

SERFF Tracking Number: AEMN-127817975 State: Arkansas
Filing Company: RiverSource Life Insurance Company State Tracking Number: 50281
Company Tracking Number: 411356AR
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: RAVA 5
Project Name/Number: RAVA 5 Qualified Individual Applications /411356

Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: RAVA 5

SERFF Tr Num: AEMN-127817975 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 50281

Variable and Variable

Closed

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: 411356AR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Linda Elston, Susan
Schmidt

Disposition Date: 11/18/2011

Date Submitted: 11/16/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 03/01/2012

Implementation Date:

State Filing Description:

General Information

Project Name: RAVA 5 Qualified Individual Applications

Status of Filing in Domicile: Pending

Project Number: 411356

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Domicile state of
Minnesota is an Interstate Compact state. This
filing has been submitted to the Interstate
Compact and is currently pending review.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/18/2011

Deemer Date:

State Status Changed: 11/18/2011

Submitted By: Susan Schmidt

Created By: Susan Schmidt

Filing Description:

Corresponding Filing Tracking Number:

Subject: Individual Variable Annuity Submission

Form No. 411356 SIMPLE IRA/TSA Variable Annuity Application

Form No. 411357 401(a) Variable Annuity Application

Form No. 411271A Unisex Endorsement

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We wish to place the 3 variable annuity forms listed above on file for approval. They consist of 2 individual variable annuity applications and 1 endorsement form.

This filing is associated with our "Itasca Filing" project approved on 9/23/2009 and 9/24/2009, your file numbers 43492 and 43480 respectively and our "RAVA 5" project approved on 12/7/2009, your file number 44231,44232 and 44233. No part of this filing contains any unusual or controversial items from normal company or industry standards.

The two application forms 411356 and 411357 are new and do not replace any other forms on file with your state and the endorsement form 411271A replaces Form 411271 from your file number 43492 approved on 09/23/2009.

A list of Forms is attached under Supporting Documents to show the associated forms to the applications and the contracts to use the endorsement.

The applications will be used for variable annuities will be sold through different distributors in the bank, captive agent and broker-dealer markets on a SIMPLE IRA, TSA and 401 plan basis. The unisex endorsement will be added to contracts issued as part of an employer sponsored retirement plan. We intend to implement the new forms on or after March 1, 2012 dependent upon state approval. These variable forms are subject to federal jurisdiction, and accordingly the Flesch requirements do not apply.

APPLICATION FORMS

Individual Variable Annuity Applications:

...Form 411356 Form 411357

These applications will be used to apply for (1) contract form 411295 with Contract Data page 411295-DPRS5, (2) contract form 411265 with Contract Data pages 411265-DPRA57 and 411265-DPRA510 and (3) contract form 411276 with Contract Data page 411276-DPRC5 for sales related to SIMPLE IRA, TSA(403(b)) and 401(a) plans. Form 411356 will be used for SIMPLE IRA and TSA (403(b)) sales and 411257 will be used for tax qualified 401(a) sales.

ENDORSEMENT FORM

...Form 411271A (unisex rates)

This endorsement will be added to contracts issued as part of employer sponsored retirement plans such as SEP-IRA, TSA or 401 Plans. It will be used with contract Forms 411265, 411276 and 411295. The endorsements replace the contract's table(s) of sex distinct guaranteed and variable AIR annuitization rates with unisex table(s) to comply with the Norris decision. The endorsement is intended to be made part of the contract at issue, or issued to a contract after the date of issue if converted to a plan that requires it.

We will use Form 411271A with new issues of variable annuities containing both variable AIR tables based on the "2000

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Individual Annuitant Mortality Table A”, with 100% Projection Scale G and a 5% assumed investment return and guaranteed fixed annuitization tables based on the “2000 Individual Annuitant Mortality Table A” @ 2% with 100% Projection Scale G.

The only change from the previously approved unisex endorsement is in Table B on page 2, the Plan D “Joint & Survivor Non-Refund” column of numbers have been updated.

STATEMENT OF VARIABILITY (SOV)

Material that may change is indicated by brackets on the submitted forms. Statements of Variability are included, and each form is annotated to match the SOV explanation given. We also plan to vary the typestyle, paper, weight and ink color to accommodate future generations of the form. However, any adaptation we make will not involve changes to the text without prior approval and will always meet or exceed the requirements of your state. I certify that any change or modification to a variable item in this form filing shall be administered by RiverSource Life Insurance Company in accordance with the Statement of Variability.

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

Company and Contact

Filing Contact Information

Susan Schmidt, Sr. Contract Analyst Susan.2.Schmidt@ampf.com
9550 Ameriprise Financial Center 612-671-1734 [Phone]
H25/9550 612-671-3866 [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
H25/9550 Group Name: State ID Number:
Minneapolis, MN 55474 FEIN Number: 41-0823832
(612) 671-2465 ext. [Phone]

Filing Fees

SERFF Tracking Number: AEMN-127817975 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/18/2011	11/18/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Qualified 401(a) Variable Annuity Application	Susan Schmidt	11/16/2011	11/16/2011

SERFF Tracking Number: AEMN-127817975 *State:* Arkansas
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Variable and Variable
Product Name: RAVA 5
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Disposition

Disposition Date: 11/18/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statements of Variability		Yes
Supporting Document	Redline changes of replacing form		Yes
Form	SIMPLE IRA and TSA (403(b)) Variable Annuity Application		Yes
Form (revised)	Qualified 401(a) Variable Annuity Application		Yes
Form	Unisex Endorsement		Yes
Form	Qualified 401(a) Variable Annuity Application	Replaced	Yes

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Amendment Letter

Submitted Date: 11/16/2011

Comments:

Please accept this amendment. The wrong annotated version of application form 411357 was attached. The initial form has the same bracketing but different annotation numbers due to another state requiring separate statements of variability for each form.

I apologize for any inconvenience and any confusion this may cause.

Thank you.

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
411357	Application/Equalized Enrollment Form	401(a) Variable Annuity Application	Initial					411357_A_03 12(1) Qualified 401(a) Variable Annuity Application.pdf

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Form Schedule

Lead Form Number: 411356

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	411356	Application/SIMPLE IRA and Enrollment TSA (403(b)) Form Variable Annuity Application	Initial			411356_A_03 12(1) SIMPLE IRA and TSA (403(b)) Variable Annuity Application.pdf
	411357	Application/Qualified 401(a) Enrollment Variable Annuity Form Application	Initial			411357_A_03 12(1) Qualified 401(a) Variable Annuity Application.pdf
	411271A	Policy/Cont Unisex Endorsement Revised ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		Replaced Form #: 411271 Previous Filing #: 43492		411271A unisex rate endorse.pdf

1.



2.

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

3.



SIMPLE IRA AND TSA (403(b)) Variable Annuity Application

4.

Advisor Number	
Owner's Social Security Number	
Brokerage Acct Number	133

Part 1 Ownership Information

5.

Owner (Annuitant is the same as Owner)

Owner's Name Social Security Number

Birth Date (MMDDYYYY)

Part 2 Beneficiary Information

5.

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

Select one of the following.

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

Beneficiary is (please insert Spouse's name): _____,

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

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

Beneficiary is (please insert Spouse's name): _____,

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

C. Lawful Children With Rights of Survivorship.

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

D. Lawful Children With Rights of Survivorship per Stirpes.

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

Beneficiary Information continued on next page..



• Sign on Pages [2, 6, 8]

• For assistance - call [1 (800) 862-7919]

7.
8.
2.
9.
10.



Beneficiary Information continued

6.

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

5.

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

Name	Date of Birth	Relationship to owner	Social Security Number	%

5.

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

Name	Date of Birth	Relationship to owner	Social Security Number	%

Part 3 Marital Status and Consent of Spouse

11.

• Complete this section only if you are residents of the following states: AZ, CA, ID, LA, NV, NM, TX, WA, or WI. Participant Marital Status (Select One)

- Single
- Married (See Consent of Spouse)
- Widowed
- Divorced

Consent of Spouse

This consent of spouse must be signed if all of the following conditions are present:

- (a) The spouse of the owner is living,
- (b) The spouse is not the sole primary beneficiary named and
- (c) The participant and spouse are residents of a community property state
 - (a) The spouse of the owner is living,
 - (b) The spouse is not the sole primary beneficiary named and
 - (c) The participant and spouse are residents of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.)

11.

I have reviewed the above beneficiary designation and, as the spouse of the participant, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter and I relinquish all my statutory or other rights thereto.

Spouse Name

Spouse Signature

Date (MMDDYYYY)

X

Part 4 Existing Policy Information

12.

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

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

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

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

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

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

9.

10.



Part 5 Type of Qualified Plan (Choose only one option: SIMPLE IRA (under 5A) or a 403(b) account (under 5B).)

A. SIMPLE IRA (Plan Sponsor information in Part 7 is required to establish SIMPLE IRA.)

SIMPLE IRA Participation Date _____ (MMDDYYYY)

The Internal Revenue Service requires RiverSource Life Insurance Company to report SIMPLE IRA plan contributions for the calendar year in which they are received.

Complete this section.

- I am an employee of the employer sponsoring the SIMPLE plan; or
- I am the sponsor of the plan. The Plan Adoption Agreement is with Ameriprise Financial Services, Inc. or
- I am the sponsor of the plan. The Plan Adoption Agreement is with another financial institution.

B. 403(b) account (Plan Sponsor in Part 7 is required to establish a 403(b) account)

- Tax-Sheltered Annuity (TSA) - Select Type of 403(b) Employer
 - Public schools and universities
 - 501(c)(3) Nonprofit
 - Optional Retirement Program (ORP)

Part 6 Plan Funding Information

Complete A, B or both

A. Initial Purchase Payment

Total Purchase Payment(s) to be received within 180 days: Identify number of funding sources:
\$ _____

Method of Funding:

- Check Attached (Applies to SIMPLE IRA only) (Purchase Instruction Receipt Form is required)
- Transfer/Redemption Paperwork Attached
- Advisor/Client Initiated Transfer
- Other – List Source _____

Contribution Type:

- Contribution _____
- Transfer \$ _____
- Rollover \$ _____

B. Ongoing Installment Payment

Select either Bank Authorization OR Group Bill. (Additional purchase payments may be restricted when a living benefit rider is selected.)

Bank Authorization (BA): (Not available for 403(b) plans; Minimum for Bank Authorization is \$50.00)

- If no existing BA, attach applicable form, or
- If existing BA, provide Ameriprise account number: _____

Installment Amount Installment Amount Start Date (MMDDYYYY)

\$ _____

Group Bill: (Minimum for Group Bill is \$25.00; Applicant needs to complete a salary reduction agreement with their employer.)

- If no existing Group Bill for employer, submit applicable form, or
- If existing Group Bill, provide Group Bill number: _____

Ongoing Payment Amount

\$ _____

1.



5. **Part 7 Plan Sponsor Information** (Required)

16.

Name of Plan Sponsor (generally the employer) associated with the retirement account: Employer Identification Number (EIN)

Address

City State ZIP code

17. **Part 8 Select a Variable Annuity Product**

18. **RAVA 5 Access** Variable Annuity - (No surrender charge; \$2,000 minimum)

RAVA 5 Select Variable Annuity - (4-year surrender charge; \$2,000 minimum)

5. **RAVA 5 Advantage** Variable Annuity - (\$1,000 minimum) Choose surrender charge
Surrender Charge Options:
 7 - year
 10 - year

Part 9 Living Benefit Riders (Must Be Completed)

- 19. TSA loans are not available if a living benefit is selected.
- 5. Living Benefit Riders may require selection of the **Portfolio Navigator Program**
- 18. **SecureSource Stages 2** rider - Single Life benefit with joint owners: guaranteed lifetime income is not available after the death of either owner, even if the covered person is still living.

Must Select One:

- No Living Benefit Rider
- Accumulation Protector Benefit** Guaranteed Minimum Accumulation Benefit Rider. Available only if oldest owner is age 80 or younger.
- Single Life Benefit **SecureSource Stages 2** Guaranteed Lifetime Withdrawal Benefit Rider. Available only if oldest owner is age 85 or younger.
- Joint Life Benefit **SecureSource Stages 2** Guaranteed Lifetime Withdrawal Benefit Rider. Available only if both spouses are age 85 or younger. **Complete required information below. Spouse name listed below must be the designated sole primary beneficiary:**

Spouse Name

Gender Date of Birth (MMDDYYYY) Social Security Number

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

- In addition to standard contract death benefits, these optional Death Benefit riders are available.
- If no selection is made, applicant will default to standard death benefits.

Available only if oldest owner is age 75 or younger

May choose one:

May choose one:

- | | |
|--|---|
| <input type="radio"/> Maximum Five-Year Anniversary Value Death Benefit (MAV5) | <input type="radio"/> Benefit Protector Death benefit (BP)
<input type="radio"/> Benefit Protector Plus Death Benefit (BPP)
(available for exchange, transfers, or rollover only) |
|--|---|

Available only if older owner is age 79 or younger

- Maximum Anniversary Value Death Benefit (MAV)
- 5% Accumulation Death Benefit (5% ADB)
- Enhanced Death Benefit (EDB)

Available only if older owner is age 80 or older

- Return of Purchase Payments Death Benefit (ROPP)

10.



Part 11 Fund Allocation Options (Must select one)

21.

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

18.

5.

Part 12 Additional Request(s) (Optional)

5. Complete and submit applicable forms for any additional request options selected.

22.

5.

18.

Special Dollar Cost Averaging (SDCA) Dollar Cost Averaging (not available with Portfolio Navigator Program) Rebalancing (not available with Portfolio Navigator Program)

Part 13 State Fraud and Disclosure Notice

23.

For applicants in Arizona: Refer to Form #131100.

26.

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

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

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

24.

Make appropriate selection for federal tax classification (required):

Select appropriate button for federal tax classification (required):

- Individual/Sole proprietor
- Partnership
- Corporation**
 - C-Corporation
 - S-Corporation
- Trust
 - Revocable(Optional Additional Trust Details)
 - Irrevocable(Optional Additional Trust Details)
- Limited Liability Company (LLC)**
 - C-Corporation
 - S-Corporation
 - Partnership
- Estate
- Other

Check here if owner is an Exempt Payee (defined in Form W-9 instructions)

As used below, the word "I" refers to the applicant who is the taxpayer on the account.

Under penalties of perjury, I certify that:

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

Certification Instructions:

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Non-U.S. persons should submit the appropriate Form W-8.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

Part 15 Agreements, Acknowledgements and Disclosures

13.

SIMPLE IRA and TSA accounts

25.

I understand that an annuity generally has a tax deferral feature provided by the Internal Revenue Code. However, I further understand that if I purchase an annuity to fund a retirement plan that is already tax-deferred, any tax deferral benefits will be provided by the retirement plan and that my annuity will not provide any necessary or additional tax-deferral benefits.

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

9.

10.



Agreements, Acknowledgements and Disclosures continued

25.

- If I am provided information about specific investment alternatives, I understand and acknowledge that other investment alternatives having similar risk and return characteristics may be available.
- I further acknowledge that RiverSource Life Insurance Company assumes no responsibility for any tax consequences and/or penalties that may result from my contributions to or distributions from this annuity or that may result from any related transaction or conversion.

13.

• SIMPLE IRA Applicants Only: I acknowledge receiving a copy of [Your Guide to SIMPLE IRAs] and understand its contents.

27.

• I understand that neither [Ameriprise Financial Services, Inc.] nor my Ameriprise financial advisor, is acting as a fiduciary within the meaning of the Employee Retirement Income Security Act (ERISA) or the Internal Revenue Code (IRC) if and as applicable, regarding services provided. For purposes of ERISA and the IRC, Ameriprise Financial Services, Inc. and my Ameriprise financial advisor are not providing services that may be relied upon as the primary basis for my investment decisions regarding this retirement account.

26.

• I acknowledge receiving the [Product Disclosure, Privacy Notice Form, the Military Disclosure Form, and the RiverSource® Annuities Product Comparison Disclosure Form ("Comparison Form")] I understand, and have considered, among other factors, the relationship between surrender charges and mortality and expense fees, as explained in the Comparison Form, in my decision to purchase the variable annuity product selected in this application.

25.

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

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

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

28.

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

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

- I understand that I have the right to receive the prospectuses in paper format, which has been offered to me.
- I have access to and understand how to use the hardware and software that are necessary to view the prospectuses (see CD label for operating requirements).
- I understand that, in order to retain paper copies of the prospectuses, I must either:

- A. print the prospectuses found on the CD, incurring any printing costs myself; or
- B. request the prospectuses in paper form free of charge by calling Customer Service toll-free at

2. [1 (800) 862-7919.]

• I understand that all future prospectus updates and supplements will be provided to me in paper form

25.

• I have reviewed the subaccount options that I selected on the Subaccount Funds Allocations form with my Ameriprise financial advisor.

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

29.

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

24.

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

Part 16 Agreements, Acknowledgements and Disclosures

Owner's Name

Owner's Signature

State Application Signed In

Date (MMDDYYYY)

X _____

9.

10.

1.



Part 17 Advisor Report

30.

Declaration and Signature:

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

Advisor Certification (Required):

Refer to online compliance manual for additional information regarding this certification

1. Is this account associated with any employee benefit plan that is subject to ERISA*? Yes No

2. Are you, or is any covered member of your family**, a plan fiduciary who has exercised any control or authority over the establishment or investment of this account?*** Yes No

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

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

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

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

Compensation:

For [RAVA 5 Select Variable Annuity] and [RAVA 5 Advantage Variable Annuity] products only, choose a compensation option. Once chosen and submitted to the corporate office, the compensation option may not be changed.

Compensation Options for [RAVA 5 Select Variable Annuity]

Option A: Up-front with trail Option B: Level

Compensation Options for [RAVA 5 Advantage Variable Annuity]

Option A: Fully Fronted - no trails Option B: Large up front with small trail
 Option C: Small up front with larger trail Option D: Level

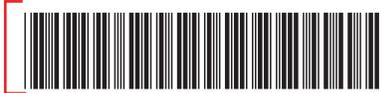
31.

18.

Advisor Report continued on next page..

9.

10.



Advisor Report continued

30.

Recommending Advisor Information

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



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

Name

Advisor ID



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

Servicing Advisor Information

Name

Servicing Advisor ID

Servicing Advisor Signature

Date (MMDDYYYY)

X

Team ID

Comp %

Phone

Ext

Branch Office Number

Co-Advisor Information

Name

Co-Advisor ID

Co-Advisor Signature

Date (MMDDYYYY)

X

Team ID

Comp %

Phone

Ext

Branch Office Number

1.



2.

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

3.



Qualified Variable Annuity Application

401(a) plans

4.

Advisor Number _____

Annuitant's Social Security Number _____

Brokerage Acct Number _____ 133

Part 1 Ownership Information

16.

401(a) Plan Sponsor: Business Name _____ Employer Identification Number (EIN) _____

Address _____

City _____ State _____ ZIP code _____

401(a) Plan Annuitant's Name _____ Birthdate (MMDDYYYY) _____

Business Ownership (Select One)

32.

5.

- Sole Proprietorship (03)
- Regular Corporation (01)
- Tax-Exempt Corporation (05) (i.e., church)
- Subchapter S Corporation (01)
- Partnership (02)
- Political Subdivision (04) (i.e., city, state)
- LLC (06)
- Professional Association (02) (i.e., law firm, medical clinic, etc.)

Part 2 Plan Category Selection (Select one)

33.

5.

- Custodial
- Investment Only (FBO only)

Type of Plan (Select One)

34.

5.

- Profit Sharing (05)
 - 401(k) (Investment Only) (02)
 - Roth 401(k) (Investment Only) (11)
 - Money Purchase (06)
 - Target Benefit (04) (Investment Only)
- Plan Fiscal Year End (MMDD) _____ Plan Adoption (MMDDYYYY) _____ Plan Starting (MMDDYYYY) _____

Part 3 Investment Only Plan Trustee Information

35.

- Select one for trust representation and authorizations: Majority of trustees must consent to transaction(s)
- ANY trustee may consent to transaction(s)

Print Name of Trustee(s):

1. _____

2. _____

3. _____

7.

8.

2.

9.

10.



- Sign on Pages [6, 8]
- For assistance - call [1 (800) 862-7919]



Part 4 Duplicate Statements

Select One

No Duplicate Statement - statements will be sent to Trustee only

If this is an Ameriprise® Individual(k) - duplicate statements will be sent to the Third Party Administrator (TPA) as the recordkeeper.

36.

Ascensus Retirement Services
124 Eighth Ave NE
P.O. Box 807
Brainerd, MN 56401

Third Party Administrator (TPA) - duplicate statements will be sent to the TPA (complete the TPA name and address section below)

Name

Street Address

City

State

ZIP code

Part 5 Existing Policy Information

12.

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

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

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

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

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

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

Part 6 Qualified Plan Funding Information

5.

! Complete A, B or both

14.

A. Initial Purchase Payment

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

\$

Method of Funding:

- Check Attached (Purchase Instruction Receipt Form is required)
- Transfer/Redemption Paperwork Attached
- Advisor/Client Initiated Transfer
- Other – List Source

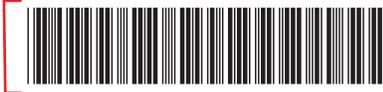
5.

Contribution Type:

- Contribution
- Transfer \$
- Rollover \$

15.

Qualified Plan Funding Information continued on next page..



Qualified Plan Funding Information continued

B. Ongoing Installment Payment

5.

Select either Bank Authorization OR Group Bill. (Additional purchase payments may be restricted when a living benefit rider is selected.)

5.

Bank Authorization (BA): (Minimum for Bank Authorization is \$50.00)

If no existing BA, attach applicable form, or

If existing BA, provide Ameriprise account number:

Installment Amount

Frequency

Start Date (MMDDYYYY)

\$

5.

Group Bill: (Minimum for Group Bill is \$25.00; Applicant needs to complete a salary reduction agreement with their employer.)

If no existing Group Bill for employer, submit applicable form, or

If existing Group Bill, provide Group Bill number:

Ongoing Payment Amount

\$

Part 7 Select a Variable Annuity Product

17.

RAVA 5 Access Variable Annuity - (No surrender charge; \$2,000 minimum)

18.

RAVA 5 Select Variable Annuity - (4-year surrender charge; \$2,000 minimum)

5.

RAVA 5 Advantage Variable Annuity - (\$1,000 minimum) Choose surrender charge

Surrender Charge Options:

7 - year

10 - year

Part 8 Living Benefit Riders (Must Be Completed)

19.

Living Benefit Riders may require selection of the Portfolio Navigator Program

18.

SecureSource Stages 2 rider - Single Life benefit with joint owners: guaranteed lifetime income is not available after the death of either owner, even if the covered person is still living.

Must Choose One:

No Living Benefit Rider

Accumulation Protector Benefit Guaranteed Minimum Accumulation Benefit Rider Available only if oldest annuitant is age 80 or younger.

Single Life Benefit SecureSource Stages 2 Guaranteed Lifetime Withdrawal Benefit Rider Available only if oldest annuitant is age 85 or younger.

Joint Life Benefit SecureSource Stages 2 Guaranteed Lifetime Withdrawal Benefit Rider.

Available only if both spouses, one of which is the annuitant, are age 85 or younger. Complete required information below. Spouse name listed below must be the designated sole primary beneficiary:

Spouse Name

Gender

Date of Birth (MMDDYYYY)

Social Security Number



Part 9 Death Benefit Riders (Optional)

20.

- In addition to standard contract death benefits, these optional Death Benefit riders are available.
- If no selection is made, applicant will default to standard death benefits.

Available only if oldest owner is age 75 or younger

May choose one:

Maximum Five-Year Anniversary Value Death Benefit (MAV5)

May choose one:

Benefit Protector Death benefit (BP)

Benefit Protector Plus Death Benefit (BPP) [available for exchange, transfers, or rollover only]

Available only if older owner is age 79 or younger

- Maximum Anniversary Value Death Benefit (MAV)
- 5% Accumulation Death Benefit (5% ADB)
- Enhanced Death Benefit (EDB)

Available only if older owner is age 80 or older

- Return of Purchase Payments Death Benefit (ROPP)

21.

18.

5.

Part 10 Fund Allocation Options (Must select one)

- Portfolio Navigator Program [required with Living Benefit Rider selection] OR Subaccount Fund Allocations [% allocations must add up to exactly 100%]

22.

5.

18.

Part 11 Additional Request(s) (Optional)

- Complete and submit applicable forms for any additional request options selected.
- Special Dollar Cost Averaging (SDCA) Dollar Cost Averaging [not available with Portfolio Navigator Program]
- Rebalancing [not available with Portfolio Navigator Program]

Part 12 State Fraud and Disclosure Notice

23.

26.

For applicants in Arizona: Refer to Form #131100.

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

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



Part 13 Social Security or Taxpayer Identification Number (TIN) Certification

Make appropriate selection for federal tax classification (required):

24.

Select appropriate button for federal tax classification (required):

Individual/Sole proprietor

Partnership

Corporation

C-Corporation

Trust

Revocable(Optional Additional Trust Details)

S-Corporation

Irrevocable(Optional Additional Trust Details)

Limited Liability Company (LLC)

C-Corporation

Estate

S-Corporation

Other

Partnership

Check here if owner is an Exempt Payee (defined in Form W-9 instructions)

As used below, the word "I" refers to the applicant who is the taxpayer on the account.

Under penalties of perjury, I certify that:

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

Certification Instructions:

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Non-U.S. persons should submit the appropriate Form W-8.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

Part 14 Agreements, Acknowledgements and Disclosures

Tax Qualified (IRC Section 401(a)) Plans:

25.

- I understand that an annuity generally has a tax deferral feature provided by the Internal Revenue Code. However, I further understand that if I purchase an annuity to fund a retirement plan that is already tax-deferred, any tax deferral benefits will be provided by the retirement plan and that my annuity will not provide any necessary or additional tax-deferral benefits.
- If I am provided information about specific investment alternatives, I understand and acknowledge that other investment alternatives having similar risk and return characteristics may be available.
- I further acknowledge that RiverSource Life Insurance Company assumes no responsibility for any tax consequences and/or penalties that may result from my contributions to or distributions from this annuity or that may result from any related transaction or conversion.
- I understand that neither Ameriprise Financial Services, Inc. nor my Ameriprise financial advisor, is acting as a fiduciary within the meaning of the Employee Retirement Income Security Act (ERISA) or the Internal Revenue Code (IRC) as applicable, regarding services provided. For purposes of ERISA and the IRC, Ameriprise Financial Services, Inc. and my Ameriprise financial advisor are not providing services that may be relied upon as the primary basis for my investment decisions regarding this retirement account.
- I acknowledge receiving the Custody Agreement or the Ameriprise Financial Services, Inc. Qualified Plan Investment Provider Agreement. I have read it, and with full knowledge of the information contained in it, I agree to abide by its terms and conditions.

27.

Agreements, Acknowledgements and Disclosures continued on next page..



Agreements, Acknowledgements and Disclosures continued

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

25.

26.

• I acknowledge receiving the [Product Disclosure, Privacy Notice Form, the Military Disclosure Form, and the RiverSource® Annuities Product Comparison Disclosure Form ("Comparison Form")] I understand, and have considered, among other factors, the relationship between surrender charges and mortality and expense fees, as explained in the Comparison Form, in my decision to purchase the variable annuity product selected in this application.
• I have not entered into, or made plans to enter into any agreement to sell or assign the ownership of, or a beneficial interest in, the applied for policy. In addition, in the past, I have not sold or transferred any annuity contract to a third party.
• **Beneficiary Designation:** The Plan Sponsor and/or Trustee maintain the underlying beneficiary designations for plan participants.
• **Prospectus:** I have received the current prospectus for the variable annuity applied for.

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

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

- I understand that I have the right to receive the prospectuses in paper format, which has been offered to me.
- I have access to and understand how to use the hardware and software that are necessary to view the prospectuses (see CD label for operating requirements).
- I understand that, in order to retain paper copies of the prospectuses, I must either:

- A. print the prospectuses found on the CD, incurring any printing costs myself; or
- B. request the prospectuses in paper form free of charge by calling Customer Service toll-free at

2.

1 (800) 862-7919.

- I understand that all future prospectus updates and supplements will be provided to me in paper form

25.

• I have reviewed the subaccount options that I selected on the Subaccount Funds Allocations form with my Ameriprise financial advisor.

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

29.

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

24.

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

5.

Part 15 Signatures, State and Signed Date [Trustees sign in order listed in Part 3]

Plan Administrator or Trustee Signature

X

State Application Signed In

Date (MMDDYYYY)

Second Trustee Signature

X

Date (MMDDYYYY)

Third Trustee Signature

X

Date (MMDDYYYY)

Signature of 401(a) Plan Annuitant

X

Date (MMDDYYYY)

1.



Part 16 Advisor Report

Declaration and Signature:

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

Advisor Certification (Required):

Refer to online compliance manual for additional information regarding this certification

1. Is this account associated with any employee benefit plan that is subject to ERISA*? Yes No

2. Are you, or is any covered member of your family**, a plan fiduciary who has exercised any control or authority over the establishment or investment of this account?*** Yes No

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

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

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

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

Compensation:

For [RAVA 5 Select Variable Annuity] and [RAVA 5 Advantage Variable Annuity] products only, choose a compensation option. Once chosen and submitted to the corporate office, the compensation option may not be changed.

Compensation Options for [RAVA 5 Select Variable Annuity]

Option A: Up-front with trail Option B: Level

Compensation Options for [RAVA 5 Advantage Variable Annuity]

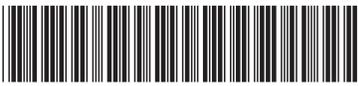
Option A: Fully Fronted - no trails Option B: Large up front with small trail
 Option C: Small up front with larger trail Option D: Level

Advisor Report continued on next page..

9.

411357

10.



Advisor Report continued

Recommending Advisor Information

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



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

Name

Advisor ID



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

Servicing Advisor Information

Name

Servicing Advisor ID

Servicing Advisor Signature

Date (MMDDYYYY)

X

Team ID

Comp %

Phone

Ext

Branch Office Number

Co-Advisor Information

Name

Co-Advisor ID

Co-Advisor Signature

Date (MMDDYYYY)

X

Team ID

Comp %

Phone

Ext

Branch Office Number

Variable Annuity Unisex Endorsement

This endorsement is made a part of this contract to which it is attached and changes the following provisions of the contract. As part of an employer-sponsored retirement plan, this contract is issued on a unisex basis. All sex-distinct references in the contract are hereby deleted and replaced with unisex references. The following tables are substituted for those in the Tables of Annuity Rates section of the contract.

Table A - Dollar Amount of First Monthly Variable Annuity Payment Per \$1,000 Applied

Age at Annuity-tization	Beginning In Year	Plan A	Plan B			Plan C	Plan D
		Life Income Non-Refund	Five Years Certain	Life Income with Ten Years Certain	Fifteen Years Certain	Life Income Installment Refund	Joint & Survivor Non-Refund
Age 65	2010	5.92	5.89	5.82	5.71	5.72	5.35
	2015	5.84	5.82	5.76	5.65	5.66	5.30
	2020	5.77	5.75	5.70	5.60	5.61	5.26
	2025	5.71	5.69	5.64	5.55	5.55	5.21
	2030	5.65	5.63	5.59	5.51	5.51	5.18
	2035	5.59	5.58	5.54	5.47	5.46	5.14
Age 75	2010	7.71	7.59	7.24	6.75	7.08	6.60
	2015	7.56	7.45	7.14	6.68	6.97	6.50
	2020	7.41	7.32	7.04	6.62	6.87	6.40
	2025	7.28	7.19	6.94	6.56	6.78	6.32
	2030	7.16	7.08	6.85	6.50	6.69	6.24
	2035	7.04	6.97	6.76	6.45	6.61	6.16
Age 85	2010	11.74	10.89	9.17	7.61	9.65	9.30
	2015	11.39	10.65	9.06	7.58	9.45	9.09
	2020	11.07	10.41	8.96	7.56	9.28	8.89
	2025	10.77	10.19	8.87	7.53	9.11	8.70
	2030	10.50	9.98	8.77	7.51	8.95	8.53
	2035	10.24	9.78	8.67	7.48	8.80	8.37
Age 95	2010	20.07	15.27	10.35	7.82	14.24	14.95
	2015	19.49	15.13	10.34	7.82	14.05	14.63
	2020	18.97	14.97	10.33	7.82	13.87	14.34
	2025	18.48	14.82	10.32	7.81	13.69	14.07
	2030	18.03	14.67	10.31	7.81	13.52	13.82
	2035	17.61	14.53	10.30	7.81	13.37	13.59
Age 100	2010	27.80	17.29	10.49	7.82	18.18	20.51
	2015	27.60	17.28	10.49	7.82	18.14	20.41
	2020	27.41	17.26	10.49	7.82	18.10	20.31
	2025	27.22	17.25	10.49	7.82	18.06	20.22
	2030	27.04	17.24	10.49	7.82	18.02	20.13
	2035	26.86	17.22	10.49	7.82	17.98	20.04

Table A above is based on the "Annuity 2000 Mortality Table", with 100% Projection Scale G and a 5% assumed investment return. Annuity Payment rates for any year, age or any combination of year and age not shown above, will be calculated on the same basis as those rates shown in the Table above. Such rates will be furnished by us upon request. Amounts shown in the Table below are based on a 5% assumed investment return.

Plan E - Dollar Amount of First Monthly Variable Annuity Payment Per \$1,000 Applied

Years Payable	Monthly Payment	Years Payable	Monthly Payment	Years Payable	Monthly Payment
10	10.51	17	7.20	24	5.88
11	9.77	18	6.94	25	5.76
12	9.16	19	6.71	26	5.65
13	8.64	20	6.51	27	5.54
14	8.20	21	6.33	28	5.45
15	7.82	22	6.17	29	5.36
16	7.49	23	6.02	30	5.28

Fixed Dollar annuity payments will not be less than those shown in Table B. In addition, the amount of such payments will not be less than that which would be provided if a single payment immediate annuity contract then offered by us to annuitant's in the same class were to be purchased with the surrender value of the contract.

Table B - Dollar Amount of Each Monthly Fixed Dollar Annuity Payment Per \$1,000 Applied

Age at Annuitization	Beginning In Year	Plan A	Plan B			Plan C	Plan D
		Life Income Non-Refund	Five Years Certain	Life Income with Ten Years Certain	Fifteen Years Certain	Life Income Installment Refund	Joint & Survivor Non-Refund
Age 65	2010	4.19	4.18	4.13	4.05	3.86	3.57
	2015	4.12	4.10	4.06	3.99	3.81	3.52
	2020	4.05	4.04	4.00	3.93	3.77	3.48
	2025	3.98	3.97	3.94	3.88	3.72	3.44
	2030	3.92	3.92	3.89	3.83	3.68	3.40
	2035	3.87	3.86	3.84	3.79	3.64	3.37
Age 75	2010	5.98	5.90	5.64	5.21	5.06	4.81
	2015	5.84	5.77	5.53	5.14	4.98	4.71
	2020	5.70	5.64	5.43	5.07	4.90	4.63
	2025	5.57	5.52	5.33	5.01	4.82	4.55
	2030	5.45	5.40	5.24	4.94	4.75	4.47
	2035	5.34	5.30	5.15	4.88	4.69	4.41
Age 85	2010	9.93	9.26	7.72	6.18	7.20	7.47
	2015	9.60	9.02	7.61	6.16	7.05	7.26
	2020	9.30	8.78	7.50	6.13	6.92	7.07
	2025	9.01	8.56	7.40	6.10	6.80	6.89
	2030	8.75	8.35	7.30	6.08	6.68	6.73
	2035	8.51	8.16	7.20	6.05	6.58	6.59
Age 95	2010	18.18	13.86	9.00	6.41	11.10	13.08
	2015	17.63	13.70	8.99	6.41	10.97	12.77
	2020	17.13	13.54	8.98	6.41	10.85	12.47
	2025	16.67	13.38	8.97	6.41	10.74	12.21
	2030	16.24	13.23	8.96	6.41	10.64	11.96
	2035	15.84	13.09	8.95	6.41	10.55	11.74
Age 100	2010	25.92	15.97	9.16	6.42	14.46	18.49
	2015	25.73	15.96	9.16	6.42	14.43	18.39
	2020	25.54	15.95	9.16	6.42	14.41	18.29
	2025	25.36	15.93	9.16	6.42	14.38	18.20
	2030	25.19	15.92	9.16	6.42	14.36	18.11
	2035	25.02	15.91	9.16	6.42	14.33	18.02

Table B above is based on the "Annuity 2000 Mortality Table" at 2.0% annual effective interest rate with 100% Projection Scale G. Annuity Payment rates for any year, age or any combination of year and age not shown above, will be calculated on the same basis as those rates shown in the Table above. Such rates will be furnished by us upon request. Amounts shown in the Table below are based on a 2.0% annual effective interest rate.

Plan E - Dollar Amount of Each Monthly Fixed Dollar Annuity Payment Per \$1,000 Applied

Years Payable	Monthly Payment	Years Payable	Monthly Payment	Years Payable	Monthly Payment
10	9.18	17	5.77	24	4.36
11	8.42	18	5.50	25	4.22
12	7.80	19	5.26	26	4.10
13	7.26	20	5.04	27	3.98
14	6.81	21	4.85	28	3.87
15	6.42	22	4.67	29	3.77
16	6.07	23	4.51	30	3.68

This endorsement is issued and effective as of the contract date of this contract.

RiverSource Life Insurance Company


Secretary

SERFF Tracking Number: AEMN-127817975 State: Arkansas
 Filing Company: RiverSource Life Insurance Company State Tracking Number: 50281
 Company Tracking Number: 411356AR
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
 Variable and Variable
 Product Name: RAVA 5
 Project Name/Number: RAVA 5 Qualified Individual Applications /411356

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Being variable annuity forms, subject to federal security regulation, they are exempt from state readability requirements.		

Attached are certification of compliance , pdfs of Arkansas Guaranty Notice and Consumer notice.

Attachments:
 34146 D (1-04) - AR Guaranty Assn Notice.pdf
 271786 D (01-07) - ODL Multi Fixed Consumer Notice - AR.pdf
 AR Certification of Compliance.pdf

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A as this is an application filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable for an application filing. These applications are to be used with previously approved contracts.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statements of Variability		
Comments:		
Attachments: Statement of Variability for 411356 and 411357.pdf Statement of Variability 411271A endorsement.pdf		

SERFF Tracking Number: AEMN-127817975 State: Arkansas
Filing Company: RiverSource Life Insurance Company State Tracking Number: 50281
Company Tracking Number: 411356AR
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable
Product Name: RAVA 5
Project Name/Number: RAVA 5 Qualified Individual Applications /411356

Item Status:

**Status
Date:**

Satisfied - Item: Redline changes of replacing form

Comments:

Attachment:

411271A variable unisex rate endorsement redline.pdf

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

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

DISCLAIMER

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

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

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

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

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

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

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

The Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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

Annuity Contract Number _____

Annuity Owner _____

Questions Regarding Your Annuity?

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

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

Telephone: 1-800-333-3437

Agent Name: _____

Agent Address: _____

Telephone: _____

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

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

Telephone: 1-800-852-5494

IMPORTANT NOTICE FOR AGENT:

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

STATE OF ARKANSAS
Individual Variable Annuity
CERTIFICATION OF COMPLIANCE

Forms: **411356 SIMPLE IRA and TSA (403(b)) Variable Annuity Application**
 411357 Qualified (401(a)) Variable Annuity Application
 411271A Unisex Endorsement

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

I, Jeffrey R. Pederson, Assistant Secretary of RiverSource Life Insurance Company, further certify that I am familiar with the applicable laws, rules and regulations of the State of Arkansas, and that to the best of my knowledge, information and belief, all forms submitted with this letter are in compliance in all respects with the provisions of the Insurance Laws, Rules and Regulations of the State of Arkansas.



RiverSource Life Insurance Company
Jeffrey R. Pederson, Assistant Secretary

Date: November 14, 2011

RiverSource Life Insurance Company
Statement of Variability
November 15, 2011

Variable Annuity Application forms 411356 and 411357

Brackets have been placed around various items in the form in order to indicate that they are variable and subject to change by us as explained below. We also plan to vary the typestyle, paper, weight and ink color to accommodate future generations of the form. However, any adaptation we make will always meet or exceed the requirements of the laws of your state.

1. **Bar Code and identifier number.** Used for internal administrative purposes. The spacing, typestyle, numbering system and ink color appearance may change. Or use of the bar code may be discontinued as an identifier.
2. **RiverSource Life Insurance Company Address, Service Phone.** Will reflect current home office address and service telephone number for RiverSource Life Insurance Company.
3. **Logo.** Bracketed to allow for future logo changes.
4. **Advisor ID Number, Owner's Social Security Number and Brokerage Acct Number.** Bracketed in the event we remove those fields from that section.
5. **Informational, rules or instruction information.** Bracketed so that we may clarify or expand in future if needed.
6. **Beneficiary Information (411356 only).** Bracketed in the event the current options are expanded, reduced or to be referenced to a separate form specifically for beneficiary information.
7. **Copyright year.** Bracketed in the event it is updated dependent on future application updates of variable items.
8. **Page numbers for signature pages.** May shift due to future reformatting.
9. **Page number.** The current page and total number of pages may shift due to future reformatting.
10. **Version letter/print date.** Bracketed for use for internal administrative information. The version letter/print date will be changed if any future changes are made to items bracketed as variable. The range will be A - Z EXCEPT never "B, I, O, Q, or S". The date range will also use 01-12 for the months and the last two numbers of a year, from 2012 to future years.
11. **Marital Status and Consent of Spouse (411356 only).** The list of states could increase or decrease based on states and jurisdictions that are community property states.
12. **Existing Policy Information.** The "National Association Insurance Commissioner States (NAIC) states" and "all other states" are bracketed in the event it is determined to list the actual state abbreviations that apply to this question or an improved language is needed for clarity to our advisors. The provision is bracketed in it's entirety in the event all the states that will use this form come to use just the NAIC question. In that event, question B will be removed, the bolded text of "A" and in A will be removed leaving the unbolded first question for the Existing Policy Information section.
13. **Type of Qualified Plan section (ICC11 411356 only).** This is bracketed in anticipation of future tax law changes or if the products were no longer available in one or more markets. It's possible that the choices may change or be deleted. Plan Sponsor is also bracketed in anticipation of future need of this information if there are any changes with the SIMPLE IRA or TSA (403(b)). The reporting disclosure is bracketed in anticipation of future law changes which SIMPLE IRA plan contributions are no longer required to be reported. "Ameriprise Financial Services, Inc." is bracketed in case the name of the affiliated trust company changes or a different trust company is used.
14. **Total Purchase Payment.** The Purchase Payment timeframe may vary. The range: within 0 to 365 days. If the time frame is 0 or just not provided, portion of or all of "to be received within 180 days" may be removed.
15. **Contribution Type.** Bracketed to reflect future changes to the tax code that could change the rules for the years payments may be accepted or the type of category of contribution.
16. **Plan Sponsor.** Bracketed in anticipation of future tax law changes.
17. **Select a Variable Annuity Product.** Bracketed in the event the product marketing names are changed, product selections updated, product instructions or rules are updated or expanded or if the surrender

charges are changed for updated products. Rules for existing products would not deviate from what was approved in that products filing (i.e. ranges, surrender charges, etc). Any new product would be filed and approved before it would be used or incorporated into this application.

18. **Marketing Names.** Bracketed in the event a marketing name or program name changes.
19. **Living Benefit Riders.** Bracketed in the event a rider name changes, rider selections are updated, or rider instructions or rules are updated or expanded. Rules for existing riders would not deviate from what was approved for any given rider (i.e. benefit age ranges, rules, etc). Any new rider would be filed and approved before it would be used or incorporated into this application.
20. **Death Benefit Riders.** Bracketed in the event a rider name changes, rider selections are updated, or rider instructions or rules are updated or expanded. Rules for existing riders would not deviate from what was approved for any given rider (i.e. benefit age ranges, rules, etc). Any new rider would be filed and approved before it would be used or incorporated into this application.
21. **Fund Allocation Options.** Bracketed in its entirety due to potential future addition of another allocation program or funds option for applicants to select from as well as possible revision to Marketing or Program names and instructions.
22. **Additional Request(s).** Bracketed in the event additional instructions are required to ensure accurate completion of this section, or to list additional services available or it could be removed entirely if we choose to continue the service via another service form.
23. **State Fraud and Disclosure Notice.** For new or revised state required wording of fraud or disclosures.
24. **TIN Certification.** For possible changes to Federal TIN certification required language.
25. **Agreements, Acknowledgements and Disclosures.** Bracketed in the event they are revised, discontinued, or additional disclosures are created. For example, an additional disclosure may be created to reflect certain product rules or transfer limitations in response to changing market conditions or to prevent anti-selection behavior in the event of a secondary market develops for these contracts. Also, if the application form becomes available in electronic format, a disclosure similar to the following will be added to the application form:

Electronic Signature: The application form and other documents may be signed using an electronic signature. To sign the application form today you may use an electronic signature pad to provide your electronic signature. To sign your application form from home, you may log onto your my Financial Accounts account and follow the click to sign process.

26. **Brochure or Disclosure form titles or form numbers.** Bracketed in the event the title or form numbers change.
27. **Agreements, Acknowledgements and Disclosures.** “Ameriprise Financial Services, Inc.” may be changing to “Ameriprise Financial Services, LLC” in the future.
28. **Consent for Delivery of Initial Prospectuses on CD-ROM.** Bracketed in the event that this language is removed and placed into a separate acknowledgement form for applicants to sign and to allow for text change within this provision to clarify or add additional language relating to consenting to receiving a CD ROM.
29. **For Guarantee Period Accounts Only.** Bracketed in case the referenced GPA accounts are no longer available.
30. **Advisor Report.** This section is attached to the application for convenience to the advisor and is not subject to review and approval. The information may change as needed to identify the selling agent, pay compensation, verify replacement of coverage, add notes from the agent, etc.
31. **Compensation.** This is bracketed in the event the compensation payment options are changed or the format/ language is revised for clarity and technology functionality purposes. Specifically if products are updated or marketing names are revised, or if compensation option available changes.
32. **Business Ownership (ICC11 411357 only).** Bracketed in anticipation of future law or requirement changes or in the event the Business Ownership selection options are updated.
33. **Plan Category Selection (ICC11 411357 only).** Bracketed in anticipation of future law changes or in the event the Plan Category selection options are updated.
34. **Type of Plan (ICC11 411357 only).** Bracketed in anticipation of future tax law changes or in the event the Type of Plan selection options are updated or additional information is needed.
35. **Investment Only Plan Trustee Information (ICC11 411357 only).** Bracketed in the event the trust representation and authorization options are revised for clarity purposes.

36. **Duplicate Statements (ICC11 411357 only)**. The Third Party Administrator (TPA) is bracketed in the event there is a change in who is the TPA as the recordkeeper.

Statement of Variability

411271A

Variable unisex rates Endorsement

The form is designed for use with different RiverSource Life Insurance Company (RiverSource Life) variable annuity products. Below is a description of the bracketed items. RiverSource Life also plans to vary the typestyle, paper, weight and ink color to accommodate future generations of this form. However, any adaptation RiverSource Life makes will not involve changes to the text without prior approval and will always meet or exceed the requirements your laws.

1. **Version letter/print date.** Bracketed for use for internal administrative information. The version letter/print date will be changed if any future changes are made to items bracketed as variable. The range will be A - Z EXCEPT never "B, I, O, Q, or S". The date range will also use 01-12 for the months and the last two numbers of a year, from 2012 to future years.

2. **Officer Signature**

The officer signature is bracketed to indicate that the name may change.

Variable Annuity Unisex Endorsement

This endorsement is made a part of this contract to which it is attached and changes the following provisions of the contract. As part of an employer-sponsored retirement plan, this contract is issued on a unisex basis. All sex-distinct references in the contract are hereby deleted and replaced with unisex references. The following tables are substituted for those in the Tables of Annuity Rates section of the contract.

Table A - Dollar Amount of First Monthly Variable Annuity Payment Per \$1,000 Applied

Age at Annuitization	Beginning In Year	Plan A	Plan B			Plan C	Plan D
		Life Income Non-Refund	Life Income with			Life Income Installment Refund	Joint & Survivor Non-Refund
			Five Years Certain	Ten Years Certain	Fifteen Years Certain		
Age 65	2010	5.92	5.89	5.82	5.71	5.72	5.35
	2015	5.84	5.82	5.76	5.65	5.66	5.30
	2020	5.77	5.75	5.70	5.60	5.61	5.26
	2025	5.71	5.69	5.64	5.55	5.55	5.21
	2030	5.65	5.63	5.59	5.51	5.51	5.18
	2035	5.59	5.58	5.54	5.47	5.46	5.14
Age 75	2010	7.71	7.59	7.24	6.75	7.08	6.60
	2015	7.56	7.45	7.14	6.68	6.97	6.50
	2020	7.41	7.32	7.04	6.62	6.87	6.40
	2025	7.28	7.19	6.94	6.56	6.78	6.32
	2030	7.16	7.08	6.85	6.50	6.69	6.24
	2035	7.04	6.97	6.76	6.45	6.61	6.16
Age 85	2010	11.74	10.89	9.17	7.61	9.65	9.30
	2015	11.39	10.65	9.06	7.58	9.45	9.09
	2020	11.07	10.41	8.96	7.56	9.28	8.89
	2025	10.77	10.19	8.87	7.53	9.11	8.70
	2030	10.50	9.98	8.77	7.51	8.95	8.53
	2035	10.24	9.78	8.67	7.48	8.80	8.37
Age 95	2010	20.07	15.29	10.35	7.82	14.24	14.95
	2015	19.49	15.13	10.34	7.82	14.05	14.63
	2020	18.97	14.97	10.33	7.82	13.87	14.34
	2025	18.48	14.82	10.32	7.81	13.69	14.07
	2030	18.03	14.67	10.31	7.81	13.52	13.82
	2035	17.61	14.53	10.30	7.81	13.37	13.59
Age 100	2010	27.80	17.29	10.49	7.82	18.18	20.51
	2015	27.60	17.28	10.49	7.82	18.14	20.41
	2020	27.41	17.26	10.49	7.82	18.10	20.31
	2025	27.22	17.25	10.49	7.82	18.06	20.22
	2030	27.04	17.24	10.49	7.82	18.02	20.13
	2035	26.86	17.22	10.49	7.82	17.98	20.04

Table A above is based on the "Annuity 2000 Mortality Table" with 100% Projection Scale G and a 5% assumed investment return. Annuity Payment rates for any year, age, or any combination of year and age not shown above, will be calculated on the same basis as those rates shown in the Table above. Such rates will be furnished by us upon request. Amounts shown in the Table below are based on a 5% assumed investment return.

Plan E - Dollar Amount of First Monthly Variable Annuity Payment Per \$1,000 Applied

<u>Years Payable</u>	<u>Monthly Payment</u>	<u>Years Payable</u>	<u>Monthly Payment</u>	<u>Years Payable</u>	<u>Monthly Payment</u>
10	10.51	17	7.20	24	5.88
11	9.77	18	6.94	25	5.76
12	9.16	19	6.71	26	5.65
13	8.64	20	6.51	27	5.54
14	8.20	21	6.33	28	5.45
15	7.82	22	6.17	29	5.36
16	7.49	23	6.02	30	5.28

Fixed Dollar annuity payments will not be less than those shown in Table B. In addition, the amount of such payments will not be less than that which would be provided if a single payment immediate annuity contract then offered by us to annuitant's in the same class were to be purchased with the surrender value of the contract.

Table B - Dollar Amounts of Each Monthly Fixed Dollar Annuity Payment Per \$1,000 Applied

Age at Annuitization	Beginning In Year	Plan A	Plan B			Plan C	Plan D
		Life Income Non-Refund	Life Income with			Life Income Installment Refund	Joint & Survivor Non-Refund
			Five Years Certain	Ten Years Certain	Fifteen Years Certain		
Age 65	2010	4.19	4.18	4.13	4.05	3.86	3.57
	2015	4.12	4.10	4.06	3.99	3.81	3.52
	2020	4.05	4.04	4.00	3.93	3.77	3.48
	2025	3.98	3.97	3.94	3.88	3.72	3.44
	2030	3.92	3.92	3.89	3.83	3.68	3.40
	2035	3.87	3.86	3.84	3.79	3.64	3.37
Age 75	2010	-	5.90	5.64	5.21	5.06	4.81
	2015	5.84	5.77	5.53	5.14	4.98	4.71
	2020	5.70	5.64	5.43	5.07	4.90	4.63
	2025	5.57	5.52	5.33	5.01	4.82	4.55
	2030	5.45	5.40	5.24	4.94	4.75	4.47
	2035	5.34	5.30	5.15	4.88	4.69	4.41
Age 85	2010	9.93	9.26	7.72	6.18	7.20	7.47
	2015	9.60	9.02	7.61	6.16	7.05	7.26
	2020	9.30	8.78	7.50	6.13	6.92	7.07
	2025	9.01	8.56	7.40	6.10	6.80	6.89
	2030	8.75	8.35	7.30	6.08	6.68	6.73
	2035	8.51	8.16	7.20	6.05	6.58	6.59
Age 95	2010	18.18	13.86	9.00	6.41	11.10	13.08
	2015	17.63	13.70	8.99	6.41	10.97	12.77
	2020	17.13	13.54	8.98	6.41	10.85	12.47
	2025	16.67	13.38	8.97	6.41	10.74	12.21
	2030	16.24	13.23	8.96	6.41	10.64	11.96
	2035	15.84	13.09	8.95	6.41	10.55	11.74
Age 100	2010	-	15.97	9.16	6.42	14.46	18.49
	2015	25.73	15.96	9.16	6.42	14.43	18.39
	2020	25.54	15.95	9.16	6.42	14.41	18.29
	2025	25.36	15.93	9.16	6.42	14.38	18.20
	2030	25.19	15.92	9.16	6.42	14.36	18.11
	2035	25.02	15.91	9.16	6.42	14.33	18.02
Age 65	2010	4.19	4.18	4.13	4.05	3.86	3.57
	2015	4.12	4.10	4.06	3.99	3.81	3.52
	2020	4.05	4.04	4.00	3.93	3.77	3.48
	2025	3.98	3.97	3.94	3.88	3.72	3.54
	2030	3.92	3.92	3.89	3.83	3.68	3.50
	2035	3.87	3.86	3.84	3.79	3.64	3.46
Age 75	2010	5.98	5.90	5.64	5.21	5.06	4.99
	2015	5.84	5.77	5.53	5.14	4.98	4.89
	2020	5.70	5.64	5.43	5.07	4.90	4.80
	2025	5.57	5.52	5.33	5.01	4.82	4.71
	2030	5.45	5.40	5.24	4.94	4.75	4.63
	2035	5.34	5.30	5.15	4.88	4.69	4.56
Age 85	2010	9.93	9.26	7.72	6.18	7.20	7.71
	2015	9.60	9.02	7.61	6.16	7.05	7.50
	2020	9.30	8.78	7.50	6.13	6.92	7.31
	2025	9.01	8.56	7.40	6.10	6.80	7.13

	2030	8.75	8.35	7.30	6.08	6.68	6.97
	2035	8.51	8.16	7.20	6.05	6.58	6.82
Age 95	2010	18.18	13.86	9.00	6.41	11.10	13.36
	2015	17.63	13.70	8.99	6.41	10.97	13.06
	2020	17.13	13.54	8.98	6.41	10.85	12.78
	2025	16.67	13.38	8.97	6.41	10.74	12.52
	2030	16.24	13.23	8.96	6.41	10.64	12.28
	2035	15.84	13.09	8.95	6.41	10.55	12.06
Age 100	2010	25.92	15.97	9.16	6.42	14.46	18.93
	2015	25.73	15.96	9.16	6.42	14.43	18.83
	2020	25.54	15.95	9.16	6.42	14.41	18.74
	2025	25.36	15.93	9.16	6.42	14.38	18.65
	2030	25.19	15.92	9.16	6.42	14.36	18.56
	2035	25.02	15.91	9.16	6.42	14.33	18.47

Table B above is based on the "Annuity 2000 Mortality Table" at 2.0% annual effective interest rate with 100% Projection Scale G. Annuity Payment rates for any year, age, or any combination of year, age and sex not shown above, will be calculated on the same basis as those rates shown in the Table above. Such rates will be furnished by us upon request. Amounts shown in the Table below are based on a 2.0% annual effective interest rate.

Plan E - Dollar Amount of Each Monthly Fixed Dollar Annuity Payment Per \$1,000 Applied

<u>Years Payable</u>	<u>Monthly Payment</u>	<u>Years Payable</u>	<u>Monthly Payment</u>	<u>Years Payable</u>	<u>Monthly Payment</u>
10	9.18	17	5.77	24	4.36
11	8.42	18	5.50	25	4.22
12	7.80	19	5.26	26	4.10
13	7.26	20	5.04	27	3.98
14	6.81	21	4.85	28	3.87
15	6.42	22	4.67	29	3.77
16	6.07	23	4.51	30	3.68

This endorsement is issued and effective as of the contract date of this contract.

RiverSource Life Insurance Company



Secretary

SERFF Tracking Number: AEMN-127817975 State: Arkansas
 Filing Company: RiverSource Life Insurance Company State Tracking Number: 50281
 Company Tracking Number: 411356AR
 TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
 Variable and Variable
 Product Name: RAVA 5
 Project Name/Number: RAVA 5 Qualified Individual Applications /411356

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)
11/14/2011	Form	Qualified 401(a) Variable Annuity Application	11/16/2011	411357_A_0312(1) Qualified 401(a) Variable Annuity Application CA.pdf (Superseded)

1.

DOC0108411357

2.

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

3.

Qualified Variable Annuity Application

401(a) plans

4.

Advisor Number _____

Annuitant's Social Security Number _____

Brokerage Acct Number _____ 133

Part 1 Ownership Information

13.

401(a) Plan Sponsor: Business Name _____ Employer Identification Number (EIN) _____

Address _____

City _____ State _____ ZIP code _____

401(a) Plan Annuitant's Name _____ Birthdate (MMDDYYYY) _____

Business Ownership (Select One)

29.

5.

Sole Proprietorship (03) Subchapter S Corporation (01) LLC (06)

Regular Corporation (01) Partnership (02)

Tax-Exempt Corporation (05) (i.e., church) Political Subdivision (04) (i.e., city, state) Professional Association (02) (i.e., law firm, medical clinic, etc.)

Part 2 Plan Category Selection (Select one)

30.

5.

Custodial Investment Only (FBO only)

Type of Plan (Select One)

31.

5.

Profit Sharing (05) Money Purchase (06)

401(k) (Investment Only) (02) Target Benefit (04) (Investment Only)

Roth 401(k) (Investment Only) (11)

Plan Fiscal Year End (MMDD) _____ Plan Adoption (MMDDYYYY) _____ Plan Starting (MMDDYYYY) _____

Part 3 Investment Only Plan Trustee Information

32.

Select one for trust representation and authorizations: Majority of trustees must consent to transaction(s) ANY trustee may consent to transaction(s)

Print Name of Trustee(s):

1. _____

2. _____

3. _____

6.

7.

2.

8.

9.

• Sign on Pages [6, 8]

• For assistance - call [1 (800) 862-7919]

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[A (03/12)]

1



Part 4 Duplicate Statements

Select One

No Duplicate Statement - statements will be sent to Trustee only

If this is an Ameriprise® Individual(k) - duplicate statements will be sent to the Third Party Administrator (TPA) as the recordkeeper.

33.

Ascensus Retirement Services
124 Eighth Ave NE
P.O. Box 807
Brainerd, MN 56401

Third Party Administrator (TPA) - duplicate statements will be sent to the TPA (complete the TPA name and address section below)

Name

Street Address

City

State

ZIP code

Part 5 Existing Policy Information

10.

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

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

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

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

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

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

Part 6 Qualified Plan Funding Information

5.

! Complete A, B or both

11.

A. Initial Purchase Payment

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

\$

Method of Funding:

- Check Attached (Purchase Instruction Receipt Form is required)
- Transfer/Redemption Paperwork Attached
- Advisor/Client Initiated Transfer
- Other - List Source

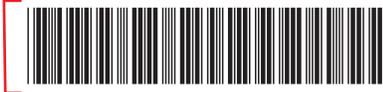
5.

Contribution Type:

- Contribution
- Transfer \$
- Rollover \$

12.

Qualified Plan Funding Information continued on next page..



Qualified Plan Funding Information continued

B. Ongoing Installment Payment

5.

Select either Bank Authorization OR Group Bill. (Additional purchase payments may be restricted when a living benefit rider is selected.)

5.

Bank Authorization (BA): (Minimum for Bank Authorization is \$50.00)

If no existing BA, attach applicable form, or

If existing BA, provide Ameriprise account number:

Installment Amount Frequency Start Date (MMDDYYYY)

\$

5.

Group Bill: (Minimum for Group Bill is \$25.00; Applicant needs to complete a salary reduction agreement with their employer.)

If no existing Group Bill for employer, submit applicable form, or

If existing Group Bill, provide Group Bill number:

Ongoing Payment Amount

\$

Part 7 Select a Variable Annuity Product

14.

RAVA 5 Access Variable Annuity - (No surrender charge; \$2,000 minimum)

15.

RAVA 5 Select Variable Annuity - (4-year surrender charge; \$2,000 minimum)

5.

RAVA 5 Advantage Variable Annuity - (\$1,000 minimum) Choose surrender charge

Surrender Charge Options:

7 - year

10 - year

Part 8 Living Benefit Riders (Must Be Completed)

16.

Living Benefit Riders may require selection of the Portfolio Navigator Program

15.

SecureSource Stages 2 rider - Single Life benefit with joint owners: guaranteed lifetime income is not available after the death of either owner, even if the covered person is still living.

Must Choose One:

No Living Benefit Rider

Accumulation Protector Benefit Guaranteed Minimum Accumulation Benefit Rider Available only if oldest annuitant is age 80 or younger.

Single Life Benefit SecureSource Stages 2 Guaranteed Lifetime Withdrawal Benefit Rider Available only if oldest annuitant is age 85 or younger.

Joint Life Benefit SecureSource Stages 2 Guaranteed Lifetime Withdrawal Benefit Rider. Available only if both spouses, one of which is the annuitant, are age 85 or younger. Complete required information below. Spouse name listed below must be the designated sole primary beneficiary:

Spouse Name

Gender Date of Birth (MMDDYYYY) Social Security Number



Part 9 Death Benefit Riders (Optional)

17.

- In addition to standard contract death benefits, these optional Death Benefit riders are available.
- If no selection is made, applicant will default to standard death benefits.

Available only if oldest owner is age 75 or younger

May choose one:

Maximum Five-Year Anniversary Value Death Benefit (MAV5)

May choose one:

Benefit Protector Death benefit (BP)

Benefit Protector Plus Death Benefit (BPP) [available for exchange, transfers, or rollover only]

Available only if older owner is age 79 or younger

- Maximum Anniversary Value Death Benefit (MAV)
- 5% Accumulation Death Benefit (5% ADB)
- Enhanced Death Benefit (EDB)

Available only if older owner is age 80 or older

- Return of Purchase Payments Death Benefit (ROPP)

18.

15.

5.

Part 10 Fund Allocation Options (Must select one)

- Portfolio Navigator Program [required with Living Benefit Rider selection] OR Subaccount Fund Allocations [% allocations must add up to exactly 100%]

19.

5.

15.

Part 11 Additional Request(s) (Optional)

- Complete and submit applicable forms for any additional request options selected.
- Special Dollar Cost Averaging (SDCA) Dollar Cost Averaging [not available with Portfolio Navigator Program]
- Rebalancing [not available with Portfolio Navigator Program]

Part 12 State Fraud and Disclosure Notice

20.

23.

For applicants in Arizona: Refer to Form #131100.

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

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



Part 13 Social Security or Taxpayer Identification Number (TIN) Certification

Make appropriate selection for federal tax classification (required):

21.

Select appropriate button for federal tax classification (required):

<input type="radio"/> Individual/Sole proprietor	<input type="radio"/> Partnership
Corporation	<input type="radio"/> Trust
<input type="radio"/> C-Corporation	<input type="radio"/> Revocable(Optional Additional Trust Details)
<input type="radio"/> S-Corporation	<input type="radio"/> Irrevocable(Optional Additional Trust Details)
Limited Liability Company (LLC)	<input type="radio"/> Estate
<input type="radio"/> C-Corporation	<input type="radio"/> Other <input type="text"/>
<input type="radio"/> S-Corporation	
<input type="radio"/> Partnership	

Check here if owner is an Exempt Payee (defined in Form W-9 instructions)

As used below, the word "I" refers to the applicant who is the taxpayer on the account.

Under penalties of perjury, I certify that:

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

Certification Instructions:

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

Part 14 Agreements, Acknowledgements and Disclosures

Tax Qualified (IRC Section 401(a)) Plans:

22.

- I understand that an annuity generally has a tax deferral feature provided by the Internal Revenue Code. However, I further understand that if I purchase an annuity to fund a retirement plan that is already tax-deferred, any tax deferral benefits will be provided by the retirement plan and that my annuity will not provide any necessary or additional tax-deferral benefits.
- If I am provided information about specific investment alternatives, I understand and acknowledge that other investment alternatives having similar risk and return characteristics may be available.
- I further acknowledge that RiverSource Life Insurance Company assumes no responsibility for any tax consequences and/or penalties that may result from my contributions to or distributions from this annuity or that may result from any related transaction or conversion.

24.

- I understand that neither Ameriprise Financial Services, Inc. nor my Ameriprise financial advisor, is acting as a fiduciary within the meaning of the Employee Retirement Income Security Act (ERISA) or the Internal Revenue Code (IRC) as applicable, regarding services provided. For purposes of ERISA and the IRC, Ameriprise Financial Services, Inc. and my Ameriprise financial advisor are not providing services that may be relied upon as the primary basis for my investment decisions regarding this retirement account.
- I acknowledge receiving the Custody Agreement or the Ameriprise Financial Services, Inc. Qualified Plan Investment Provider Agreement. I have read it, and with full knowledge of the information contained in it, I agree to abide by its terms and conditions.

Agreements, Acknowledgements and Disclosures continued on next page..



Agreements, Acknowledgements and Disclosures continued

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

22.

23.

• I acknowledge receiving the [Product Disclosure, Privacy Notice Form, the Military Disclosure Form, and the RiverSource® Annuities Product Comparison Disclosure Form ("Comparison Form")] I understand, and have considered, among other factors, the relationship between surrender charges and mortality and expense fees, as explained in the Comparison Form, in my decision to purchase the variable annuity product selected in this application.

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

• **Beneficiary Designation:** The Plan Sponsor and/or Trustee maintain the underlying beneficiary designations for plan participants.

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

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

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

- I understand that I have the right to receive the prospectuses in paper format, which has been offered to me.
- I have access to and understand how to use the hardware and software that are necessary to view the prospectuses (see CD label for operating requirements).
- I understand that, in order to retain paper copies of the prospectuses, I must either:

A. print the prospectuses found on the CD, incurring any printing costs myself; or

B. request the prospectuses in paper form free of charge by calling Customer Service toll-free at

2.

1 (800) 862-7919.

- I understand that all future prospectus updates and supplements will be provided to me in paper form

22.

• I have reviewed the subaccount options that I selected on the Subaccount Funds Allocations form with my Ameriprise financial advisor.

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

26.

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

21.

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

5.

Part 15 Signatures, State and Signed Date [Trustees sign in order listed in Part 3]

Plan Administrator or Trustee Signature

X

State Application Signed In

Date (MMDDYYYY)

Second Trustee Signature

X

Date (MMDDYYYY)

Third Trustee Signature

X

Date (MMDDYYYY)

Signature of 401(a) Plan Annuitant

X

Date (MMDDYYYY)

1.



Part 16 Advisor Report

Declaration and Signature:

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

Advisor Certification (Required):

Refer to online compliance manual for additional information regarding this certification

1. Is this account associated with any employee benefit plan that is subject to ERISA*? Yes No

2. Are you, or is any covered member of your family**, a plan fiduciary who has exercised any control or authority over the establishment or investment of this account?*** Yes No

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

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

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

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

Compensation:

For [RAVA 5 Select Variable Annuity] and [RAVA 5 Advantage Variable Annuity] products only, choose a compensation option. Once chosen and submitted to the corporate office, the compensation option may not be changed.

Compensation Options for [RAVA 5 Select Variable Annuity]

Option A: Up-front with trail Option B: Level

Compensation Options for [RAVA 5 Advantage Variable Annuity]

Option A: Fully Fronted - no trails Option B: Large up front with small trail
 Option C: Small up front with larger trail Option D: Level

Advisor Report continued on next page..

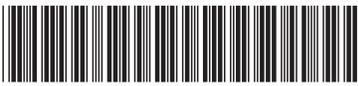
27.

28.

15.

8.

9.



Advisor Report continued

Recommending Advisor Information

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



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

Name

Advisor ID



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

Servicing Advisor Information

Name

Servicing Advisor ID

Servicing Advisor Signature

Date (MMDDYYYY)

X

Team ID

Comp %

Phone

Ext

Branch Office Number

Co-Advisor Information

Name

Co-Advisor ID

Co-Advisor Signature

Date (MMDDYYYY)

X

Team ID

Comp %

Phone

Ext

Branch Office Number