61 Monthly modal premium

Example 2: Male, Age 40, Non-tobacco, Occupation Class 5A

- Income Protection Plus (IPP), to Age 65 (65DI), $4,000 monthly benefit, 90-day elimination period (EP)
- Social Benefits Substitute Rider (SBSR), 90-day EP, $500 per month
- Cost of Living benefit (COL), to Age 65, 5%
- Future Purchase Option (FPO) with $4,000 pool amount
- Has applied for Term Life Insurance Policy – Income Protection Life

1. Base policy premium calculation:

Locate premium rate for a 5A, IPP, 65DI, 90-day EP.....$4.36
Multiply premium rate by per $10 in monthly benefit..... x 400
Total base policy premium..... $1,744

2. SBSR premium calculation:

Locate SBR premium rate for 5A, 65DI, IPP, 90-day EP..... $2.83
Multiply premium rate by per $10 in monthly benefit..... x 50
Total SBR premium..... $141.50

3. COL premium calculation:

Locate COL premium rate for 5A, 65DI, IPP, 90-day EP..... $0.21
Multiply premium rate by percentage chosen..... x 5
Total COL premium rate..... $1.05

Multiply the SBR benefit amount by .7..... $500
x .7
$ 350

Add the SBR result and the base policy benefit amount.....$350
+ $4,000
$4,350
Divide the result by 10..... ÷ 10
$435
Multiply result by the COL premium rate calculated above.....x 1.05
Total COL premium.....$456.75

4. FPO premium calculation:

Add the base policy premium rate and the COL premium rate..... $4.36 (base)
+ 1.05 (COL)
$5.41
Multiply result by .08..... x .08
.432
Multiply result by per $10 of FPO pool amount..... x 400
Total FPO Premium.....$172.80

5. To obtain the total annual premium add the total premiums from steps 1 – 4:

$1,744.00 (base policy)
141.50 (SBR)
456.75 (COL)
172.80 (FPO)
+ 30.00 (Policy Fee)
$2,545.05 Total annual premium

6. Determining Discount:

This policy qualifies for the IPE discount as the applicant has applied for both a Term Life Insurance Policy – Income Protection Life and a Disability Income Policy.

IPE Discount..... 5%
Applicable Discount..... 5%

Follow these steps to calculate the discount:

c. Multiply the total annual premium by 5%:

$2,545.05
x .05
$ 127.25 (discount)

d. Subtract the discount from the total annual premium:

$2,545.05
- 127.25
$2,417.80 Total discounted annual premium

7. Calculate the Desired Modal Premium

Example: Monthly premium on the above example

$2,417.80 Total discounted annual premium
x 0.0868 (monthly modal premium factor)
$ 209.87
+ .60
$ 210.47 Monthly modal premium