

SERFF Tracking Number: AEMN-126542812 State: Arkansas
Filing Company: RiverSource Life Insurance Company State Tracking Number: 45190
Company Tracking Number: 132289
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Income Protection Term Life
Project Name/Number: IPL Term/132289

Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Income Protection Term Life SERFF Tr Num: AEMN-126542812 State: Arkansas
TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 45190
Closed

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: 132289 State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life
Filing Type: Form

Reviewer(s): Linda Bird
Disposition Date: 05/12/2010
Authors: Debbie Berg, Bonnie Foley, Jeff Pederson, Cheryl Meyer
Date Submitted: 03/16/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 06/22/2010
State Filing Description:

Implementation Date:

General Information

Project Name: IPL Term
Project Number: 132289
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/12/2010

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 03/17/2010
Created By: Bonnie Foley
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Bonnie Foley
Filing Description:
Subject: Term Life Insurance Submission
Term Life Insurance Policy Form 132289
Policy Data Page 132289-DP
Policy Data Page 132289-DPCOL
Conversion Endorsement 132291
Waiver of Premium Rider 132290

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We are submitting the subject forms for review and approval. These forms are new and do not replace any other forms on file. This submission contains no unusual or controversial items from the standpoint of normal company or industry standards.

The purpose of the policy is to provide for life insurance benefits to replace income upon death of the insured. The term policy provides for a monthly benefit amount chosen and a benefit period tied to a chosen retirement age, either To Age 60, To Age, 65, or To Age 67. The intent is that if the insured dies prior to the policy expiry day, a death benefit will be paid in monthly installments to the later of the death benefit period, or for 24 payments. A lump sum option is available to the beneficiary. If the Cost of Living Option is elected the base premium will increase. The monthly benefit will increase on each anniversary of when benefits become payable, for the benefit period.

Minimum issue amounts for a monthly benefit would be \$500, with a maximum dependant upon the agreement of our reinsurers. Risk Classes will be Super Preferred Nontobacco, Preferred Nontobacco, Standard Nontobacco, Preferred Tobacco, and Standard Tobacco. Preferred classes are available only on present value of Monthly Benefits at 6% greater than or equal to \$100,000.

We are filing Waiver of Premium Rider form 132290 for use with the policy form 132289. The Waiver of Premium Rider will waive the premiums for the policy, until the expiry date, if a total disability begins before the insured's age 60 anniversary.

Conversion endorsement form 132291 will be attached to any policy form 132289 issued where the insured meets the criteria for the conversion privilege. Currently, the conversions will be allowed for up to 10 years, but never later than the insured's age 50 anniversary.

Policy form 132289 will be marketed on an individual basis to the general public, solicited to individuals ages 20 to 50 for our To Age 60 product, and ages 20 - 55 for our To Age 65 & 67 product, through licensed agents and brokers. Policy form 132289 will be a non-illustrated form. Only guarantees for it and any riders attached will be illustrated. Applicants will apply for the policy using application forms 134851 and 133081, approved 2/17/2010 under state file number 44823.

The policy is sex-distinct and will not be used in any employer-employee situations subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964. Underwriting of this product will be consistent with our customary standard procedures used with our individual life insurance portfolio.

To the best of our knowledge and belief, these forms comply with the laws and regulations of your state. Please call or email me if I can provide any further information to aid your review.

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Company and Contact

Filing Contact Information

Bonnie Foley, Sr. Contract Analyst bonnie.foley@ampf.com
 9550 Ameriprise Financial Center 612-671-8584 [Phone]
 H22/9550 612-671-3880 [FAX]
 Minneapolis, MN 55474

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: For a full policy form and supplemental forms, our domicile state (MN) charges \$125.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	\$125.00	03/16/2010	34917828

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/12/2010	05/12/2010
Approved-Closed	Linda Bird	03/19/2010	03/19/2010
Approved-Closed	Linda Bird	03/17/2010	03/17/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Data Page	Bonnie Foley	05/11/2010	05/11/2010
Form	Data Page with COL	Bonnie Foley	05/11/2010	05/11/2010
Form	Waiver of Premium Rider	Bonnie Foley	05/11/2010	05/11/2010
Supporting Document	Life & Annuity - Actuarial Memo	Bonnie Foley	05/11/2010	05/11/2010
Supporting Document	Statement of Variability	Bonnie Foley	05/11/2010	05/11/2010
Supporting Document	Sample rated Policy Data pages	Bonnie Foley	05/11/2010	05/11/2010
Supporting Document	Redline of changes 5-11-10 for data pages, SOV and WP	Bonnie Foley	05/11/2010	05/11/2010
Form	Term Life Insurance Policy	Bonnie Foley	03/19/2010	03/19/2010
Supporting Document	Redlined 132289	Bonnie Foley	03/19/2010	03/19/2010

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Product Name: Income Protection Term Life
Project Name/Number: IPL Term/132289

Disposition

Disposition Date: 05/12/2010

Implementation Date:

Status: Approved-Closed

Comment: Amendments made to the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: AEMN-126542812 State: Arkansas
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Product Name: Income Protection Term Life
 Project Name/Number: IPL Term/132289

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Life & Annuity - Actuarial Memo		No
Supporting Document	Life & Annuity - Actuarial Memo	Replaced	No
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document (revised)	Sample rated Policy Data pages		Yes
Supporting Document	Sample rated Policy Data pages	Replaced	Yes
Supporting Document	Redlined 132289		Yes
Supporting Document	Redline of changes 5-11-10 for data pages, SOV and WP		Yes
Form (revised)	Term Life Insurance Policy		Yes
Form	Term Life Insurance Policy	Replaced	Yes
Form (revised)	Data Page		Yes
Form	Data Page	Replaced	Yes
Form (revised)	Data Page with COL		Yes
Form	Data Page with COL	Replaced	Yes
Form (revised)	Waiver of Premium Rider		Yes
Form	Waiver of Premium Rider	Replaced	Yes
Form	Waiver of Premium Rider	Replaced	Yes
Form (revised)	Conversion Endorsement		Yes
Form	Conversion Endorsement	Replaced	Yes

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Disposition

Disposition Date: 03/19/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has made correction on the original submission.

Rate data does NOT apply to filing.

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Supporting Document	Sample rated Policy Data pages	Replaced	Yes
Supporting Document	Redlined 132289		Yes
Supporting Document	Redline of changes 5-11-10 for data pages, SOV and WP		Yes
Form (revised)	Term Life Insurance Policy		Yes
Form	Term Life Insurance Policy	Replaced	Yes
Form (revised)	Data Page		Yes
Form	Data Page	Replaced	Yes
Form (revised)	Data Page with COL		Yes
Form	Data Page with COL	Replaced	Yes
Form (revised)	Waiver of Premium Rider		Yes
Form	Waiver of Premium Rider	Replaced	Yes
Form	Waiver of Premium Rider	Replaced	Yes
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Disposition Date: 03/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form (revised)	Term Life Insurance Policy		Yes
Form	Term Life Insurance Policy	Replaced	Yes
Form (revised)	Data Page		Yes
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Form (revised)	Data Page with COL		Yes
Form	Data Page with COL	Replaced	Yes
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Form	Waiver of Premium Rider	Replaced	Yes
Form	Waiver of Premium Rider	Replaced	Yes
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Amendment Letter

Submitted Date: 05/11/2010

Comments:

Dear Ms. Bird,

Thank you for your review of these forms. Since the approval of the submission we have received feedback from other filings that certain changes were needed. To ensure a consistent product design on a national basis we have made the following changes to the forms to be used in Arkansas:

1. The data pages now reflect the annual policy fee, which was included within the premium rates and actuarial memorandum. We have also added a range of policy fee values to the statement of variability document.
2. The waiver of premium rider reflects an improvement in product design in favor of the policy owner. Benefits will now extend for the duration of the benefit period of the underlying policy. The previous design terminated the rider for waivers at age 60, if the Insured was not disabled. The rider is revised to remove the age 60 limitation; therefore the actuarial memorandum has been revised.

We have attached for approval revised data pages 132289-DP and 132289-DPCOL, and waiver rider 132290, and ask that the new forms replace the previously submitted versions. We can confirm that there have been no issues of these forms. In addition, we have revised the following supporting documents; page 6 of the Actuarial Memorandum, and the Statement of Variability. We have attached redlines showing the changes to the Statement of Variability, form 132290, 132289-DP and 132289-DPCOL. The supporting documents showing rated data pages have been updated as well.

We would also like to advise you that due to an overlap in implementation, it is possible that we might receive an application for this policy on our current application form, number 134803.

These modifications enhance the clarity of the information within the data page and extend waiver of premium benefits, and hope you find them satisfactory. Please let me know if you have any questions. Thank you for your continued review of the material.

Bonnie Foley
Senior Contract Analyst
RiverSource Life Insurance Company
612-671-8584

Changed Items:

SERFF Tracking Number: AEMN-126542812 State: Arkansas
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 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
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Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
132289-DP	Data/Declaration Pages	Data Page	Initial					132289-DP print.pdf
132289-DPCOL	Data/Declaration Pages	Data Page with COL	Initial					132289-DPCOL print.pdf
132290	Policy/Contract	Waiver of Fraternal Premium Certificate: Rider Amendment, Insert Page, Endorsement or Rider	Initial					WP print v 5-10.pdf

Supporting Document Schedule Item Changes:

Satisfied -Name: Life & Annuity - Actuarial Memo

Comment:
 GEN_AMEM 0510.pdf

User Added -Name: Statement of Variability

Comment:
 Statement of Variability.pdf

User Added -Name: Sample rated Policy Data pages

Comment:
 132289-DP TABLE D print.pdf
 132289-DP TEMP FLAT EXTRA print.pdf

User Added -Name: Redline of changes 5-11-10 for data pages, SOV and WP

Comment:
 132289-DP changes tracked.pdf
 John Doe DP COL changes tracked.pdf
 WP changes tracked.pdf
 Statement of Variability changes tracked.pdf

SERFF Tracking Number: AEMN-126542812 *State:* Arkansas
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TOI: L041 Individual Life - Term *Sub-TOI:* L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Income Protection Term Life
Project Name/Number: IPL Term/132289

Note To Filer

Created By:

Linda Bird on 05/11/2010 09:32 AM

Last Edited By:

Linda Bird

Submitted On:

05/11/2010 09:32 AM

Subject:

Request to re-open the filing

Comments:

Filing has been re-opened in order for amendment to made on the original submission.

SERFF Tracking Number: AEMN-126542812 *State:* Arkansas
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Fixed/Indeterminate Premium - Single Life
Product Name: Income Protection Term Life
Project Name/Number: IPL Term/132289

Note To Reviewer

Created By:

Bonnie Foley on 05/10/2010 11:11 AM

Last Edited By:

Bonnie Foley

Submitted On:

05/10/2010 11:11 AM

Subject:

Request to re-open the filing

Comments:

Dear Ms. Bird-

Due to a product design change to the waiver of premium benefit, we respectfully request to reopen the filing, if possible. We have changed the national version design of the waiver to extend through the life of the underlying base policy, and if possible would wish to amend this filing.

Please feel free to contact me at 612-671-8584.

Thank you in advance!

Bonnie Foley

RiverSource Life Insurance

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Amendment Letter

Submitted Date: 03/19/2010

Comments:

I apologize for having to re-open the filing, but we realized that language regarding the payment of benefits due to the suicide exclusion was unclear. We added clarifying language, and have attached a redlined version of the changes under the supporting documentation.

Please contact me if I can be of any assistance in your review of the filing.

Bonnie Foley
 Senior Contract Analyst
 RiverSource Life Insurance Company
 612-671-8584

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
132289	Policy/Contract/Fraternal Insurance Certificate	Term Life Policy	Initial					132289-30 print v 3-18.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Redlined 132289

Comment:
 132289-20 v 3-18 redline.pdf

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Product Name: Income Protection Term Life
Project Name/Number: IPL Term/132289

Note To Filer

Created By:

Linda Bird on 03/19/2010 09:06 AM

Last Edited By:

Linda Bird

Submitted On:

03/19/2010 09:06 AM

Subject:

Request to re-open

Comments:

Filing has been re-opened in order for correction to be made in the original submission.

SERFF Tracking Number: AEMN-126542812 State: Arkansas
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Amendment Letter

Submitted Date: 03/16/2010

Comments:

Thank you for assigning our filing. I realized that I reversed the numbers on the Conversion Endorsement with that of the Waiver of Premium Rider, therefore I am correcting my typographical error. Please contact me if there are any questions regarding the filing.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
132290	Policy/Contr	Waiver of act/Fraternal Premium Certificate: Rider Amendment, Insert Page, Endorsemen t or Rider	Initial					WP printed.pdf
132291	Policy/Contr	Conversion act/Fraternal Endorsemen Certificate: t Amendment, Insert Page, Endorsemen t or Rider	Initial					Conversion Endorsement printed.pdf

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Form Schedule

Lead Form Number: 132289

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	132289	Policy/Cont Term Life Insurance ract/Fratern Policy al Certificate	Initial			132289-30 print v 3- 18.pdf
	132289-DP	Data/DeclarData Page ation Pages	Initial			132289-DP print.pdf
	132289-DPCOL	Data/DeclarData Page with COL ation Pages	Initial			132289- DPCOL print.pdf
	132290	Policy/Cont Waiver of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			WP print v 5- 10.pdf
	132291	Policy/Cont Conversion ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			Conversion Endorsement printed.pdf

RiverSource Life Insurance Company

70100 Ameriprise Financial Center
Minneapolis, MN 55474



1.

2.

1-800-862-7919

Term Life Insurance Policy

- Proceeds are payable upon the Insured's death prior to the Expiry Date.
- Level premiums are payable during the lifetime of the Insured until the Expiry Date.
- This Policy is nonparticipating. No dividends are payable.
- This Policy is convertible as shown under Policy Data.

3.

Insured: 4. John Doe

Policy Number: 5. 9000-1234567

Monthly Benefit: \$ 3000 6.

Policy Date: 7. June 28, 2010

Benefit Period: To Age 65 8.

Expiry Date: 9. June 28, 2040

This is a life insurance policy. It is a legal contract between You, as the owner, and Us, RiverSource Life Insurance Company, A Stock Company, Minneapolis, Minnesota. **PLEASE READ YOUR POLICY CAREFULLY.**

NOTICE OF YOUR RIGHT TO EXAMINE THIS POLICY

If for any reason You are not satisfied with this policy, return it to Us or Our representative within 10 days after You receive it. If this policy is intended to replace an existing policy, Your right to examine this policy is extended to 30 days or any longer period if required by the state in which it is delivered. We will then cancel this policy and refund all premiums which You have paid. This policy will then be considered void from its start.

We promise to pay the monthly benefits provided by this policy to the beneficiary if We receive proof satisfactory to Us that the Insured died while this policy was in force. Payment of monthly benefits are subject to the terms of this policy.

Signed for and issued by RiverSource Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

The owner and the beneficiary are named in the application unless they are changed as provided for in this policy.

President:

10.

Secretary:

10.

GUIDE TO POLICY PROVISIONS

<u>Subject</u>	<u>Page</u>
Policy Data	Schedule of Benefits; Schedule of Premiums / page 3
Definitions	Important words and meanings / page 4
The Insurance Contract	Entire contract; Policy incontestability; Suicide exclusion; Conformity with interstate insurance product regulation commission standards; Misstatement of age or sex; Policy change; Policy termination / page 5
Owner and Beneficiary	Owner's rights; Successor owner; Change of ownership; Beneficiary receives proceeds paid on the Insured's death; Change of beneficiary; Assignment / page 6
Premiums	Payment of premiums; Frequency of premiums; Grace period; Reinstatement / page 7
Payment of Policy Proceeds	Payment of proceeds; Time of payment; Protection against creditors; Commuted value on or after the date of death / page 8
A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

DEFINITIONS

The following words are used often in this policy. When We use these words, this is what We mean:

Age

When used in terms such as "Age 65", age means the Policy Anniversary on Your Attained Insurance age.

Attained Insurance Age

The Insured's Insurance Age plus the number of Policy Anniversaries since the Policy Date. Attained Insurance Age changes only on a Policy Anniversary.

Commutation Date

The Commutation Date is the date used to calculate the Commuted Value. If commutation is due to the death of the Insured and no monthly benefits have been issued, the Commutation Date is the Insured's date of death. Any other commutation will be based on the date We receive the request in our home office.

Commuted Value

Is equal to the present value of any remaining monthly benefits as of the Commutation Date.

Expiry Date

This is the last date insurance coverage under this policy can remain in force, and is shown under Policy Data. To continue coverage to this date, premiums must be paid when due.

In Force

The Insured's life remains insured under the terms of the policy.

Insurance Age

The Insurance Age of the Insured on the Policy Date is the issue age shown under Policy Data as determined by Us from the birth date stated in the application.

Insured

The person whose life is insured by this policy.

Monthly Date

The same day each month as the Policy Date. If there is no Monthly Date on a calendar month, the Monthly Date will be the first day of the next calendar month.

Policy Anniversary

The same day and month as the Policy Date each year that the policy remains in force.

Policy Date

It is the date from which Policy Anniversaries, policy years, policy months, premium dates and Expiry Dates are determined. Your Policy Date is shown under Policy Data.

Proceeds

The amount We are obligated to pay under the terms of this policy. Proceeds are payable when the Insured dies and We receive due proof of death that is satisfactory to Us.

Terminate

This policy is no longer in force. All insurance coverage under this policy has stopped.

We, Our, Us

RiverSource Life Insurance Company

Written Request

A request in writing signed by You and satisfactory to Us.

You, Your

The owner of this policy. The owner may be someone other than the Insured. The owner is shown in the application unless the owner has been changed as provided in this policy.

THE INSURANCE CONTRACT

Entire Contract

The entire contract between You and Us is as stated in this policy, Your application, and any attached endorsements, or riders.

No one except one of Our corporate officers (President, Vice-President, Secretary or Assistant Secretary) can change or waive any of Our rights or requirements under this policy. That person must do so in writing. No other persons have the authority to change or waive any of Our rights or requirements.

Any statements made in the application(s) are, in the absence of fraud, considered representations and not warranties. No statement made in connection with an application will be used by Us to void the policy or deny a claim unless that statement is part of the application.

Policy Incontestability

After this policy has been in force during the Insured's lifetime for 2 years from the Policy Date, We cannot contest the policy except for nonpayment of premiums.

While this policy is contestable, We, on the basis of a misstatement or misrepresentation made in the application, may rescind the policy or deny a claim.

Suicide Exclusion

If the Insured, whether sane or insane, dies by suicide within 2 years from the Policy Date, Our liability is limited to an amount equal to the total premiums paid.

Any amount payable due to the suicide exclusion will be paid in one lump sum to the beneficiary.

Conformity with Interstate Insurance Product Regulation Commission Standards

This policy was approved under the authority of the Insurance Product Regulation Commission (IIPRC) and issued under the Commission standards. Any provision of the policy that on the provision's effective date is in conflict with IIPRC standards for this policy is hereby amended to conform to the IIPRC standards for this policy as of the provision's effective date.

Misstatement of Age or Sex

If the birth date or sex of the Insured was misstated in the application, the Proceeds payable will be based on the amount premiums would have purchased at the correct birth date or sex.

Policy Change

If We agree, You may have riders or benefits added to Your policy. We may also allow You to change the monthly benefit. If You wish to make a change, please contact Us. If the change is acceptable to Us, We will tell You what We will need to process Your request.

Policy Termination

This policy will Terminate and all coverage will end on the earliest of the following:

1. the Expiry Date, as shown under the Policy Data page; or
2. the date You request, by Written Request, that coverage ends; or
3. the end of the grace period; or
4. the date of death of the Insured.

If You request for coverage under this policy to end, We will refund the pro-rata portion of any premiums paid for the period beyond the date of Your request for coverage to end.

OWNER AND BENEFICIARY

Your Rights as Owner of this Policy

As long as the Insured is living and unless otherwise provided in this policy, You may exercise all rights and privileges in this policy or allowed by Us.

Successor Owner

A successor owner becomes the new owner of this policy if You die during the lifetime of the Insured. If no successor owner is living at the time of Your death, ownership will pass to Your estate. The successor owner, if any, is shown in the application unless changed as provided below.

Changing Ownership of this Policy

You can change the ownership of this policy by Written Request. A successor owner may also be changed in this same way. The change must be made while the Insured is living. Once the change is recorded by Us, it will take effect as of the date of Your request, subject to any action We take or payment We make before the recording.

Beneficiary Receives Proceeds Paid on the Insured's Death

We will pay the Proceeds to the beneficiary or beneficiaries which You have named in the application, unless You have since changed the beneficiary as provided below. If the beneficiary has been changed, We will pay the Proceeds in accordance with Your last change of beneficiary request. If no valid beneficiary designation exists, We will pay the Proceeds to You, if living, otherwise to Your estate.

Change of Beneficiary By Owner

You may change the beneficiary anytime while the Insured is living by Written Request to Us. Once the change is recorded by Us, it will take effect as of the date of Your request, subject to any action taken or payment made by Us before the recording.

Assigning the Policy as Collateral

While the Insured is living, You can assign this policy or any interest in it. Your interest and the interest of any beneficiary is subject to the interest of the assignee. An assignment is not a change of ownership and an assignee is not an owner as these terms are used in this policy. A copy of the assignment must be submitted to Us. Any assignment shall take effect as of the date the notice was signed, subject to any action taken or payment made by Us before the assignment was recorded at Our home office. We are not responsible for the validity of any assignment.

PREMIUMS

Payment of Premiums

Your first premium is due as of the Policy Date. All premiums after the first are payable on or before their due date. Premiums must be paid or mailed to Us at Our home office or to an authorized agent. We will give You a receipt if You request one.

Frequency of Premium Payments

You may choose one of the following intervals to pay Your premiums:

1. Annual - Your premium will be due once a year on each Policy Anniversary date;
2. Semiannual - Your premium will be due every six months;
3. Quarterly - Your premium will be due every three months.

The first year premium for each of these intervals is shown under Policy Data. A premium payment paid at an interval not shown here must be approved by Us. You may change the interval for future premium payments, but one of the premium due dates must fall on the Policy Anniversary.

Grace Period

To keep this policy in force, You must pay all premiums due as shown under Policy Data, or until the death of the Insured, if earlier. There is, however, a 31 day grace period for all premiums except the first one.

If a premium is not paid by its due date, this policy will remain in force for 31 days following the due date. You can pay the premium any time during the 31 days. Any payment sent by U. S. mail must be postmarked within the grace period to keep the policy in force.

If the Insured dies during the 31 day grace period, We will deduct the unpaid premium from the policy Proceeds, as described in the Payment of Proceeds section.

If You do not pay the premium by the end of the grace period, this policy will Terminate.

Reinstatement

If the policy Terminated due to non-payment of premiums, You may apply to reinstate this policy at any time within 3 years of the end of the grace period. In order to reinstate this policy, three requirements must be met. They are:

1. You must submit a Written Request to reinstate the policy; and
2. You must provide evidence of insurability of the Insured satisfactory to Us; and
3. Full payment of all past due premiums with compound interest at 6 % per year.

These requirements must be met during the Insured's lifetime, before the Expiry Date shown under Policy Data.

The effective date of a reinstated policy will be the date on which We approve the application for reinstatement.

A new 2 year suicide exclusion and policy incontestability period will apply from the effective date of reinstatement. While this policy is contestable, We, on the basis of a misstatement or misrepresentation made in the reinstatement application, may rescind the policy or deny a claim.

PAYMENT OF POLICY PROCEEDS

Payment of Proceeds

If the Insured dies while this policy is in force, We will pay the Proceeds to the beneficiary. The Proceeds consist of:

1. The monthly benefit shown under Policy Data; plus
2. Any additional amount provided by rider or endorsement; plus
3. Any part of the premiums paid for coverage beyond the Insured's date of death, unless the premiums are being waived, will be included in the first payment.

Time of Payment

Monthly benefits begin on the Monthly Date following the date of death of the Insured.

Within 30 days of receiving acceptable proof of death, We will pay any benefits due for each full month. Payments will be made until the later of the Benefit Period shown under Policy Data or 24 monthly payments. All Proceeds are payable at Our home office.

If the Insured died after the policy entered the Grace Period but while insurance coverage is still in force, We will deduct the amount of unpaid premium from the first and, if necessary, successive payments of the Proceeds.

Proceeds will be paid in monthly installments to the named beneficiary. If a beneficiary dies before all of the monthly benefits are paid, We will continue the monthly benefits to the successor beneficiary named in Our records. The successor beneficiary is the person named by the beneficiary to receive the remaining monthly benefits, if any, upon the death of the beneficiary. If no valid successor beneficiary exists at the time of the beneficiary's death, We will pay the Proceeds to the estate of the beneficiary.

If the monthly benefit payable under this policy to any beneficiary is less than \$100, We have the right to pay the Commuted Value.

If there is no valid beneficiary designation upon the death of the Insured, We will pay the Proceeds to You, if living; otherwise to Your estate.

Protection Against Creditors

To the extent permitted by law, no payment of policy Proceeds or interest We make will be subject to the claims of any creditor.

Commuted Value On or After the Date of Death

In lieu of monthly benefits, the Proceeds may be paid as a Commuted Value.

Commuted Values requested on or after the date of death but before any monthly benefits have been issued will be calculated using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus 3.50%. If approved, the amount payable will include interest from the date We receive acceptable proof of death to the payment date at a rate required by law in the state in which the policy was issued.

Commuted Values requested after any monthly benefits have been issued will be calculated using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus 4.00%.

Term Life Insurance Policy

- Proceeds are payable upon the Insured's death prior to the Expiry Date.
- Level premiums are payable during the lifetime of the Insured until the Expiry Date.
- This Policy is nonparticipating. No dividends are payable.
- This Policy is convertible as shown under Policy Data.

3.

RiverSource Life Insurance Company

70100 Ameriprise Financial Center
Minneapolis, MN 55474

1.

Policy Data

Insured: **1.** [John Doe]
 Policy Number **3.** [9000-1234567]
 Benefit Period: **5.** To Age [65]
 Risk Classification: [Male Standard Nontobacco] **7.**
 Policy Date: [June 28, 2010] **2.**
 Expiry Date: [June 28, 2040] **4.**
 Issue Age: [35] **6.**
8. [MN State Insurance Department Telephone Number: 1-800-657-3602]

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
Term Life	9. [\$3,000]	10. To Age [65]
11. [Waiver of Premium Rider]		To Age [65]

Conversion

12. Conversion Expiry Date: **13.** [June 28, 2020]
 Conversion Value: **14.** [80% of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus **15.** [3.50%] and assuming monthly benefits begin on the Monthly Date following the Commutation Date.

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
Term Life	16. [\$1,014.00]	To Age [65] 17.
21. [18.]	19. []	[20.]
Waiver of Premium Rider	22. [\$48.00]	To Age [65]

<u>Total Premiums</u>	23. <u>Annually</u>	<u>Semi-Annually</u>	<u>Quarterly</u>	<u>Monthly</u>
Total for Each Payment	[\$1,062.00] 25.	[\$546.93] 27.	[\$278.78] 29.	[\$92.93]
Total for Policy Year	24. [\$1,062.00]	26. [\$1,093.86]	28. [\$1,115.12]	30. [\$1,115.16]

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

The Total Premiums include a \$ [**60**] annual policy fee.

31.

Policy Data

Insured: **1.** [John Doe]
 Policy Number **3.** [9000-1234567]
 Benefit Period: **5.** To Age [65]
 Risk Classification: [Male Standard Nontobacco] **7.**

Policy Date: [June 28, 2010] **2.**
 Expiry Date: [June 28, 2040] **4.**
 Issue Age: [35] **6.**

8. [MN State Insurance Department Telephone Number: 1-800-657-3602]

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
Term Life	9. [\$3,000]	10. To Age [65]

The Monthly Benefit will increase **3.** % annually, starting one year after the Monthly Date following the date of death of the Insured, until monthly benefits end. Each increase will apply to the prior year's Monthly Benefit. **11.**

12. [Waiver of Premium Rider] To Age [65]

Conversion

13. [Conversion Expiry Date: **14.** [June 28, 2020]]

13. [Conversion Value: **15.** [80% of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus **3.50.** % and assuming monthly benefits begin on the Monthly Date following the Commutation Date.] **16.**]

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
Term Life	17. [\$1,260.00]	18. To Age [65]
[19.]	[20.]	[21.]
22. [Waiver of Premium Rider]	23. [\$60.00]	To Age 65 []

<u>Total Premiums</u>	24. <u>Annually</u>	26. <u>Semi-Annually</u>	28. <u>Quarterly</u>	30. <u>Monthly</u>
Total for Each Payment	25. [\$1,320.00]	27. [\$679.80]	29. [\$346.50]	31. [\$115.50]
Total for Policy Year	[\$1,320.00]	[\$1,359.60]	[\$1,386.00]	[\$1,386.00]

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

The Total Premiums include a \$ **60.** annual policy fee.

Waiver of Premium Rider

Based on the application for this rider and the payment of the premium, this rider is made a part of the policy. This rider is subject to all policy terms and provisions unless this rider changes them. This rider does not increase Your policy values.

Rider Benefit

We will, as described below, waive the premiums for the policy if the Insured becomes Totally Disabled and meets the requirements described in this rider. This means that You will not be required to pay any premiums that fall due while the Insured is so disabled and the waived premiums will not be deducted from the policy Proceeds. It can also provide a refund of premiums that You pay during Total Disability before Your claim is approved.

Total Disability must begin while this rider is in force and must continue for a period of 180 consecutive days, except that the 180 consecutive days may be interrupted by a period of up to 20 accumulated days during which the Insured is not Totally Disabled.

Until Your claim is approved, You must pay the premiums needed so that Your policy does not Terminate due to non-payment of premiums, as provided in the grace period provision of the policy. If Total Disability begins during a grace period, the overdue premiums must be paid before any claim for waiver of premium will be approved.

If We approve Your claim, We will refund the portion of monthly premium and subsequent premiums paid that covers the period after Total Disability began. Premiums will be waived according to the payment interval in effect on the date Total Disability began. The premium payment interval cannot be changed during a period of Total Disability.

When premiums are being waived, the policy will remain in force as though You had paid them in cash. The premiums for the policy include the premiums for this and all other riders attached to the policy, unless stated otherwise under Policy Data.

Definition of Total Disability

Total Disability must begin while this rider is in force. During the first 24 months, Total Disability means the complete inability of the Insured, due to bodily injury or disease, to perform all of the material and substantial duties of his or her regular occupation at the time of disability. After 24 months of such continuous disability, Total Disability will mean the Insured's complete inability to engage in any gainful occupation for which he or she is reasonably fitted by education, training, or experience.

Once the waiver benefit has been approved and the Insured should then unsuccessfully attempt to return to work, We will not require the Insured to re-qualify for the benefit if the later Total Disability is considered a reoccurrence of the prior period of Total Disability. We will consider a Total Disability to be a reoccurrence of a prior period of Total Disability if:

1. the prior and later Total Disability are due to the same or related cause; and
2. the later period of Total Disability occurs within 31 days of the prior period of Total Disability.

Certain Losses Considered Total Disability

The total and irrecoverable loss of the following will be considered Total Disability even if the Insured performs in an occupation:

1. the sight of both eyes; or
2. the use of both hands; or
3. the use of both feet; or
4. the use of one hand and one foot.

Such loss must occur or first appear after the effective date of this rider and while the rider is in effect.

Limitations for Total Disability

We will not waive premiums if Total Disability results from or is contributed to by:

1. intentionally self inflicted injuries; or
2. war, declared or not, act of war, or any type of military conflict.

Proof of Total Disability

We must receive proof of Total Disability in Our home office within one year after the due date of the premium that You request Us to waive. If You do not give Us proof within this time, Your claim will not be affected if proof was given as soon as reasonably possible. Otherwise, premiums which were due more than one year before proof was furnished will not be waived or refunded.

At reasonable intervals, not more frequently than every 30 days, We have the right to require proof, including a medical examination, that Total Disability is continuing. If We require a medical examination as proof, it will be at Our expense. After 2 years We will only require proof no more than once in any 12 month period. If such proof is not given when required, no further premiums will be waived.

Waiver of Premium for Involuntary Unemployment

After this rider has been in force during the Insured's lifetime for 12 months from its effective date, and after the Insured has collected unemployment benefits for 90 consecutive days, premiums due during the 12 months following the start of unemployment benefits will be waived. Premiums that were due and paid during the first 90 consecutive days that the Insured collected unemployment benefits, will be refunded. The waiver of premium benefit for involuntary unemployment is available one time during the Insured's lifetime.

To be eligible for this waiver, the Insured must submit to Us proof of involuntary unemployment in the form of a determination letter from the appropriate jurisdiction's Department of Labor indicating that the Insured has qualified for unemployment benefits and has been receiving unemployment benefits for 90 consecutive days.

Any claim of Total Disability that becomes effective while premiums are being waived due to involuntary unemployment will terminate waiver of premium due to involuntary unemployment.

Premiums Are Payable For This Rider

You are required to pay a premium for this rider. The amount of this premium is shown under Policy Data. If the rider is Terminated by You or Us, the total premium for the entire policy will be reduced by the premium for this rider. (See below for details on when this rider Terminates.)

Policy's Incontestable Provision Applies To This Rider

After this rider has been in force during the Insured's lifetime for two years from its effective date, We cannot contest this rider. The two year period will not include time during which the Insured is Totally Disabled.

This Rider Can Be Terminated

Coverage under this rider will end on the earliest of the following:

1. the date any premium due for the policy remains unpaid at the end of the grace period; or;
2. the date the policy Terminates; or
3. If the policy is convertible, the date the policy is converted; or
4. as of any premium due date upon Your Written Request to Us.

This rider is issued as of the Policy Date of the policy unless a different date is shown here.

RiverSource Life Insurance Company

A B C D 1.

Secretary

Conversion Endorsement

This endorsement is part of the life insurance policy to which it is attached. This endorsement is subject to all terms, exceptions, and provisions of the policy unless changed by this endorsement.

This policy may be converted to a new permanent life insurance policy on the life of the Insured in accordance with the requirements shown below.

1. You must submit a Written Request to Us.
2. The request must be made prior to the conversion expiry date shown under Policy Data.
3. The date we receive Your request in Our home office is the conversion date.
4. Evidence of insurability is not required.
5. You must pay all premiums which are due on this policy before the conversion.
6. The maximum amount of insurance on the new policy may not exceed the conversion value shown under Policy Data on the conversion date.
7. The new policy will be a permanent plan of life insurance then offered by Us on the conversion date.
8. You must pay the first premium on the new policy, which will be based on the Insured's issue age and sex on the conversion date. The Insured's risk classification under this policy will be the Insured's risk classification under the new policy. If the Insured's risk classification under this policy is no longer available, a comparable risk classification then offered by Us on the conversion date will be used. We will use Our table of rates then in effect for the new policy.
9. The new policy's Policy Date and issue age will be determined based on the conversion date.
10. The incontestability and suicide exclusion provision periods of the new policy will be measured from the Policy Date of this policy.
11. Riders, including any riders attached to this policy, will be attached to the new policy only upon evidence of insurability that is satisfactory to Us.
12. Coverage under this policy terminates when coverage under the new policy begins.

This endorsement is issued as of the Policy Date of the policy unless a different date is shown here.

RiverSource Life Insurance Company

1. 
Secretary

SERFF Tracking Number: AEMN-126542812 State: Arkansas
 Filing Company: RiverSource Life Insurance Company State Tracking Number: 45190
 Company Tracking Number: 132289
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: Income Protection Term Life
 Project Name/Number: IPL Term/132289

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification
Comments:
Attachment:
 Flesch Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application
Comments:
 Applicants will apply for the policy using application forms 134851 and 133081, approved 2/17/2010 under state file number 44823.

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability
Comments:
Attachment:
 Statement of Variability.pdf

Item Status: **Status**
Date:

Satisfied - Item: Sample rated Policy Data pages
Comments:
Attachments:
 132289-DP TABLE D print.pdf
 132289-DP TEMP FLAT EXTRA print.pdf

Item Status: **Status**
Date:

SERFF Tracking Number: AEMN-126542812 State: Arkansas
Filing Company: RiverSource Life Insurance Company State Tracking Number: 45190
Company Tracking Number: 132289
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Income Protection Term Life
Project Name/Number: IPL Term/132289

Satisfied - Item: Redlined 132289

Comments:

Attachment:

132289-20 v 3-18 redline.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Redline of changes 5-11-10 for data
pages, SOV and WP

Comments:

Attachments:

132289-DP changes tracked.pdf

John Doe DP COL changes tracked.pdf

WP changes tracked.pdf

Statement of Variability changes tracked.pdf

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

CERTIFICATION OF READABILITY

Forms: Life Insurance Policy Form 132289
Data Page 132289-DP
Data Page 132289-DPCOL
Waiver of Premium Rider 132290
Conversion Endorsement 132291

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

The Flesch Reading Ease Score obtained for each form is listed below:

Form 132289	scored with data pages see below
Form 132289-DP with 132289	56.4
Form 132289-DPCOL with 132289	56.3
Form 132290	50.1
Form 132291	51.1

March 15, 2010



Bonnie Foley
Assistant Secretary
RiverSource Life Insurance Company

RIVERSOURCE LIFE INSURANCE COMPANY
May 10, 2010

STATEMENT OF VARIABILITY
Term Life Insurance

RE: 132289	Term Life Insurance Policy Form
132289-DP	Policy Data Page - Description
132289-DPCOL	Policy Data Page - Description
132291	Conversion Endorsement
132290	Waiver of Premium Rider

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

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

Form 132289, Term Life Insurance Policy Form

1. Company address – Will insert the company home office address that is administering the policy.
2. Company phone number - Will insert the company's current phone number that is administering the policy.
3. Conversion information - 2 options exist. If the insured's insurance age is 49 or less, the policy will show "This Policy is convertible as shown under Policy Data." If the insured is insurance age 50 or above, the policy will display "This Policy is not convertible."
4. Insured - Will insert the name of the insured.
5. Policy Number - Will insert the policy number
6. Monthly Benefit - Will insert the benefit amount. Variability begins at \$500 and increases in \$5 increments, with a maximum dependent upon financial underwriting and the agreement of our reinsurers.
7. Policy Date - Will insert the date of the policy.
8. Benefit Period - Will insert the length of coverage. The current options are "To Age 60", "To Age 65" and "To Age 67".
9. Expiry Date - Will insert the date the policy expires, which is based upon the insurance age and the "To Age" chosen at time of application.
10. Officer Signature - Will insert signature of current Company President and Secretary.
11. Version – Version date for any changes to version date information.

Form 132289-DP, Policy Data Page - Policy Benefits and Premiums Description

The following variable factors will be reviewed annually, and we anticipate a change to any variable no more frequently than every two years. Considerations in this review may include but are not limited to mortality experience, morbidity experience, administration expenses, selling expenses, asset earnings rates, current yield curves, lapse rates, insured demographics changes as well as the overall competitive environment.

1. Insured - Will insert the name of the insured.
2. Policy Date - Will insert the date of the policy.
3. Policy Number - Will insert the policy number
4. Expiry Date – Will insert the date the policy expires, and variability is based upon the insurance age and the "To Age" chosen at time of application.
5. Benefit Period - Will insert the length of coverage. The options are "To Age 60", "To Age 65" and "To Age 67".
6. Issue Age - Will insert the insurance age of the insured, as determined by us from the date of birth of the insured at time of application. To Age 60 policies are issued to an insurance age range of 20-50. To Age 65 and To Age 67 policies are issued to an insurance age range of 20-55.
7. Risk Classification – Will vary by insured. Variability is as follows;
 - Male Standard Nontobacco
 - Male Preferred Nontobacco
 - Male Super Preferred Nontobacco
 - Male Standard Tobacco
 - Male Preferred Tobacco
 - Male Substandard Nontobacco
 - Male Substandard Tobacco
 - Female Standard Nontobacco
 - Female Preferred Nontobacco
 - Female Super Preferred Nontobacco
 - Female Standard Tobacco
 - Female Preferred Tobacco
 - Female Substandard Nontobacco
 - Female Substandard Tobacco
8. State Insurance Department Telephone contact information – Information inserted into this area will be based upon the issue state of the contract. It will include the 2 initial state abbreviation as well as the phone number that corresponds to the state.
9. Term Life Monthly Benefit - Will insert the benefit amount. Variability begins at \$500 and increases in \$5 increments, with a maximum dependent upon financial underwriting.
10. Term Life Benefit Period - Will insert the "To Age" of coverage. The current options are "To Age 60", "To Age 65" and "To Age 67".
11. Waiver of Premium Rider sections- This will generate only for policies issued with a waiver of premium rider.

12. Conversion section of the data page – This section will only be generated on the data pages of policies where the insured has a conversion right, as disclosed on the first page of the contract.
13. Conversion Expiry Date - Will insert the date the conversion privilege expires. The current range is for 10 policy years or to the insured's insurance age 50, whichever is less. We request a possible variable range for the number of policy years available as 5 - 20 policy years, and a possible range for the insurance age of 40 - 60. Any change to this would be for new issues only.
14. Conversion Value: The percentage of Commuted Value percent- The percentage is currently 80. We would request a possible range from 60-100 for new issues only.
15. Conversion Value: The percentage added to 10 yr Treasury Rate - The percentage is currently 3.5. We would request a possible range of 2 - 5 for new issues only.
16. Term Life Annual Premiums - This annual amount will vary by individual policy at the time of application.
17. Term Life Premium Period - Will display the elected To Age that the annual premiums are payable to.
18. Term Life Premiums / Extra Premiums - If an insured is rated as substandard, extra premium lines will appear on the data page. The possible insertions are "Temporary Extra Premium" (for a flat extra rating) and/or "Rated Policy-Extra Premium" (for a table rating).
19. Term Life Annual Premiums / Extra Premiums - If an insured is rated for flat extra premiums, the flat extra premium amount will display and the amount will vary by individual policy at the time of application.
20. Term Life Premium Period / Extra Premiums - Will display the To Age that the annual flat extra premiums are payable to.
21. Waiver of Premium Rider Annual Premiums Section- This will generate only for policies issued with a waiver of premium rider.
22. Waiver of Premium Rider Annual Premiums - This annual amount will vary by individual rider at the time of application.
23. Annual premium Total for Each Payment - Will insert the totaled amount of annual premiums listed in the premiums section.
24. Total annual premium for Policy Year - Will insert the totaled amount of annual premiums listed in the premiums section.
25. Semi-annual premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .515.
26. Total Semi-annual premium for Policy Year - Will insert the semi-annual premium total for each payment amount times 2.
27. Quarterly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .2625.
28. Total Quarterly premium for Policy Year - Will insert the quarterly premium total for each payment amount times 4.
29. Monthly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .0875.
30. Total Monthly premium for Policy Year - Will insert the monthly premium total for each payment amount times 12.

31. Policy fee - Will insert the policy fee. Currently this amount is \$60, but we request a possible range from \$10 - \$100.
32. Version – Version date for any changes to version date information.

Form 132289-DPCOL, Policy Data Page - Policy Benefits and Premiums Description

The following variable factors will be reviewed annually, and we anticipate a change to any variable no more frequently than every two years. Considerations in this review may include but are not limited to mortality experience, morbidity experience, administration expenses, selling expenses, asset earnings rates, current yield curves, lapse rates, insured demographics changes as well as the overall competitive environment.

1. Insured - Will insert the name of the insured.
2. Policy Date - Will insert the date of the policy.
3. Policy Number - Will insert the policy number
4. Expiry Date – Will insert the date the policy expires, and variability is based upon the insurance age and the "To Age" chosen at time of application.
5. Benefit Period - Will insert the length of coverage. The options are "To Age 60", "To Age 65" and "To Age 67".
6. Issue Age - Will insert the insurance age of the insured, as determined by us from the date of birth of the insured at time of application. To Age 60 policies are issued to an insurance age range of 20-50. To Age 65 and To Age 67 policies are issued to an insurance age range of 20-55.
7. Risk Classification – Will vary by insured. Variability is as follows;
 - Male Standard Nontobacco
 - Male Preferred Nontobacco
 - Male Super Preferred Nontobacco
 - Male Standard Tobacco
 - Male Preferred Tobacco
 - Male Substandard Nontobacco
 - Male Substandard Tobacco
 - Female Standard Nontobacco
 - Female Preferred Nontobacco
 - Female Super Preferred Nontobacco
 - Female Standard Tobacco
 - Female Preferred Tobacco
 - Female Substandard Nontobacco
 - Female Substandard Tobacco
8. State Insurance Department Telephone contact information – Information inserted into this area will be based upon the issue state of the contract. It will include the 2 initial state abbreviation as well as the phone number that corresponds to the state.
9. Term Life Monthly Benefit - Will insert the benefit amount. Variability begins at \$500 and increases in \$5 increments, with a maximum dependent upon financial underwriting.

10. Term Life Benefit Period - Will insert the "To Age" of coverage. The current options are "To Age 60", "To Age 65" and "To Age 67".
11. Cost of Living Option information - The applicant elected to increase the benefit payments at time of application. The increased percentage elected displays in this area. The current options for this variable are 3 (percent) and 5 (percent).
12. Waiver of Premium Rider sections- This will generate only for policies issued with a waiver of premium rider.
13. Conversion section of the data page – This section will only be generated on the data pages of policies where the insured has a conversion right, as disclosed on the first page of the contract.
14. Conversion Expiry Date - Will insert the date the conversion privilege expires. The current range is for 10 policy years or to the insured's insurance age 50, whichever is less. We request a possible variable range for the number of policy years available as 5 - 20 policy years, and a possible range for the insurance age of 40 - 60. Any change to this would be for new issues only.
15. Conversion Value: The percentage of Commuted Value percent - The percentage is currently 80. We would request a possible range from 60-100 for new issues only.
16. Conversion Value: The percentage added to 10 yr Treasury Rate - The percentage is currently 3.5. We would request a possible range of 2 - 5 for new issues only.
17. Term Life Annual Premiums - This annual amount will vary by individual policy at the time of application.
18. Term Life Premium Period - Will display the elected To Age that the annual premiums are payable to.
19. Term Life Premiums / Extra Premiums - If an insured is rated as substandard, extra premium lines will appear on the data page. The possible insertions are "Temporary Extra Premium" (for a flat extra rating) and/or "Rated Policy-Extra Premium" (for a table rating).
20. Term Life Annual Premiums / Extra Premiums - If an insured is rated for flat extra premiums, the flat extra premium amount will display and the amount will vary by individual policy at the time of application.
21. Term Life Premium Period / Extra Premiums - Will display the To Age that the annual flat extra premiums are payable to.
22. Waiver of Premium Rider Annual Premiums Section- This will generate only for policies issued with a waiver of premium rider.
23. Waiver of Premium Rider Annual Premiums - This annual amount will vary by individual rider at the time of application.
24. Annual premium Total for Each Payment - Will insert the totaled amount of annual premiums listed in the premiums section.
25. Total annual premium for Policy Year - Will insert the totaled amount of annual premiums listed in the premiums section.
26. Semi-annual premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .515.
27. Total Semi-annual premium for Policy Year - Will insert the semi-annual premium total for each payment amount times 2.
28. Quarterly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .2625.

29. Total Quarterly premium for Policy Year - Will insert the quarterly premium total for each payment amount times 4.
30. Monthly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .0875.
31. Total Monthly premium for Policy Year - Will insert the monthly premium total for each payment amount times 12.
32. Policy fee - Will insert the policy fee. Currently this amount is \$60, but we request a possible range from \$10 - \$100.
33. Version – Version date for any changes to version date information.

Form 132291, Conversion Endorsement

This form will generate when the contract is allowed a conversion option, as shown on the policy cover and data page.

1. Officer Signature - Will insert signature of current Company Secretary.
2. Version – Version date for any changes to version date information.

Form 132290, Waiver of Premium Rider

This form will generate when the contract is issued with the Waiver of Premium Rider, as shown on the data page.

1. Officer Signature - Will insert signature of current Company Secretary.
2. Version – Version date for any changes to version date information.

Policy Data

Insured: **1.** [John Doe]
 Policy Number **3.** [9000-1234567]
 Benefit Period: **5.** To Age [65]
 Risk Classification: [Male Substandard Nontobacco] **7.**
 Policy Date: [June 28, 2010] **2.**
 Expiry Date: [June 28, 2040] **4.**
 Issue Age: [35] **6.**
8. [MN State Insurance Department Telephone Number: 1-800-657-3602]

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
Term Life 9. [\$3,000]	10. To Age [65]	
11. [Waiver of Premium Rider]		To Age [65]

Conversion

12. Conversion Expiry Date: **13.** [June 28, 2020]
 Conversion Value: **14.** [80% of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus **15.** [3.50% and assuming monthly benefits begin on the Monthly Date following the Commutation Date.]

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
18. [Term Life]	16. [\$1,968.00]	To Age [65] 17.
18. [Rated policy - Extra Premium]	19. []	[] 20.
21. [Waiver of Premium Rider]	22. [\$48.00]	To Age [65]

<u>Total Premiums</u>	23. <u>Annually</u>	<u>Semi-Annually</u>	<u>Quarterly</u>	<u>Monthly</u>
Total for Each Payment	25. [\$2,016.00]	25. [\$1,038.24]	27. [\$529.20]	29. [\$176.40]
Total for Policy Year	24. [\$2,016.00]	26. [\$2,076.48]	28. [\$2,116.80]	30. [\$2,116.80]

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

The Total Premiums include a \$ **31.** [60] annual policy fee.

Policy Data

Insured: **1.** [John Doe]
 Policy Number **3.** [9000-1234567]
 Benefit Period: **5.** To Age [65]
 Risk Classification: [Male Standard Nontobacco] **7.**
 Policy Date: [June 28, 2010] **2.**
 Expiry Date: [June 28, 2040] **4.**
 Issue Age: [35] **6.**
8. [MN State Insurance Department Telephone Number: 1-800-657-3602]

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
Term Life 9. [\$3,000]	10. To Age [65]	
11. [Waiver of Premium Rider]		To Age [65]

Conversion

12. Conversion Expiry Date: **13.** [June 28, 2020]
 Conversion Value: **14.** [80% of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus **15.** [3.50%] and assuming monthly benefits begin on the Monthly Date following the Commutation Date.

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
18. [Term Life]	16. [\$1,014.00]	To Age [65] 17.
18. [Temporary Extra Premium]	19. [\$500.00]	To Age [40] 20.
21. [Waiver of Premium Rider]	22. [\$48.00]	To Age [65]

<u>Total Premiums</u>	23. <u>Annually</u>	<u>Semi-Annually</u>	<u>Quarterly</u>	<u>Monthly</u>
Total for Each Payment	25. [\$1,562.00]	25. [\$804.43]	27. [\$410.03]	29. [\$136.68]
Total for Policy Year	24. [\$1,562.00]	26. [\$1,608.86]	28. [\$1,640.12]	30. [\$1,640.16]

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

The Total Premiums include a \$ **31.** [60] annual policy fee.

1-800-862-7919

Term Life Insurance Policy

- Proceeds are payable upon the Insured's death prior to the Expiry Date.
- Level premiums are payable during the lifetime of the Insured until the Expiry Date.
- This Policy is nonparticipating. No dividends are payable.
- This Policy is convertible as shown under Policy Data.

Insured: John Doe

Policy Number: 9000-1234567

Monthly Benefit: \$ 3000

Policy Date: June 28, 2010

Benefit Period: To Age 65

Expiry Date: June 28, 2040

This is a life insurance policy. It is a legal contract between You, as the owner, and Us, RiverSource Life Insurance Company, A Stock Company, Minneapolis, Minnesota. **PLEASE READ YOUR POLICY CAREFULLY.**

We promise to pay the monthly benefits provided by this policy to the beneficiary if We receive proof satisfactory to Us that the Insured died while this policy was in force. Payment of monthly benefits are subject to the terms of this policy.

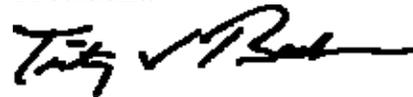
The owner and the beneficiary are named in the application unless they are changed as provided for in this policy.

NOTICE OF YOUR RIGHT TO EXAMINE THIS POLICY

If for any reason You are not satisfied with this policy, return it to Us or Our representative within 10 days after You receive it. If this policy is intended to replace an existing policy, Your right to examine this policy is extended to 20 days or any longer period if required by the state in which it is delivered. We will then cancel this policy and refund all premiums which You have paid. This policy will then be considered void from its start.

Signed for and issued by RiverSource Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

President:



Secretary:



GUIDE TO POLICY PROVISIONS

<u>Subject</u>	<u>Page</u>
Policy Data	Schedule of Benefits; Schedule of Premiums / page 3
Definitions	Important words and meanings / page 4
The Insurance Contract	Entire contract; Policy incontestability; Suicide exclusion; Conformity with interstate insurance product regulation commission standards; Misstatement of age or sex; Policy change; Policy termination / page 5
Owner and Beneficiary	Owner's rights; Successor owner; Change of ownership; Beneficiary receives proceeds paid on the Insured's death; Change of beneficiary; Assignment / page 6
Premiums	Payment of premiums; Frequency of premiums; Grace period; Reinstatement / page 7
Payment of Policy Proceeds	Payment of proceeds; Time of payment; Protection against creditors; Commuted value on or after the date of death / page 8
A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

DEFINITIONS

The following words are used often in this policy. When We use these words, this is what We mean:

Age

When used in terms such as "Age 65", age means the Policy Anniversary on Your Attained Insurance age.

Attained Insurance Age

The Insured's Insurance Age plus the number of Policy Anniversaries since the Policy Date. Attained Insurance Age changes only on a Policy Anniversary.

Commutation Date

The Commutation Date is the date used to calculate the Commuted Value. If commutation is due to the death of the Insured and no monthly benefits have been issued, the Commutation Date is the Insured's date of death. Any other commutation will be based on the date We receive the request in our home office.

Commuted Value

Is equal to the present value of any remaining monthly benefits as of the Commutation Date.

Expiry Date

This is the last date insurance coverage under this policy can remain in force, and is shown under Policy Data. To continue coverage to this date, premiums must be paid when due.

In Force

The Insured's life remains insured under the terms of the policy.

Insurance Age

The Insurance Age of the Insured on the Policy Date is the issue age shown under Policy Data as determined by Us from the birth date stated in the application.

Insured

The person whose life is insured by this policy.

Monthly Date

The same day each month as the Policy Date. If there is no Monthly Date on a calendar month, the Monthly Date will be the first day of the next calendar month.

Policy Anniversary

The same day and month as the Policy Date each year that the policy remains in force.

Policy Date

It is the date from which Policy Anniversaries, policy years, policy months, premium dates and Expiry Dates are determined. Your Policy Date is shown under Policy Data.

Proceeds

The amount We are obligated to pay under the terms of this policy. Proceeds are payable when the Insured dies and We receive due proof of death that is satisfactory to Us.

Terminate

This policy is no longer in force. All insurance coverage under this policy has stopped.

We, Our, Us

RiverSource Life Insurance Company

Written Request

A request in writing signed by You and satisfactory to Us.

You, Your

The owner of this policy. The owner may be someone other than the Insured. The owner is shown in the application unless the owner has been changed as provided in this policy.

THE INSURANCE CONTRACT

Entire Contract

The entire contract between You and Us is as stated in this policy, Your application, and any attached endorsements, or riders.

No one except one of Our corporate officers (President, Vice-President, Secretary or Assistant Secretary) can change or waive any of Our rights or requirements under this policy. That person must do so in writing. No other persons have the authority to change or waive any of Our rights or requirements.

Any statements made in the application(s) are, in the absence of fraud, considered representations and not warranties. No statement made in connection with an application will be used by Us to void the policy or deny a claim unless that statement is part of the application.

Policy Incontestability

After this policy has been in force during the Insured's lifetime for 2 years from the Policy Date, We cannot contest the policy except for nonpayment of premiums.

While this policy is contestable, We, on the basis of a misstatement or misrepresentation made in the application, may rescind the policy or deny a claim.

Suicide Exclusion

If the Insured, whether sane or insane, dies by suicide within 2 years from the Policy Date, Our liability is limited to an amount equal to the total premiums paid.

Any amount payable due to the suicide exclusion will be paid in one lump sum to the beneficiary.

Conformity with Interstate Insurance Product Regulation Commission Standards

This policy was approved under the authority of the Insurance Product Regulation Commission (IIPRC) and issued under the Commission standards. Any provision of the policy that on the provision's effective date is in conflict with IIPRC standards for this policy is hereby amended to conform to the IIPRC standards for this policy as of the provision's effective date.

Misstatement of Age or Sex

If the birth date or sex of the Insured was misstated in the application, the Proceeds payable will be based on the amount premiums would have purchased at the correct birth date or sex.

Policy Change

If We agree, You may have riders or benefits added to Your policy. We may also allow You to change the monthly benefit. If You wish to make a change, please contact Us. If the change is acceptable to Us, We will tell You what We will need to process Your request.

Policy Termination

This policy will Terminate and all coverage will end on the earliest of the following:

1. the Expiry Date, as shown under the Policy Data page; or
2. the date You request, by Written Request, that coverage ends; or
3. the end of the grace period; or
4. the date of death of the Insured.

If You request for coverage under this policy to end, We will refund the pro-rata portion of any premiums paid for the period beyond the date of Your request for coverage to end.

OWNER AND BENEFICIARY

Your Rights as Owner of this Policy

As long as the Insured is living and unless otherwise provided in this policy, You may exercise all rights and privileges in this policy or allowed by Us.

Successor Owner

A successor owner becomes the new owner of this policy if You die during the lifetime of the Insured. If no successor owner is living at the time of Your death, ownership will pass to Your estate. The successor owner, if any, is shown in the application unless changed as provided below.

Changing Ownership of this Policy

You can change the ownership of this policy by Written Request. A successor owner may also be changed in this same way. The change must be made while the Insured is living. Once the change is recorded by Us, it will take effect as of the date of Your request, subject to any action We take or payment We make before the recording.

Beneficiary Receives Proceeds Paid on the Insured's Death

We will pay the Proceeds to the beneficiary or beneficiaries which You have named in the application, unless You have since changed the beneficiary as provided below. If the beneficiary has been changed, We will pay the Proceeds in accordance with Your last change of beneficiary request. If no valid beneficiary designation exists, We will pay the Proceeds to You, if living, otherwise to Your estate.

Change of Beneficiary By Owner

You may change the beneficiary anytime while the Insured is living by Written Request to Us. Once the change is recorded by Us, it will take effect as of the date of Your request, subject to any action taken or payment made by Us before the recording.

Assigning the Policy as Collateral

While the Insured is living, You can assign this policy or any interest in it. Your interest and the interest of any beneficiary is subject to the interest of the assignee. An assignment is not a change of ownership and an assignee is not an owner as these terms are used in this policy. A copy of the assignment must be submitted to Us. Any assignment shall take effect as of the date the notice was signed, subject to any action taken or payment made by Us before the assignment was recorded at Our home office. We are not responsible for the validity of any assignment.

PREMIUMS

Payment of Premiums

Your first premium is due as of the Policy Date. All premiums after the first are payable on or before their due date. Premiums must be paid or mailed to Us at Our home office or to an authorized agent. We will give You a receipt if You request one.

Frequency of Premium Payments

You may choose one of the following intervals to pay Your premiums:

1. Annual - Your premium will be due once a year on each Policy Anniversary date;
2. Semiannual - Your premium will be due every six months;
3. Quarterly - Your premium will be due every three months.

The first year premium for each of these intervals is shown under Policy Data. A premium payment paid at an interval not shown here must be approved by Us. You may change the interval for future premium payments, but one of the premium due dates must fall on the Policy Anniversary.

Grace Period

To keep this policy in force, You must pay all premiums due as shown under Policy Data, or until the death of the Insured, if earlier. There is, however, a 31 day grace period for all premiums except the first one.

If a premium is not paid by its due date, this policy will remain in force for 31 days following the due date. You can pay the premium any time during the 31 days. Any payment sent by U. S. mail must be postmarked within the grace period to keep the policy in force.

If the Insured dies during the 31 day grace period, We will deduct the unpaid premium from the policy Proceeds, as described in the Payment of Proceeds section.

If You do not pay the premium by the end of the grace period, this policy will Terminate.

Reinstatement

If the policy Terminated due to non-payment of premiums, You may apply to reinstate this policy at any time within 3 years of the end of the grace period. In order to reinstate this policy, three requirements must be met. They are:

1. You must submit a Written Request to reinstate the policy; and
2. You must provide evidence of insurability of the Insured satisfactory to Us; and
3. Full payment of all past due premiums with compound interest at 6 % per year.

These requirements must be met during the Insured's lifetime, before the Expiry Date shown under Policy Data.

The effective date of a reinstated policy will be the date on which We approve the application for reinstatement.

A new 2 year suicide exclusion and policy incontestability period will apply from the effective date of reinstatement. While this policy is contestable, We, on the basis of a misstatement or misrepresentation made in the reinstatement application, may rescind the policy or deny a claim.

PAYMENT OF POLICY PROCEEDS

Payment of Proceeds

If the Insured dies while this policy is in force, We will pay the Proceeds to the beneficiary. The Proceeds consist of:

1. The monthly benefit shown under Policy Data; plus
2. Any additional amount provided by rider or endorsement; plus
3. Any part of the premiums paid for coverage beyond the Insured's date of death, unless the premiums are being waived, will be included in the first payment.

Time of Payment

Monthly benefits begin on the Monthly Date following the date of death of the Insured. Within 30 days of receiving acceptable proof of death, We will pay any benefits due for each full month. Payments will be made until the later of the Benefit Period shown under Policy Data or 24 monthly payments. All Proceeds are payable at Our home office.

If the Insured died after the policy entered the Grace Period but while insurance coverage is still in force, We will deduct the amount of unpaid premium from the first and, if necessary, successive payments of the Proceeds.

Proceeds will be paid in monthly installments to the named beneficiary. If a beneficiary dies before all of the monthly benefits are paid, We will continue the monthly benefits to the successor beneficiary named in Our records. The successor beneficiary is the person named by the beneficiary to receive the remaining monthly benefits, if any, upon the death of the beneficiary. If no valid successor beneficiary exists at the time of the beneficiary's death, We will pay the Proceeds to the estate of the beneficiary.

If the monthly benefit payable under this policy to any beneficiary is less than \$100, We have the right to pay the Commuted Value.

If there is no valid beneficiary designation upon the death of the Insured, We will pay the Proceeds to You, if living; otherwise to Your estate.

Protection Against Creditors

To the extent permitted by law, no payment of policy Proceeds or interest We make will be subject to the claims of any creditor.

Commuted Value On or After the Date of Death

In lieu of monthly benefits, the Proceeds may be paid as a Commuted Value.

Commuted Values requested on or after the date of death but before any monthly benefits have been issued will be calculated using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus 3.50%. If approved, the amount payable will include interest from the date We receive acceptable proof of death to the payment date at a rate required by law in the state in which the policy was issued.

Commuted Values requested after any monthly benefits have been issued will be calculated using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus 4.00%.

Policy Data

Insured: John Doe Policy Date: June 28, 2010
Policy Number 9000-1234567 Expiry Date: June 28, 2040
Benefit Period: To Age 65 Issue Age: 35
Risk Classification: Male Standard Nontobacco
MN State Insurance Department Telephone Number: 1-800-657-3602

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
Term Life	\$3,000	To Age 65
Waiver of Premium Rider		To Age 65 0

Conversion

Conversion Expiry Date: June 28, 2020
Conversion Value: 80 % of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus 3.50 % and assuming monthly benefits begin on the Monthly Date following the Commutation Date.

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
Term Life	\$1,014.00	To Age 65
Waiver of Premium Rider	\$48.00	To Age 65 0

<u>Total Premiums</u>	<u>Annually</u>	<u>Semi-Annually</u>	<u>Quarterly</u>	<u>Monthly</u>
Total for Each Payment	\$1,062.00	\$546.93	\$278.78	\$92.93
Total for Policy Year	\$1,062.00	\$1,093.86	\$1,115.12	\$1,115.16

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

The Total Premiums include a \$ 60 annual policy fee.

Policy Data

Insured: John Doe Policy Date: June 28, 2010
Policy Number 9000-1234567 Expiry Date: June 28, 2040
Benefit Period: To Age 65 Issue Age: 35
Risk Classification: Male Standard Nontobacco

MN State Insurance Department Telephone Number: 1-800-657-3602

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
Term Life	\$3,000	To Age 65
The Monthly Benefit will increase 3 % annually, starting one year after the Monthly Date following the date of death of the Insured, until monthly benefits end. Each increase will apply to the prior year's Monthly Benefit.		
Waiver of Premium Rider		To Age 65 0

Conversion

Conversion Expiry Date: June 28, 2020
Conversion Value: 80 % of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus 3.50 % and assuming monthly benefits begin on the Monthly Date following the Commutation Date.

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
Term Life	\$1,260.00	To Age 65
Waiver of Premium Rider	\$60.00	To Age 65 0

<u>Total Premiums</u>	<u>Annually</u>	<u>Semi-Annually</u>	<u>Quarterly</u>	<u>Monthly</u>
Total for Each Payment	\$1,320.00	\$679.80	\$346.50	\$115.50
Total for Policy Year	\$1,320.00	\$1,359.60	\$1,386.00	\$1,386.00

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

The Total Premiums include a \$ 60 annual policy fee.

Waiver of Premium Rider

Based on the application for this rider and the payment of the premium, this rider is made a part of the policy. This rider is subject to all policy terms and provisions unless this rider changes them. This rider does not increase Your policy values.

Rider Benefit

We will, as described below, waive the premiums for the policy if the Insured becomes Totally Disabled and meets the requirements described in this rider. This means that You will not be required to pay any premiums that fall due while the Insured is so disabled and the waived premiums will not be deducted from the policy Proceeds. It can also provide a refund of premiums that You pay during Total Disability before Your claim is approved.

Total Disability must begin ~~before Age 60~~ **while this rider is in force** and must continue for a period of 180 consecutive days, except that the 180 consecutive days may be interrupted by a period of up to 20 accumulated days during which the Insured is not Totally Disabled.

Until Your claim is approved, You must pay the premiums needed so that Your policy does not Terminate due to non-payment of premiums, as provided in the grace period provision of the policy. If Total Disability begins during a grace period, the overdue premiums must be paid before any claim for waiver of premium will be approved.

If We approve Your claim, We will refund the portion of monthly premium and subsequent premiums paid that covers the period after Total Disability began. Premiums will be waived according to the payment interval in effect on the date Total Disability began. The premium payment interval cannot be changed during a period of Total Disability.

When premiums are being waived, the policy will remain in force as though You had paid them in cash. The premiums for the policy include the premiums for this and all other riders attached to the policy, unless stated otherwise under Policy Data.

Definition of Total Disability

Total Disability must begin while this rider is in force. During the first 24 months, Total Disability means the complete inability of the Insured, due to bodily injury or disease, to perform all of the material and substantial duties of his or her regular occupation at the time of disability. After 24 months of such continuous disability, Total Disability will mean the Insured's complete inability to engage in any gainful occupation for which he or she is reasonably fitted by education, training, or experience.

Once the waiver benefit has been approved and the Insured should then unsuccessfully attempt to return to work, We will not require the Insured to re-qualify for the benefit if the later Total Disability is considered a reoccurrence of the prior period of Total Disability. We will consider a Total Disability to be a reoccurrence of a prior period of Total Disability if:

1. the prior and later Total Disability are due to the same or related cause; and
2. the later period of Total Disability occurs within 31 days of the prior period of Total Disability.

Certain Losses Considered Total Disability

The total and irrecoverable loss of the following will be considered Total Disability even if the Insured performs in an occupation:

1. the sight of both eyes; or
2. the use of both hands; or
3. the use of both feet; or
4. the use of one hand and one foot.

Such loss must occur or first appear after the effective date of this rider and while the rider is in effect.

Limitations for Total Disability

We will not waive premiums if Total Disability results from or is contributed to by:

1. intentionally self inflicted injuries; or
2. war, declared or not, act of war, or any type of military conflict.

Proof of Total Disability

We must receive proof of Total Disability in Our home office within one year after the due date of the premium that You request Us to waive. If You do not give Us proof within this time, Your claim will not be affected if proof was given as soon as reasonably possible. Otherwise, premiums which were due more than one year before proof was furnished will not be waived or refunded.

At reasonable intervals, not more frequently than every 30 days, We have the right to require proof, including a medical examination, that Total Disability is continuing. If We require a medical examination as proof, it will be at Our expense. After 2 years We will only require proof no more than once in any 12 month

period. If such proof is not given when required, no further premiums will be waived.

Waiver of Premium for Involuntary Unemployment

After this rider has been in force during the Insured's lifetime for 12 months from its effective date, and after the Insured has collected unemployment benefits for 90 consecutive days, premiums due during the 12 months following the start of unemployment benefits will be waived. Premiums that were due and paid during the first 90 consecutive days that the Insured collected unemployment benefits, will be refunded. The waiver of premium benefit for involuntary unemployment is available one time during the Insured's lifetime.

To be eligible for this waiver, the Insured must submit to Us proof of involuntary unemployment in the form of a determination letter from the appropriate jurisdiction's Department of Labor indicating that the Insured has qualified for unemployment benefits and has been receiving unemployment benefits for 90 consecutive days.

Any claim of Total Disability that becomes effective while premiums are being waived due to involuntary unemployment will terminate waiver of premium due to involuntary unemployment.

Premiums Are Payable For This Rider

You are required to pay a premium for this rider. The amount of this premium is shown under Policy Data. If the rider is Terminated by You or Us, the total premium for the entire policy will be reduced by the premium for this rider. (See below for details on when this rider Terminates.)

Policy's Incontestable Provision Applies To This Rider

After this rider has been in force during the Insured's lifetime for two years from its effective date, We cannot contest this rider. The two year period will not include time during which the Insured is Totally Disabled.

This Rider Can Be Terminated

Coverage under this rider will end on the earliest of the following:

1. the date any premium due for the policy remains unpaid at the end of the grace period; or
2. the date the policy Terminates; or
- ~~3. The Age 60 Policy Anniversary. Such a Termination will not affect a claim for Total Disability commencing before Age 60; or~~
- ~~4.~~3. If the policy is convertible, the date the policy is converted; or
- ~~5.~~4. as of any premium due date upon Your Written Request to Us.

This rider is issued as of the Policy Date of the policy unless a different date is shown here.

RiverSource Life Insurance Company

A B C D

Secretary

RIVERSOURCE LIFE INSURANCE COMPANY
May 10, 2010

STATEMENT OF VARIABILITY
Term Life Insurance

RE: 132289	Term Life Insurance Policy Form
132289-DP	Policy Data Page - Description
132289-DPCOL	Policy Data Page - Description
132291	Conversion Endorsement
132290	Waiver of Premium Rider

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

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

Form 132289, Term Life Insurance Policy Form

1. Company address – Will insert the company home office address that is administering the policy.
2. Company phone number - Will insert the company's current phone number that is administering the policy.
3. Conversion information - 2 options exist. If the insured's insurance age is 49 or less, the policy will show "This Policy is convertible as shown under Policy Data." If the insured is insurance age 50 or above, the policy will display "This Policy is not convertible."
4. Insured - Will insert the name of the insured.
5. Policy Number - Will insert the policy number
6. Monthly Benefit - Will insert the benefit amount. Variability begins at \$500 and increases in \$5 increments, with a maximum dependent upon financial underwriting and the agreement of our reinsurers.
7. Policy Date - Will insert the date of the policy.
8. Benefit Period - Will insert the length of coverage. The current options are "To Age 60", "To Age 65" and "To Age 67".
9. Expiry Date - Will insert the date the policy expires, which is based upon the insurance age and the "To Age" chosen at time of application.
10. Officer Signature - Will insert signature of current Company President and Secretary.
11. Version – Version date for any changes to version date information.

Form 132289-DP, Policy Data Page - Policy Benefits and Premiums Description

The following variable factors will be reviewed annually, and we anticipate a change to any variable no more frequently than every two years. Considerations in this review may include but are not limited to mortality experience, morbidity experience, administration expenses, selling expenses, asset earnings rates, current yield curves, lapse rates, insured demographics changes as well as the overall competitive environment.

1. Insured - Will insert the name of the insured.
2. Policy Date - Will insert the date of the policy.
3. Policy Number - Will insert the policy number
4. Expiry Date – Will insert the date the policy expires, and variability is based upon the insurance age and the "To Age" chosen at time of application.
5. Benefit Period - Will insert the length of coverage. The options are "To Age 60", "To Age 65" and "To Age 67".
6. Issue Age - Will insert the insurance age of the insured, as determined by us from the date of birth of the insured at time of application. To Age 60 policies are issued to an insurance age range of 20-50. To Age 65 and To Age 67 policies are issued to an insurance age range of 20-55.
7. Risk Classification – Will vary by insured. Variability is as follows;
 - Male Standard Nontobacco
 - Male Preferred Nontobacco
 - Male Super Preferred Nontobacco
 - Male Standard Tobacco
 - Male Preferred Tobacco
 - Male Substandard Nontobacco
 - Male Substandard Tobacco
 - Female Standard Nontobacco
 - Female Preferred Nontobacco
 - Female Super Preferred Nontobacco
 - Female Standard Tobacco
 - Female Preferred Tobacco
 - Female Substandard Nontobacco
 - Female Substandard Tobacco
8. State Insurance Department Telephone contact information – Information inserted into this area will be based upon the issue state of the contract. It will include the 2 initial state abbreviation as well as the phone number that corresponds to the state.
9. Term Life Monthly Benefit - Will insert the benefit amount. Variability begins at \$500 and increases in \$5 increments, with a maximum dependent upon financial underwriting.
10. Term Life Benefit Period - Will insert the "To Age" of coverage. The current options are "To Age 60", "To Age 65" and "To Age 67".
11. Waiver of Premium Rider sections- This will generate only for policies issued with a waiver of premium rider.

12. Conversion section of the data page – This section will only be generated on the data pages of policies where the insured has a conversion right, as disclosed on the first page of the contract.
13. Conversion Expiry Date - Will insert the date the conversion privilege expires. The current range is for 10 policy years or to the insured's insurance age 50, whichever is less. We request a possible variable range for the number of policy years available as 5 - 20 policy years, and a possible range for the insurance age of 40 - 60. Any change to this would be for new issues only.
14. Conversion Value: The percentage of Commuted Value percent- The percentage is currently 80. We would request a possible range from 60-100 for new issues only.
15. Conversion Value: The percentage added to 10 yr Treasury Rate - The percentage is currently 3.5. We would request a possible range of 2 - 5 for new issues only.
16. Term Life Annual Premiums - This annual amount will vary by individual policy at the time of application.
17. Term Life Premium Period - Will display the elected To Age that the annual premiums are payable to.
18. Term Life Premiums / Extra Premiums - If an insured is rated as substandard, extra premium lines will appear on the data page. The possible insertions are "Temporary Extra Premium" (for a flat extra rating) and/or "Rated Policy-Extra Premium" (for a table rating).
19. Term Life Annual Premiums / Extra Premiums - If an insured is rated for flat extra premiums, the flat extra premium amount will display and the amount will vary by individual policy at the time of application.
20. Term Life Premium Period / Extra Premiums - Will display the To Age that the annual flat extra premiums are payable to.
21. Waiver of Premium Rider Annual Premiums Section- This will generate only for policies issued with a waiver of premium rider.
22. Waiver of Premium Rider Annual Premiums - This annual amount will vary by individual rider at the time of application.
23. Annual premium Total for Each Payment - Will insert the totaled amount of annual premiums listed in the premiums section.
24. Total annual premium for Policy Year - Will insert the totaled amount of annual premiums listed in the premiums section.
25. Semi-annual premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .515.
26. Total Semi-annual premium for Policy Year - Will insert the semi-annual premium total for each payment amount times 2.
27. Quarterly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .2625.
28. Total Quarterly premium for Policy Year - Will insert the quarterly premium total for each payment amount times 4.
29. Monthly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .0875.
30. Total Monthly premium for Policy Year - Will insert the monthly premium total for each payment amount times 12.

31. Policy fee - Will insert the policy fee. Currently this amount is \$60, but we request a possible range from \$10 - \$100.
32. Version – Version date for any changes to version date information.

**Form 132289-DPCOL, Policy Data Page - Policy Benefits and Premiums
Description**

The following variable factors will be reviewed annually, and we anticipate a change to any variable no more frequently than every two years. Considerations in this review may include but are not limited to mortality experience, morbidity experience, administration expenses, selling expenses, asset earnings rates, current yield curves, lapse rates, insured demographics changes as well as the overall competitive environment.

1. Insured - Will insert the name of the insured.
2. Policy Date - Will insert the date of the policy.
3. Policy Number - Will insert the policy number
4. Expiry Date – Will insert the date the policy expires, and variability is based upon the insurance age and the "To Age" chosen at time of application.
5. Benefit Period - Will insert the length of coverage. The options are "To Age 60", "To Age 65" and "To Age 67".
6. Issue Age - Will insert the insurance age of the insured, as determined by us from the date of birth of the insured at time of application. To Age 60 policies are issued to an insurance age range of 20-50. To Age 65 and To Age 67 policies are issued to an insurance age range of 20-55.
7. Risk Classification – Will vary by insured. Variability is as follows;
 - Male Standard Nontobacco
 - Male Preferred Nontobacco
 - Male Super Preferred Nontobacco
 - Male Standard Tobacco
 - Male Preferred Tobacco
 - Male Substandard Nontobacco
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 - Female Standard Nontobacco
 - Female Preferred Nontobacco
 - Female Super Preferred Nontobacco
 - Female Standard Tobacco
 - Female Preferred Tobacco
 - Female Substandard Nontobacco
 - Female Substandard Tobacco
8. State Insurance Department Telephone contact information – Information inserted into this area will be based upon the issue state of the contract. It will include the 2 initial state abbreviation as well as the phone number that corresponds to the state.
9. Term Life Monthly Benefit - Will insert the benefit amount. Variability begins at \$500 and increases in \$5 increments, with a maximum dependent upon financial underwriting.
10. Term Life Benefit Period - Will insert the "To Age" of coverage. The current options are "To Age 60", "To Age 65" and "To Age 67".
11. Cost of Living Option information - The applicant elected to increase the benefit payments at time of application. The increased percentage elected displays in this area. The current options for this variable are 3 (percent) and 5 (percent).

12. Waiver of Premium Rider sections- This will generate only for policies issued with a waiver of premium rider.
13. Conversion section of the data page – This section will only be generated on the data pages of policies where the insured has a conversion right, as disclosed on the first page of the contract.
14. Conversion Expiry Date - Will insert the date the conversion privilege expires. The current range is for 10 policy years or to the insured's insurance age 50, whichever is less. We request a possible variable range for the number of policy years available as 5 - 20 policy years, and a possible range for the insurance age of 40 - 60. Any change to this would be for new issues only.
15. Conversion Value: The percentage of Commuted Value percent - The percentage is currently 80. We would request a possible range from 60-100 for new issues only.
16. Conversion Value: The percentage added to 10 yr Treasury Rate - The percentage is currently 3.5. We would request a possible range of 2 - 5 for new issues only.
17. Term Life Annual Premiums - This annual amount will vary by individual policy at the time of application.
18. Term Life Premium Period - Will display the elected To Age that the annual premiums are payable to.
19. Term Life Premiums / Extra Premiums - If an insured is rated as substandard, extra premium lines will appear on the data page. The possible insertions are "Temporary Extra Premium" (for a flat extra rating) and/or "Rated Policy-Extra Premium" (for a table rating).
20. Term Life Annual Premiums / Extra Premiums - If an insured is rated for flat extra premiums, the flat extra premium amount will display and the amount will vary by individual policy at the time of application.
21. Term Life Premium Period / Extra Premiums - Will display the To Age that the annual flat extra premiums are payable to.
22. Waiver of Premium Rider Annual Premiums Section- This will generate only for policies issued with a waiver of premium rider.
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28. Quarterly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .2625.
29. Total Quarterly premium for Policy Year - Will insert the quarterly premium total for each payment amount times 4.
30. Monthly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .0875.

31. Total Monthly premium for Policy Year - Will insert the monthly premium total for each payment amount times 12.
32. Policy fee - Will insert the policy fee. Currently this amount is \$60, but we request a possible range from \$10 - \$100.
33. Version – Version date for any changes to version date information.

Form 132291, Conversion Endorsement

This form will generate when the contract is allowed a conversion option, as shown on the policy cover and data page.

1. Officer Signature - Will insert signature of current Company Secretary.
2. Version – Version date for any changes to version date information.

Form 132290, Waiver of Premium Rider

This form will generate when the contract is issued with the Waiver of Premium Rider, as shown on the data page.

1. Officer Signature - Will insert signature of current Company Secretary.
2. Version – Version date for any changes to version date information.

SERFF Tracking Number: AEMN-126542812 State: Arkansas
 Filing Company: RiverSource Life Insurance Company State Tracking Number: 45190
 Company Tracking Number: 132289
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Income Protection Term Life
 Project Name/Number: IPL Term/132289

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/16/2010	Form	Data Page	05/11/2010	132289-DP M NT printed.pdf (Superseded)
03/16/2010	Form	Data Page with COL	05/11/2010	132289-DPCOL printed.pdf (Superseded)
03/16/2010	Form	Waiver of Premium Rider	05/11/2010	WP printed.pdf (Superseded)
03/16/2010	Supporting Document	Statement of Variability	05/11/2010	Statement of Variability.pdf (Superseded)
03/16/2010	Supporting Document	Sample rated Policy Data pages	05/11/2010	132289-DP TABLE D print.pdf (Superseded) 132289-DP TEMP FLAT EXTRA printed.pdf (Superseded)
03/16/2010	Form	Term Life Insurance Policy	03/19/2010	132289-30 printed.pdf (Superseded)
03/16/2010	Form	Waiver of Premium Rider	03/16/2010	WP printed.pdf
03/16/2010	Form	Conversion Endorsement	03/16/2010	Conversion Endorsement printed.pdf

Policy Data

Insured: **1.** [John Doe]
 Policy Number **3.** [9000-1234567]
 Benefit Period: **5.** To Age [65]
 Risk Classification: [Male Standard Nontobacco] **7.**
 Policy Date: [June 28, 2010] **2.**
 Expiry Date: [June 28, 2040] **4.**
 Issue Age: [35] **6.**
8. [MN State Insurance Department Telephone Number: 1-800-657-3602]

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
Term Life	9. [\$3,000]	10. To Age [65]
11. [Waiver of Premium Rider]		To Age [60]

Conversion

12. [Conversion Expiry Date: **13.** [June 28, 2020]]
14. [Conversion Value: **14.** [80% of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus **15.** [3.50% and assuming monthly benefits begin on the Monthly Date following the Commutation Date.]]

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
Term Life	16. [\$1,014.00]	To Age [65] 17.
21. [18. [Waiver of Premium Rider]]	22. [\$48.00]	To Age [60]

<u>Total Premiums</u>	23. <u>Annually</u>	<u>Semi-Annually</u>	<u>Quarterly</u>	<u>Monthly</u>
Total for Each Payment	25. [\$1,062.00]	26. [\$546.93]	27. [\$278.78]	29. [\$92.93]
Total for Policy Year	24. [\$1,062.00]	26. [\$1,093.86]	28. [\$1,115.12]	30. [\$1,115.16]

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

RIVERSOURCE LIFE INSURANCE COMPANY
March 15, 2010

STATEMENT OF VARIABILITY
Term Life Insurance

RE: 132289	Term Life Insurance Policy Form
132289-DP	Policy Data Page - Description
132289-DPCOL	Policy Data Page - Description
132291	Conversion Endorsement
132290	Waiver of Premium Rider

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

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

Form 132289, Term Life Insurance Policy Form

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10. Officer Signature - Will insert signature of current Company President and Secretary.
11. Version – Version date for any changes to version date information.

Form 132289-DP, Policy Data Page - Policy Benefits and Premiums Description

The following variable factors will be reviewed annually, and we anticipate a change to any variable no more frequently than every two years. Considerations in this review may include but are not limited to mortality experience, morbidity experience, administration expenses, selling expenses, asset earnings rates, current yield curves, lapse rates, insured demographics changes as well as the overall competitive environment.

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7. Risk Classification – Will vary by insured. Variability is as follows;
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14. Conversion Value: The percentage of Commuted Value percent- The percentage is currently 80. We would request a possible range from 60-100 for new issues only.
15. Conversion Value: The percentage added to 10 yr Treasury Rate - The percentage is currently 3.5. We would request a possible range of 2 - 5 for new issues only.
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24. Total annual premium for Policy Year - Will insert the totaled amount of annual premiums listed in the premiums section.
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28. Total Quarterly premium for Policy Year - Will insert the quarterly premium total for each payment amount times 4.
29. Monthly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .0875.
30. Total Monthly premium for Policy Year - Will insert the monthly premium total for each payment amount times 12.
31. Version – Version date for any changes to version date information.

**Form 132289-DPCOL, Policy Data Page - Policy Benefits and Premiums
Description**

The following variable factors will be reviewed annually, and we anticipate a change to any variable no more frequently than every two years. Considerations in this review may include but are not limited to mortality experience, morbidity experience, administration expenses, selling expenses, asset earnings rates, current yield curves, lapse rates, insured demographics changes as well as the overall competitive environment.

1. Insured - Will insert the name of the insured.
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4. Expiry Date – Will insert the date the policy expires, and variability is based upon the insurance age and the "To Age" chosen at time of application.
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6. Issue Age - Will insert the insurance age of the insured, as determined by us from the date of birth of the insured at time of application. To Age 60 policies are issued to an insurance age range of 20-50. To Age 65 and To Age 67 policies are issued to an insurance age range of 20-55.
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11. Cost of Living Option information - The applicant elected to increase the benefit payments at time of application. The increased percentage elected displays in this area. The current options for this variable are 3 (percent) and 5 (percent).

12. Waiver of Premium Rider sections- This will generate only for policies issued with a waiver of premium rider.
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14. Conversion Expiry Date - Will insert the date the conversion privilege expires. The current range is for 10 policy years or to the insured's insurance age 50, whichever is less. We request a possible variable range for the number of policy years available as 5 - 20 policy years, and a possible range for the insurance age of 40 - 60. Any change to this would be for new issues only.
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21. Term Life Premium Period / Extra Premiums - Will display the To Age that the annual flat extra premiums are payable to.
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29. Total Quarterly premium for Policy Year - Will insert the quarterly premium total for each payment amount times 4.
30. Monthly premium Total for Each Payment - Will insert the total annual premium for Policy Year amount times a factor of .0875.

31. Total Monthly premium for Policy Year - Will insert the monthly premium total for each payment amount times 12.
32. Version – Version date for any changes to version date information.

Form 132291, Conversion Endorsement

This form will generate when the contract is allowed a conversion option, as shown on the policy cover and data page.

1. Officer Signature - Will insert signature of current Company Secretary.
2. Version – Version date for any changes to version date information.

Form 132290, Waiver of Premium Rider

This form will generate when the contract is issued with the Waiver of Premium Rider, as shown on the datapage.

1. Officer Signature - Will insert signature of current Company Secretary.
2. Version – Version date for any changes to version date information.

Policy Data

Insured: **1.** [John Doe]
 Policy Number **3.** [9000-1234567]
 Benefit Period: **5.** To Age [65]
 Risk Classification: [Male Standard Nontobacco] **7.**

Policy Date: [June 28, 2010] **2.**
 Expiry Date: [June 28, 2040] **4.**
 Issue Age: [35] **6.**

8. [MN State Insurance Department Telephone Number: 1-800-657-3602]

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
9. Term Life The Monthly Benefit will increase 3. % annually, starting one year after the Monthly Date following the date of death of the Insured, until monthly benefits end. Each increase will apply to the prior year's Monthly Benefit.	9. [\$3,000]	10. To Age [65]
12. Waiver of Premium Rider		To Age [60]

Conversion

13. Conversion Expiry Date: **14.** [June 28, 2020]

Conversion Value: **15.** [80% of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus **3.50** % and assuming monthly benefits begin on the Monthly Date following the Commutation Date. **16.**

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
Term Life	17. [\$1,260.00]	18. To Age [65]
19. []	20. []	21. []
22. Waiver of Premium Rider	23. [\$60.00]	To Age [60]

<u>Total Premiums</u>	24. <u>Annually</u>	26. <u>Semi-Annually</u>	28. <u>Quarterly</u>	30. <u>Monthly</u>
Total for Each Payment	25. [\$1,320.00]	26. [\$679.80]	28. [\$346.50]	30. [\$115.50]
Total for Policy Year	25. [\$1,320.00]	27. [\$1,359.60]	29. [\$1,386.00]	31. [\$1,386.00]

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

Waiver of Premium Rider

Based on the application for this rider and the payment of the premium, this rider is made a part of the policy. This rider is subject to all policy terms and provisions unless this rider changes them. This rider does not increase Your policy values.

Rider Benefit

We will, as described below, waive the premiums for the policy if the Insured becomes Totally Disabled and meets the requirements described in this rider. This means that You will not be required to pay any premiums that fall due while the Insured is so disabled and the waived premiums will not be deducted from the policy Proceeds. It can also provide a refund of premiums that You pay during Total Disability before Your claim is approved.

Total Disability must begin before Age 60 and must continue for a period of 180 consecutive days, except that the 180 consecutive days may be interrupted by a period of up to 20 accumulated days during which the Insured is not Totally Disabled.

Until Your claim is approved, You must pay the premiums needed so that Your policy does not Terminate due to non-payment of premiums, as provided in the grace period provision of the policy. If Total Disability begins during a grace period, the overdue premiums must be paid before any claim for waiver of premium will be approved.

If We approve Your claim, We will refund the portion of monthly premium and subsequent premiums paid that covers the period after Total Disability began. Premiums will be waived according to the payment interval in effect on the date Total Disability began. The premium payment interval cannot be changed during a period of Total Disability.

When premiums are being waived, the policy will remain in force as though You had paid them in cash. The premiums for the policy include the premiums for this and all other riders attached to the policy, unless stated otherwise under Policy Data.

Definition of Total Disability

Total Disability must begin while this rider is in force. During the first 24 months, Total Disability means the complete inability of the Insured, due to bodily injury or disease, to perform all of the material and substantial duties of his or her regular occupation at the time of disability. After 24 months of such continuous disability, Total Disability will mean the Insured's complete inability to engage in any gainful occupation for which he or she is reasonably fitted by education, training, or experience.

Once the waiver benefit has been approved and the Insured should then unsuccessfully attempt to return to work, We will not require the Insured to re-qualify for the benefit if the later Total Disability is considered a reoccurrence of the prior period of Total Disability. We will consider a Total Disability to be a reoccurrence of a prior period of Total Disability if:

1. the prior and later Total Disability are due to the same or related cause; and
2. the later period of Total Disability occurs within 31 days of the prior period of Total Disability.

Certain Losses Considered Total Disability

The total and irrecoverable loss of the following will be considered Total Disability even if the Insured performs in an occupation:

1. the sight of both eyes; or
2. the use of both hands; or
3. the use of both feet; or
4. the use of one hand and one foot.

Such loss must occur or first appear after the effective date of this rider and while the rider is in effect.

Limitations for Total Disability

We will not waive premiums if Total Disability results from or is contributed to by:

1. intentionally self inflicted injuries; or
2. war, declared or not, act of war, or any type of military conflict.

Proof of Total Disability

We must receive proof of Total Disability in Our home office within one year after the due date of the premium that You request Us to waive. If You do not give Us proof within this time, Your claim will not be affected if proof was given as soon as reasonably possible. Otherwise, premiums which were due more than one year before proof was furnished will not be waived or refunded.

At reasonable intervals, not more frequently than every 30 days, We have the right to require proof, including a medical examination, that Total Disability is continuing. If We require a medical examination as proof, it will be at Our expense. After 2 years We will only require proof no more than once in any 12 month period. If such proof is not given when required, no further premiums will be waived.

Waiver of Premium for Involuntary Unemployment

After this rider has been in force during the Insured's lifetime for 12 months from its effective date, and after the Insured has collected unemployment benefits for 90 consecutive days, premiums due during the 12 months following the start of unemployment benefits will be waived. Premiums that were due and paid during the first 90 consecutive days that the Insured collected unemployment benefits, will be refunded. The waiver of premium benefit for involuntary unemployment is available one time during the Insured's lifetime.

To be eligible for this waiver, the Insured must submit to Us proof of involuntary unemployment in the form of a determination letter from the appropriate jurisdiction's Department of Labor indicating that the Insured has qualified for unemployment benefits and has been receiving unemployment benefits for 90 consecutive days.

Any claim of Total Disability that becomes effective while premiums are being waived due to involuntary unemployment will terminate waiver of premium due to involuntary unemployment.

Premiums Are Payable For This Rider

You are required to pay a premium for this rider. The amount of this premium is shown under Policy Data. If the rider is Terminated by You or Us, the total premium for the entire policy will be reduced by the premium for this rider. (See below for details on when this rider Terminates.)

Policy's Incontestable Provision Applies To This Rider

After this rider has been in force during the Insured's lifetime for two years from its effective date, We cannot contest this rider. The two year period will not include time during which the Insured is Totally Disabled.

This Rider Can Be Terminated

Coverage under this rider will end on the earliest of the following:

1. the date any premium due for the policy remains unpaid at the end of the grace period; or;
2. the date the policy Terminates; or
3. The Age 60 Policy Anniversary. Such a Termination will not affect a claim for Total Disability commencing before Age 60; or
4. If the policy is convertible, the date the policy is converted; or
5. as of any premium due date upon Your Written Request to Us.

This rider is issued as of the Policy Date of the policy unless a different date is shown here.

RiverSource Life Insurance Company



Secretary

1.

Policy Data

Insured: **1.** [John Doe]
 Policy Number **3.** [9000-1234567]
 Benefit Period: **5.** To Age [65]
 Risk Classification: [Male Substandard Nontobacco] **7.**
 Policy Date: [June 28, 2010] **2.**
 Expiry Date: [June 28, 2040] **4.**
 Issue Age: [35] **6.**
8. [MN State Insurance Department Telephone Number: 1-800-657-3602]

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
Term Life	9. [\$3,000]	10. To Age [65]
11. [Waiver of Premium Rider]		To Age [60]

12.

Conversion

Conversion Expiry Date: **13.** [June 28, 2020]
 Conversion Value: **14.** [80% of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus **15.** [3.50% and assuming monthly benefits begin on the Monthly Date following the Commutation Date.]

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
18. [Term Life]	16. [\$1,968.00]	To Age [65] 17.
18. [Rated policy - Extra Premium]	19. []	20. []
21. [Waiver of Premium Rider]	22. [\$48.00]	To Age [60]

<u>Total Premiums</u>	23. <u>Annually</u>	<u>Semi-Annually</u>	<u>Quarterly</u>	<u>Monthly</u>
Total for Each Payment	25. [\$2,016.00]	25. [\$1,038.24]	27. [\$529.20]	29. [\$176.40]
Total for Policy Year	24. [\$2,016.00]	26. [\$2,076.48]	28. [\$2,116.80]	30. [\$2,116.80]

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

Policy Data

Insured: **1.** [John Doe]
 Policy Number **3.** [9000-1234567]
 Benefit Period: **5.** To Age [65]
 Risk Classification: [Male Standard Nontobacco] **7.**
 Policy Date: [June 28, 2010] **2.**
 Expiry Date: [June 28, 2040] **4.**
 Issue Age: [35] **6.**
8. [MN State Insurance Department Telephone Number: 1-800-657-3602]

Schedule of Benefits

<u>Benefit</u>	<u>Monthly Benefit</u>	<u>Benefit Period</u>
Term Life 9. [\$3,000]	10. To Age [65]	
11. [Waiver of Premium Rider]		To Age [60]

Conversion

12. [Conversion Expiry Date: **13.** [June 28, 2020]]
14. [Conversion Value: **14.** [80% of the Commuted Value using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus **15.** [3.50% and assuming monthly benefits begin on the Monthly Date following the Commutation Date.]]

Schedule of Premiums

<u>Benefit</u>	<u>Annual Premium</u>	<u>Premium Period</u>
16. [Term Life]	16. [\$1,014.00]	To Age [65] 17.
18. [Temporary Extra Premium]	19. [\$500.00]	To Age [40] 20.
21. [Waiver of Premium Rider]	22. [\$48.00]	To Age [60]

<u>Total Premiums</u>	23. [Annually]	<u>Semi-Annually</u>	<u>Quarterly</u>	<u>Monthly</u>
Total for Each Payment	25. [\$1,562.00]	25. [\$804.43]	27. [\$410.03]	29. [\$136.68]
Total for Policy Year	24. [\$1,562.00]	26. [\$1,608.86]	28. [\$1,640.12]	30. [\$1,640.16]

The intervals shown above are available for premium payments. You may change the interval by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals.

RiverSource Life Insurance Company

70100 Ameriprise Financial Center
Minneapolis, MN 55474



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1-800-862-7919

Term Life Insurance Policy

- Proceeds are payable upon the Insured's death prior to the Expiry Date.
- Level premiums are payable during the lifetime of the Insured until the Expiry Date.
- This Policy is nonparticipating. No dividends are payable.
- This Policy is convertible as shown under Policy Data.

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Insured: 4. John Doe

Policy Number: 5. 9000-1234567

Monthly Benefit: \$ 3000 6.

Policy Date: 7. June 28, 2010

Benefit Period: To Age 65 8.

Expiry Date: 9. June 28, 2040

This is a life insurance policy. It is a legal contract between You, as the owner, and Us, RiverSource Life Insurance Company, A Stock Company, Minneapolis, Minnesota. **PLEASE READ YOUR POLICY CAREFULLY.**

NOTICE OF YOUR RIGHT TO EXAMINE THIS POLICY

If for any reason You are not satisfied with this policy, return it to Us or Our representative within 10 days after You receive it. If this policy is intended to replace an existing policy, Your right to examine this policy is extended to 30 days or any longer period if required by the state in which it is delivered. We will then cancel this policy and refund all premiums which You have paid. This policy will then be considered void from its start.

We promise to pay the monthly benefits provided by this policy to the beneficiary if We receive proof satisfactory to Us that the Insured died while this policy was in force. Payment of monthly benefits are subject to the terms of this policy.

Signed for and issued by RiverSource Life Insurance Company in Minneapolis, Minnesota, as of the Policy Date.

The owner and the beneficiary are named in the application unless they are changed as provided for in this policy.

President:

10.

Secretary:

10.

GUIDE TO POLICY PROVISIONS

<u>Subject</u>	<u>Page</u>
Policy Data	Schedule of Benefits; Schedule of Premiums / page 3
Definitions	Important words and meanings / page 4
The Insurance Contract	Entire contract; Policy incontestability; Suicide exclusion; Conformity with interstate insurance product regulation commission standards; Misstatement of age or sex; Policy change; Policy termination / page 5
Owner and Beneficiary	Owner's rights; Successor owner; Change of ownership; Beneficiary receives proceeds paid on the Insured's death; Change of beneficiary; Assignment / page 6
Premiums	Payment of premiums; Frequency of premiums; Grace period; Reinstatement / page 7
Payment of Policy Proceeds	Payment of proceeds; Time of payment; Protection against creditors; Commuted value on or after the date of death / page 8
A copy of Your Application	Attached
Any appropriate Riders, Endorsements, Notices and other papers	Attached

DEFINITIONS

The following words are used often in this policy. When We use these words, this is what We mean:

Age

When used in terms such as "Age 65", age means the Policy Anniversary on Your Attained Insurance age.

Attained Insurance Age

The Insured's Insurance Age plus the number of Policy Anniversaries since the Policy Date. Attained Insurance Age changes only on a Policy Anniversary.

Commutation Date

The Commutation Date is the date used to calculate the Commuted Value. If commutation is due to the death of the Insured and no monthly benefits have been issued, the Commutation Date is the Insured's date of death. Any other commutation will be based on the date We receive the request in our home office.

Commuted Value

Is equal to the present value of any remaining monthly benefits as of the Commutation Date.

Expiry Date

This is the last date insurance coverage under this policy can remain in force, and is shown under Policy Data. To continue coverage to this date, premiums must be paid when due.

In Force

The Insured's life remains insured under the terms of the policy.

Insurance Age

The Insurance Age of the Insured on the Policy Date is the issue age shown under Policy Data as determined by Us from the birth date stated in the application.

Insured

The person whose life is insured by this policy.

Monthly Date

The same day each month as the Policy Date. If there is no Monthly Date on a calendar month, the Monthly Date will be the first day of the next calendar month.

Policy Anniversary

The same day and month as the Policy Date each year that the policy remains in force.

Policy Date

It is the date from which Policy Anniversaries, policy years, policy months, premium dates and Expiry Dates are determined. Your Policy Date is shown under Policy Data.

Proceeds

The amount We are obligated to pay under the terms of this policy. Proceeds are payable when the Insured dies and We receive due proof of death that is satisfactory to Us.

Terminate

This policy is no longer in force. All insurance coverage under this policy has stopped.

We, Our, Us

RiverSource Life Insurance Company

Written Request

A request in writing signed by You and satisfactory to Us.

You, Your

The owner of this policy. The owner may be someone other than the Insured. The owner is shown in the application unless the owner has been changed as provided in this policy.

THE INSURANCE CONTRACT

Entire Contract

The entire contract between You and Us is as stated in this policy, Your application, and any attached endorsements, or riders.

No one except one of Our corporate officers (President, Vice-President, Secretary or Assistant Secretary) can change or waive any of Our rights or requirements under this policy. That person must do so in writing. No other persons have the authority to change or waive any of Our rights or requirements.

Any statements made in the application(s) are, in the absence of fraud, considered representations and not warranties. No statement made in connection with an application will be used by Us to void the policy or deny a claim unless that statement is part of the application.

Policy Incontestability

After this policy has been in force during the Insured's lifetime for 2 years from the Policy Date, We cannot contest the policy except for nonpayment of premiums.

While this policy is contestable, We, on the basis of a misstatement or misrepresentation made in the application, may rescind the policy or deny a claim.

Suicide Exclusion

If the Insured, whether sane or insane, dies by suicide within 2 years from the Policy Date, Our liability is limited to an amount equal to the total premiums paid.

Any amount payable due to suicide will be paid in one lump sum to the beneficiary.

Conformity with Interstate Insurance Product Regulation Commission Standards

This policy was approved under the authority of the Insurance Product Regulation Commission (IIPRC) and issued under the Commission standards. Any provision of the policy that on the provision's effective date is in conflict with IIPRC standards for this policy is hereby amended to conform to the IIPRC standards for this policy as of the provision's effective date.

Misstatement of Age or Sex

If the birth date or sex of the Insured was misstated in the application, the Proceeds payable will be based on the amount premiums would have purchased at the correct birth date or sex.

Policy Change

If We agree, You may have riders or benefits added to Your policy. We may also allow You to change the monthly benefit. If You wish to make a change, please contact Us. If the change is acceptable to Us, We will tell You what We will need to process Your request.

Policy Termination

This policy will Terminate and all coverage will end on the earliest of the following:

1. the Expiry Date, as shown under the Policy Data page; or
2. the date You request, by Written Request, that coverage ends; or
3. the end of the grace period; or
4. the date of death of the Insured.

If You request for coverage under this policy to end, We will refund the pro-rata portion of any premiums paid for the period beyond the date of Your request for coverage to end.

OWNER AND BENEFICIARY

Your Rights as Owner of this Policy

As long as the Insured is living and unless otherwise provided in this policy, You may exercise all rights and privileges in this policy or allowed by Us.

Successor Owner

A successor owner becomes the new owner of this policy if You die during the lifetime of the Insured. If no successor owner is living at the time of Your death, ownership will pass to Your estate. The successor owner, if any, is shown in the application unless changed as provided below.

Changing Ownership of this Policy

You can change the ownership of this policy by Written Request. A successor owner may also be changed in this same way. The change must be made while the Insured is living. Once the change is recorded by Us, it will take effect as of the date of Your request, subject to any action We take or payment We make before the recording.

Beneficiary Receives Proceeds Paid on the Insured's Death

We will pay the Proceeds to the beneficiary or beneficiaries which You have named in the application, unless You have since changed the beneficiary as provided below. If the beneficiary has been changed, We will pay the Proceeds in accordance with Your last change of beneficiary request. If no valid beneficiary designation exists, We will pay the Proceeds to You, if living, otherwise to Your estate.

Change of Beneficiary By Owner

You may change the beneficiary anytime while the Insured is living by Written Request to Us. Once the change is recorded by Us, it will take effect as of the date of Your request, subject to any action taken or payment made by Us before the recording.

Assigning the Policy as Collateral

While the Insured is living, You can assign this policy or any interest in it. Your interest and the interest of any beneficiary is subject to the interest of the assignee. An assignment is not a change of ownership and an assignee is not an owner as these terms are used in this policy. A copy of the assignment must be submitted to Us. Any assignment shall take effect as of the date the notice was signed, subject to any action taken or payment made by Us before the assignment was recorded at Our home office. We are not responsible for the validity of any assignment.

PREMIUMS

Payment of Premiums

Your first premium is due as of the Policy Date. All premiums after the first are payable on or before their due date. Premiums must be paid or mailed to Us at Our home office or to an authorized agent. We will give You a receipt if You request one.

Frequency of Premium Payments

You may choose one of the following intervals to pay Your premiums:

1. Annual - Your premium will be due once a year on each Policy Anniversary date;
2. Semiannual - Your premium will be due every six months;
3. Quarterly - Your premium will be due every three months.

The first year premium for each of these intervals is shown under Policy Data. A premium payment paid at an interval not shown here must be approved by Us. You may change the interval for future premium payments, but one of the premium due dates must fall on the Policy Anniversary.

Grace Period

To keep this policy in force, You must pay all premiums due as shown under Policy Data, or until the death of the Insured, if earlier. There is, however, a 31 day grace period for all premiums except the first one.

If a premium is not paid by its due date, this policy will remain in force for 31 days following the due date. You can pay the premium any time during the 31 days. Any payment sent by U. S. mail must be postmarked within the grace period to keep the policy in force.

If the Insured dies during the 31 day grace period, We will deduct the unpaid premium from the policy Proceeds, as described in the Payment of Proceeds section.

If You do not pay the premium by the end of the grace period, this policy will Terminate.

Reinstatement

If the policy Terminated due to non-payment of premiums, You may apply to reinstate this policy at any time within 3 years of the end of the grace period. In order to reinstate this policy, three requirements must be met. They are:

1. You must submit a Written Request to reinstate the policy; and
2. You must provide evidence of insurability of the Insured satisfactory to Us; and
3. Full payment of all past due premiums with compound interest at 6 % per year.

These requirements must be met during the Insured's lifetime, before the Expiry Date shown under Policy Data.

The effective date of a reinstated policy will be the date on which We approve the application for reinstatement.

A new 2 year suicide exclusion and policy incontestability period will apply from the effective date of reinstatement. While this policy is contestable, We, on the basis of a misstatement or misrepresentation made in the reinstatement application, may rescind the policy or deny a claim.

PAYMENT OF POLICY PROCEEDS

Payment of Proceeds

If the Insured dies while this policy is in force, We will pay the Proceeds to the beneficiary. The Proceeds consist of:

1. The monthly benefit shown under Policy Data; plus
2. Any additional amount provided by rider or endorsement; plus
3. Any part of the premiums paid for coverage beyond the Insured's date of death, unless the premiums are being waived, will be included in the first payment.

Time of Payment

Monthly benefits begin on the Monthly Date following the date of death of the Insured.

Within 30 days of receiving acceptable proof of death, We will pay any benefits due for each full month. Payments will be made until the later of the Benefit Period shown under Policy Data or 24 monthly payments. All Proceeds are payable at Our home office.

If the Insured died after the policy entered the Grace Period but while insurance coverage is still in force, We will deduct the amount of unpaid premium from the first and, if necessary, successive payments of the Proceeds.

Proceeds will be paid in monthly installments to the named beneficiary. If a beneficiary dies before all of the monthly benefits are paid, We will continue the monthly benefits to the successor beneficiary named in Our records. The successor beneficiary is the person named by the beneficiary to receive the remaining monthly benefits, if any, upon the death of the beneficiary. If no valid successor beneficiary exists at the time of the beneficiary's death, We will pay the Proceeds to the estate of the beneficiary.

If the monthly benefit payable under this policy to any beneficiary is less than \$100, We have the right to pay the Commuted Value.

If there is no valid beneficiary designation upon the death of the Insured, We will pay the Proceeds to You, if living; otherwise to Your estate.

Protection Against Creditors

To the extent permitted by law, no payment of policy Proceeds or interest We make will be subject to the claims of any creditor.

Commuted Value On or After the Date of Death

In lieu of monthly benefits, the Proceeds may be paid as a Commuted Value.

Commuted Values requested on or after the date of death but before any monthly benefits have been issued will be calculated using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus 3.50%. If approved, the amount payable will include interest from the date We receive acceptable proof of death to the payment date at a rate required by law in the state in which the policy was issued.

Commuted Values requested after any monthly benefits have been issued will be calculated using a discount rate equal to the value of the 10-year U.S. Treasury Rate on the first business date of the calendar month prior to the Commutation Date plus 4.00%.

Term Life Insurance Policy

- Proceeds are payable upon the Insured's death prior to the Expiry Date.
- Level premiums are payable during the lifetime of the Insured until the Expiry Date.
- This Policy is nonparticipating. No dividends are payable.
- This Policy is convertible as shown under Policy Data.

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RiverSource Life Insurance Company

70100 Ameriprise Financial Center
Minneapolis, MN 55474

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