Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Term to Age 95 Life Insurance	SERFF Tr Num: AEMN-128002701	State: Arkansas
TOI: L04I Individual Life - Term	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life	Co Tr Num: 132371	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Debbie Berg, Bonnie Foley, Jeff Pederson, Cheryl Meyer	Disposition Date: 02/03/2012
	Date Submitted: 01/20/2012	Disposition Status: Approved-Closed
Implementation Date Requested: 03/27/2012		Implementation Date:
State Filing Description:		

General Information

Project Name: Term R P
Project Number: 132371
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Bonnie Foley
Filing Description:
Subject: Term Life Insurance Submission
Term Life Insurance Policy Form 132371-AR
Policy Data Page 132371-DP
Waiver of Premium Rider 132372
Children's Insurance Rider 132373
Accidental Death Benefit Rider 132374

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 02/03/2012
State Status Changed: 01/24/2012
Created By: Bonnie Foley
Corresponding Filing Tracking Number:

We are submitting the subject forms for review and approval. These forms replace other forms on file with the Department, as outlined in the description for each form below. This submission contains no unusual or controversial items from the standpoint of normal company or industry standards.

The purpose of the policy is to provide for life insurance benefits up to the Insured's attained insurance age 95. The owner selects a 10, 15 or 20 year period that the premiums remain level, and then will increase annually thereafter. The term policy provides for credit for premiums paid if the policy is converted to a different insurance policy that provides permanent insurance. The policy also has an optional extension of conversion period that the owner selects at time of issue, and if elected the base premium will increase.

The minimum issue death benefit amount is $100,000, with a maximum amount dependent upon the agreement of our reinsurers. Risk Classes will be Super Preferred Nontobacco, Preferred Nontobacco, Standard Nontobacco, Preferred Tobacco, and Standard Tobacco. Currently, preferred classes are available on death benefit amounts greater than or equal to $100,000.

Term Life Insurance Policy Form 132371-AR
Replaced forms: 30480A-AR, approved 9/2/93;
30470A-AR, approved 9/2/93 when issued with endorsement
132017, approved 10/10/01
30470A-AR, approved 9/2/93 when issued with endorsement
132018, approved 10/10/01
Policy form 132371 will be marketed through licensed agents and brokers, on an individual basis to the general public, solicited to individuals ages 20 to 65 for the 10 or 15 year level premium, and ages 20 to 60 for the 20 year level premium. Policy form 132371 will be a non-illustrated form. Only guarantees for it and any riders attached will be provided to applicants as part of the proposal. Applicants will apply for the policy using the application forms 134851 and 133081, approved 2/17/2010, file number 44823, until launch of application forms 134886 and 131244, approved 10/14/2011, file number 49998.

The submitted policy will be issued on both a sex-distinct and unisex basis. We hereby confirm that the sex-distinct rates will not apply when issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964. Underwriting of the products will be consistent with our standard procedures used with our individual life insurance portfolio.

Waiver of Premium Rider 132372
Replaced form: 30500A, approved 5/5/1988
Waiver of Premium Rider 132372 will be attached to policy form 132371 when selected by the owner at issue or at a later date. The Rider waives premiums for the policy until the Insured's attained insurance age 95, when a total disability

begins before the insured's age 60 anniversary. If total disability begins on or after the insured's age 60 anniversary, the waiver of premiums continue until the later of insured's age 65 anniversary or for two years.

Children's Insurance Rider 132373
Replaced form: 30512A, approved 5/5/1988
Children's Insurance Rider 132373 will be attached to policy form 132371 when selected by the owner at issue or at a later date. This rider provides additional term insurance to the insured's children, which is also converted to paid-up term insurance until the earlier of the child's 22nd birthday or the insured's age 65 anniversary had the insured lived.

Accidental Death Benefit Rider 132374
Replaced form: 30506A, approved 5/5/1988
Accidental Death Benefit Rider 132374 will be attached to policy form 132171 when selected by the owner at issue or at a later date. This rider provides additional term insurance to the insured for death occurring from accidental bodily injury until the insured's age 70 anniversary.

Please call or email me if I can provide any further information to aid in your review.

Company and Contact

Filing Contact Information

Bonnie Foley, Sr. Contract Analyst
9550 Ameriprise Financial Center
H25/9550
Minneapolis, MN 55474

bonnie.foley@ampf.com
612-671-8584 [Phone]
612-671-3880 [FAX]

Filing Company Information

RiverSource Life Insurance Company
9550 Ameriprise Financial Center
H25/9550
Minneapolis, MN 55474
(612) 671-2465 ext. [Phone]

CoCode: 65005
Group Code: 4
Group Name:
FEIN Number: 41-0823832

State of Domicile: Minnesota
Company Type: Life
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$250.00

SERFF Tracking Number:	*AEMN-128002701*	*State:*	*Arkansas*
Filing Company:	*RiverSource Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*132371*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*Term to Age 95 Life Insurance*		
Project Name/Number:	*Term R P/132371*		

Retaliatory?	No
Fee Explanation:	Retaliatory fee for MN is $125.00 for this type of filing, so paying the higher amount that is required for this state of $50 per form filed.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	$250.00	01/20/2012	55645267

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/03/2012	02/03/2012
Approved-Closed	Linda Bird	01/25/2012	01/25/2012
Approved-Closed	Linda Bird	01/24/2012	01/24/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Linda Bird	01/24/2012	01/24/2012	Bonnie Foley	01/24/2012	01/24/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Term to Age 95 Life Insurance Policy	Bonnie Foley	02/02/2012	02/02/2012
Supporting Document	Flesch Certification	Bonnie Foley	02/02/2012	02/02/2012
Supporting Document	Red Line of changes	Bonnie Foley	02/02/2012	02/02/2012
Supporting Document	Life & Annuity - Acturial Memo	Bonnie Foley	01/25/2012	01/25/2012

SERFF Tracking Number:	*AEMN-128002701*	*State:*	*Arkansas*
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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Please re-open our filing	Note To Filer	Linda Bird	02/02/2012	02/02/2012
Please re-open our filing	Note To Reviewer	Bonnie Foley	02/01/2012	02/01/2012
Please re-open our filing	Note To Filer	Linda Bird	01/25/2012	01/25/2012
Please re-open our filing	Note To Reviewer	Bonnie Foley	01/25/2012	01/25/2012

Disposition

Disposition Date: 02/03/2012

Implementation Date:

Status: Approved-Closed

Comment: Corrections made on original contract submission.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AEMN-128002701*	*State:*	*Arkansas*
Filing Company:	*RiverSource Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*132371*		
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Product Name:	*Term to Age 95 Life Insurance*		
Project Name/Number:	*Term R P/132371*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document *(revised)*	Flesch Certification		Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application		Yes
Supporting Document *(revised)*	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Statements of Variability		Yes
Supporting Document	Sample rated policy - Temporary flat extra		Yes
Supporting Document	CERTIFICATION OF COMPLIANCE		Yes
Supporting Document	Red Line of changes		Yes
Form *(revised)*	Term to Age 95 Life Insurance Policy		Yes
Form	Term to Age 95 Life Insurance Policy	Replaced	Yes
Form	Data pages		Yes
Form	Waiver of Premium Rider		Yes
Form	Children's Level Term Insurance Rider		Yes
Form	Accidental Death Benefit Rider		Yes

Disposition

Disposition Date: 01/25/2012

Implementation Date:

Status: Approved-Closed

Comment: Correction made to the Actuarial Memorandum on the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AEMN-128002701*	*State:*	*Arkansas*
Filing Company:	*RiverSource Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*132371*		
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Supporting Document	Application		Yes
Supporting Document *(revised)*	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Statements of Variability		Yes
Supporting Document	Sample rated policy - Temporary flat extra		Yes
Supporting Document	CERTIFICATION OF COMPLIANCE		Yes
Supporting Document	Red Line of changes		Yes
Form *(revised)*	Term to Age 95 Life Insurance Policy		Yes
Form	Term to Age 95 Life Insurance Policy	Replaced	Yes
Form	Data pages		Yes
Form	Waiver of Premium Rider		Yes
Form	Children's Level Term Insurance Rider		Yes
Form	Accidental Death Benefit Rider		Yes

Disposition

Disposition Date: 01/24/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AEMN-128002701*	*State:*	*Arkansas*
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Supporting Document *(revised)*	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	Statements of Variability		Yes
Supporting Document	Sample rated policy - Temporary flat extra		Yes
Supporting Document	CERTIFICATION OF COMPLIANCE		Yes
Supporting Document	Red Line of changes		Yes
Form *(revised)*	Term to Age 95 Life Insurance Policy		Yes
Form	Term to Age 95 Life Insurance Policy	Replaced	Yes
Form	Data pages		Yes
Form	Waiver of Premium Rider		Yes
Form	Children's Level Term Insurance Rider		Yes
Form	Accidental Death Benefit Rider		Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/24/2012
Submitted Date	01/24/2012
Respond By Date	02/24/2012

Dear Bonnie Foley,

This will acknowledge receipt of the captioned filing.

Objection 1
Comment:
Ark. Code Ann. 23-79-138 requires that certain informatin accompany every policy. Bulletin 15-2009 further address this issue. Please assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.
Sincerely,
Linda Bird

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/24/2012
Submitted Date	01/24/2012

Dear Linda Bird,

Comments:
Thank you for your prompt review of our filing.

Response 1

Comments: RiverSource Life Insurance Company confirms the information required by Ark. Code Ann. 23-79-138 as addressed in Bulletin 15-2009 accompanies every policy.

RiverSource Life Insurance Company confirms it is in compliance with Arkansas Insurance Rule and Regulation 49. A Life and Health Insurance Guaranty Association notice is provided with every policy.

The certification required by Arkansas Insurance Rule and Regulation 19
is now provided in the CERTIFICATION OF COMPLIANCE included with the supporting documents section of the filing.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain informatin accompany every policy. Bulletin 15-2009 further address this issue. Please assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: CERTIFICATION OF COMPLIANCE

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if I can further assist in your review in any way. Again, please accept my thanks for your prompt attention to our filing.

Bonnie Foley
612-671-8584
bonnie.foley@ampf.com

Sincerely,
Bonnie Foley, Cheryl Meyer, Debbie Berg, Jeff Pederson

Amendment Letter

Submitted Date: 02/02/2012

Comments:

Dear Ms. Bird-

Thank you for your continued assistance with the filing of our term policy.

The base policy form has been revised to reflect additional language describing the Premium Credit on page 8, and because of this change the Readability Certification was also updated. A red line of the wording change has been attached as a supporting document.

Thank you for your continued review of this submission.

Bonnie Foley
bonnie.foley@ampf.com
612-671-8584

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
132371-AR	Policy/Contract/Fraternal Certificate	Term to Age 95 Life Insurance Policy	Initial				52.200	132371-AR v 2-1 print.pdf

Supporting Document Schedule Item Changes:

Satisfied -Name: Flesch Certification

Comment:

Readability Certification AR v 1-31.pdf

User Added -Name: Red Line of changes

Comment:

redline 132371-AR bracket.pdf

Note To Filer

Created By:

Linda Bird on 02/02/2012 11:09 AM

Last Edited By:

Linda Bird

Submitted On:

02/02/2012 11:09 AM

Subject:

Please re-open our filing

Comments:

Filing have been re-opened.

Note To Reviewer

Created By:

Bonnie Foley on 02/01/2012 11:11 AM

Last Edited By:

Bonnie Foley

Submitted On:

02/01/2012 11:11 AM

Subject:

Please re-open our filing

Comments:

Dear Ms. Bird:

Thank you for speaking with Jeff Pederson this morning, regarding our term filing.

At this time we find it necessary to request that you re-open the filing, if possible.

We apologize for and inconvenience, and thank you for your assistance in this matter.

Bonnie Foley

SERFF Tracking Number:	*AEMN-128002701*	*State:*	*Arkansas*
Filing Company:	*RiverSource Life Insurance Company*	*State Tracking Number:*	
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TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*Term to Age 95 Life Insurance*		
Project Name/Number:	*Term R P/132371*		

Amendment Letter

Submitted Date: 01/25/2012

Comments:

Dear Ms. Bird:

We have removed the previous AM and attached one that contains a SNFL demonstration.

Thank you for your assistance in this matter.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Life & Annuity - Acturial Memo

Comment:

Term WP AM Dec 2011.pdf

Term CIR AM Dec 2011.pdf

Term ADB AM Dec 2011.pdf

Term AM 2012 01 24 with SNFL Demo.pdf

Note To Filer

Created By:

Linda Bird on 01/25/2012 10:58 AM

Last Edited By:

Linda Bird

Submitted On:

01/25/2012 10:58 AM

Subject:

Please re-open our filing

Comments:

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

Note To Reviewer

Created By:
Bonnie Foley on 01/25/2012 10:27 AM
Last Edited By:
Bonnie Foley
Submitted On:
01/25/2012 10:28 AM
Subject:
Please re-open our filing
Comments:
It was brought to my attention yesterday that our Actuarial Memorandum for the above filing did not contain a SNFL demonstration.
I would like to amend the filing with an update of the revised actuarial memorandum that contains the SNFL.

Thank you for your assistance.

Bonnie Foley

Form Schedule

Lead Form Number: 132371

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	132371-AR	Policy/Contract/Fraternal Certificate	Term to Age 95 Life Insurance Policy	Initial		52.200	132371-AR v 2-1 print.pdf
	132371-DP	Data/Declaration Pages	Data pages	Initial			132371-DP.pdf
	132372	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Waiver of Premium Rider	Initial		50.200	132372.pdf
	132373	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Children's Level Term Insurance Rider	Initial		57.100	132373.pdf
	132374	Policy/Contract/Fraternal Certificate: Amendment, Insert	Accidental Death Benefit Rider	Initial		53.100	132374.pdf

SERFF Tracking Number:	*AEMN-128002701*	*State:*	*Arkansas*
Filing Company:	*RiverSource Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*132371*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*Term to Age 95 Life Insurance*		
Project Name/Number:	*Term R P/132371*		

Page, Endorsement or Rider

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

1-800-541-2251

Term to Age 95 Life Insurance Policy

- **Proceeds are payable upon the Insured's death on or before the Expiry Date.**
- **Premiums are level for the Level Premium Period and increase annually thereafter.**
- **Premiums may change subject to the Premiums May Change provision.**
- **Premiums are payable during the lifetime of the Insured until the Expiry Date.**
- **This Policy is nonparticipating. No dividends are payable.**
- **This policy has no cash value.**
- **This policy is convertible on or before the Conversion Expiry Date of November 15, 2016**

Insured: John Doe

Basic Amount: $100,000

Level Premium Period: 10 Years

Policy Number: 9000-1234567

Policy Date: November 15, 2011

Expiry Date: November 14, 2071

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

We promise to pay the Basic Amount of insurance provided by this policy to the beneficiary if We receive proof satisfactory to Us that the Insured died while this policy was In Force. Payment is subject to the terms of this policy.

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

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

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

President:

Secretary:

GUIDE TO POLICY PROVISIONS

Subject	Page
Policy Data	**Schedule of Benefits; Schedule of Premiums / page 3**
Definitions	**Important words and meanings / page 4**
The Insurance Contract	**Entire contract; Policy incontestability; Suicide exclusion; Misstatement of age or sex; Policy change; Policy termination / page 5**
Owner and Beneficiary	**Your rights as owner of this policy; Successor owner; Change of ownership of this policy; Beneficiary receives proceeds paid on the insured's death; Change of beneficiary by owner; Assigning the policy as collateral / page 6**
Premiums	**Payment of premiums; Premiums may change; Frequency of premium payments; Grace period; Reinstatement / page 7**
Conversion to Another Plan of Insurance	**Conversion requirements; Premium credit / page 8**
Payment of Policy Proceeds	**Payment of proceeds; Payment options other than a single sum; Protection against creditors / page 9**
A copy of Your Application	**Attached**
Appropriate Riders, Endorsements, Notices and other papers	**Attached**

DEFINITIONS

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

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

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

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

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

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

Insured
The person whose life is insured by this policy.

Policy Anniversary
The same day and month as the Policy Date each year that the policy remains In Force.

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

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

1. the Basic Amount of insurance shown under Policy Data; plus
2. any additional amount provided by rider or endorsement; plus
3. any part of the premiums paid for coverage beyond the Insured's date of death, unless the premiums are being waived; minus
4. if the Insured died after the policy entered the grace period but while insurance coverage is still In Force, the amount of unpaid premium.

Terminate
This policy is no longer In Force. All insurance coverage under this policy has stopped.

We, Our, Us
RiverSource Life Insurance Company

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

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

THE INSURANCE CONTRACT

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

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

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

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

While this policy is contestable, We, on the basis of a misstatement or misrepresentation material to the risk accepted or hazard assumed, made in the application, may rescind or reform this policy or We may deny a claim.

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

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

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

Policy Change
If We agree, You may have riders or benefits added to Your policy. We may also allow You to change the Basic Amount of insurance shown under Policy Data. If You wish to make a change, please contact Us. If the change is acceptable to Us, We will tell You what We will need to process Your request.

Policy Termination
This policy will Terminate and all coverage will end on the earliest of the following:
1. the Expiry Date, shown under Policy Data; or
2. the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage Terminate; or
3. the end of the grace period; or
4. the date of death of the Insured.

If You request Termination of this policy, We will refund the pro-rata portion of any premiums paid for the period beyond the effective date of Termination.

Your Written Request to Terminate coverage will be effective as of the date Your Written Request was signed, or a later date if specified in Your request, as long as We receive Your request within 14 days after the date Your request was signed, subject to any action taken or payment made by Us before We received Your request. If Your request is not received within 14 days after the date Your request was signed, it will take effect as of the date We receive Your request. If We accept a request for Termination by other than Written Request, it will be effective as of the date We receive Your request, or a later date if specified in Your request.

OWNER AND BENEFICIARY

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

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

Changing Ownership of this Policy
You can change the ownership of this policy by Written Request on a form satisfactory to Us. A successor owner may also be changed in this same way. The change must be made while the Insured is living. Once the change is received by Us, it will take effect as of the date Your request was signed, or a later date if specified in Your request, subject to any action taken or payment made by Us before We received the change.

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

Change of Beneficiary By Owner
You may change the beneficiary anytime while the Insured is living by Written Request on a form satisfactory to Us. Once the change is received by Us, it will take effect as of the date Your request was signed, or a later date if specified in Your request, subject to any action taken or payment made by Us before We received the change.

Assigning the Policy as Collateral
While the Insured is living, You can assign this policy or any interest in it by Written Request on a form satisfactory to Us. Your interest and the interest of any beneficiary is subject to the interest of the assignee. An assignment is not a change of ownership and an assignee is not an owner as these terms are used in this policy. Any policy Proceeds payable to the assignee will be paid in a single sum.

A copy of any assignment must be submitted to Us. Any assignment, unless otherwise specified by You, shall take effect as of the date the assignment was signed, subject to any action taken or payment made by Us before We received the assignment. We are not responsible for the validity of any assignment.

PREMIUMS

Payment of Premiums
Your first premium is due on or before the Policy Date. It must be received by Us before the policy can become effective, and no insurance will take effect until this amount is paid. All premiums after the first are payable on or before their due date. Premiums must be paid or mailed to Us at Our home office or to an authorized agent. We will give You a receipt if You request one.

The Guaranteed Maximum Annual Premiums due each year for this policy are shown under Policy Data.

Premiums May Change
We reserve the right to change the premiums due for this policy after the first policy year.

Premiums will never exceed the Guaranteed Maximum Annual Premiums due each year for this policy shown under Policy Data.

Any change in premiums will be determined by Us based on Our expectations of future mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions.

Any change in premiums will apply to all individuals of the same issue age and risk classification as the Insured and whose policies have been In Force for the same period of time. Changes in the Insured's health or occupation will not affect premiums.

Premiums may not be changed any more frequently than annually. Premiums for any riders shown under Policy Data will not change.

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

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

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

Grace Period
To keep this policy In Force, You must pay all premiums due shown under Policy Data, or until the death of the Insured, if earlier. However, there is a 31 day grace period for all premiums except the first one.

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

If the Insured dies during the 31 day grace period, We will deduct the unpaid premium to determine the policy Proceeds payable.

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

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

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

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

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

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

CONVERSION TO ANOTHER PLAN OF INSURANCE

Conversion Requirements

The Conversion provision under Policy Data will state if this policy is eligible for conversion.

If the policy is eligible for conversion, this policy may be converted to a new permanent life insurance policy on the life of the Insured in accordance with the requirements shown below:

1. You must submit a Written Request to Us;
2. the Written Request must be signed by You on or before the Conversion Expiry Date shown under Policy Data;
3. the Written Request must be received by Us no later than 14 days after the Conversion Expiry Date;
4. the date we receive Your Written Request is the conversion date;
5. You must pay all premiums which are due on this policy before the conversion date;
6. You must pay the first premium on the new policy, which will be based on the Insured's issue age and sex on the conversion date. The Insured's Risk Classification under this policy shown under Policy Data will be the Insured's risk classification under the new policy. If the Insured's Risk Classification under this policy is no longer available, a comparable risk classification then offered by Us on the conversion date will be used. We will use Our table of rates then in effect for the new policy.

Terms of the New Policy

The new policy is subject to the following:

1. the first premium for the new policy must be paid within 31 days after the conversion date for the new policy to become effective;
2. evidence of insurability is not required;
3. the maximum amount of insurance on the new policy may not exceed the Basic Amount of insurance shown under Policy Data on the conversion date;
4. the new policy will be a permanent plan of life insurance as offered by Us on the conversion date for conversions of term insurance;
5. the new policy's policy date and issue age will be determined based on the conversion date;
6. the incontestability and suicide exclusion provision periods of the new policy for the amount of insurance converted from this policy to the new policy will be measured from the Policy Date of this policy;
7. if a Waiver of Premium Rider attached to this policy is In Force, a waiver of premium or waiver of monthly deduction rider, if any, as offered by Us on the conversion date for conversions of term insurance may be attached to the new policy, if available for the issue age of the Insured on the new policy. Other riders, however, may be attached to the new policy only upon evidence of insurability that is satisfactory to Us;
8. coverage under this policy Terminates when coverage under the new policy begins;
9. if premiums are being waived under the terms of a Waiver of Premium Rider attached to this policy as of the Conversion Expiry Date, this policy will automatically be converted. This automatic conversion will apply only for a Total Disability that begins before the Insured's Attained Insurance Age 60 Anniversary. The new policy will be a permanent plan of life insurance as offered by Us on the Conversion Expiry Date for conversions of term insurance when premiums are being waived on the Conversion Expiry Date. A waiver of premium or waiver of monthly deduction rider as offered by Us on the Conversion Expiry Date for conversions of term insurance when premiums are being waived on the Conversion Expiry Date will be attached to the new policy. Other riders, however, may be attached to the new policy only upon evidence of insurability that is satisfactory to Us.

Premium Credit

If the policy is eligible for conversion, the Conversion provision under Policy Data will state if this policy is eligible for a Premium Credit.

If the policy is eligible for a Premium Credit, upon conversion during the Premium Credit Conversion Period shown under Policy Data, We will allow a credit that will be applied towards premiums due in the first policy year on the new policy. If the new policy's amount of insurance is the same as the Basic Amount of insurance shown under Policy Data on the conversion date, the amount of the credit is the Premium Credit Amount shown under Policy Data. If the new policy's amount of insurance is less than the Basic Amount of insurance shown under Policy Data on the conversion date, then the amount of the credit is the ratio of the new policy's amount of insurance to the Basic Amount of insurance shown under Policy Data on the conversion date, multiplied by the Premium Credit Amount shown under Policy Data. Premiums for any riders are not included.

PAYMENT OF POLICY PROCEEDS

Payment of Proceeds
If the Insured dies while this policy is In Force, We will pay the Proceeds to the beneficiary.

The Proceeds will be paid in a single sum unless a payment option has been selected. The date on which the Proceeds are paid in a lump sum or first placed under a payment option is the settlement date. The Proceeds will be paid upon Our receipt of the following:

1. due proof of death; and
2. information sufficient to determine Our liability and the appropriate payee legally entitled to the Proceeds; and
3. if Proceeds depend on the action of parties other than Us, the date that legal impediments to payment are resolved and sufficient evidence is provided to Us.

Proceeds shall accrue interest at the Option A Interest Rate, shown under Policy Data in the Payment of Policy Proceeds Option Tables, from the date of death to the settlement date, or as required by the state in which this policy is delivered.

Payment Options Other Than a Single Sum
During the Insured's lifetime, You may request in writing that We pay the Proceeds under one or more of the payment options shown below or change a prior election. You may elect other payment options not shown if We agree.

However, unless We agree otherwise, a payment option may be selected only if the payments are to be made to a natural person in that person's own right. Also, the amount of Proceeds placed under a payment option must be at least $5,000.

Option A - Interest Payments
This option provides for payment of interest on the Proceeds placed under this option at the Option A Interest Rate, shown under Policy Data in the Payment of Policy Proceeds Option Tables, per year compounded annually. We will make regular interest payments at intervals and for a period that is agreeable to both You and Us. At the end of any payment interval, a withdrawal of Proceeds may be made in amounts of at least $100. At any time, all of the Proceeds that remain may be withdrawn or placed under a different payment option approved by Us.

Option B - Payments for a Specified Period
This option provides for monthly payments for a specified number of years. The amount of each monthly payment for each $1,000 placed under this option is shown under Policy Data in the Option B Table in the Payment of Policy Proceeds Option Tables.

Monthly payments for a number of years not shown but offered by Us will be furnished upon request.

Option C - Lifetime Income
This option provides for monthly payments for the life of the person (the payee) who is to receive the income. Payments will be guaranteed for either 5, 10, or 15 years. The amount of each monthly payment for each $1,000 placed under this option will be based on Our table of settlement rates in effect at the time of the first payment. The amounts will not be less than those in the Option C Table, shown under Policy Data in the Payment of Policy Proceeds Option Tables, for the sex and age of the payee on the due date of the first payment.

Monthly income amounts for any age or beginning year not shown in the Option C Table will be furnished upon request.

Options B and C
The monthly payments will not be less than that which would be provided if a single payment immediate annuity contract then offered by Us to annuitants in the same class were to be purchased for the amount of the Proceeds payable as of the date of the Insured's death.

Beneficiary Request of Payment Option
After the Insured's death but before any Proceeds are paid, the beneficiary may select a payment option by Written Request on a form satisfactory to Us.

However, You may provide that the beneficiary will not be permitted to change the payment option You have selected.

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

Term to Age 95 Life Insurance Policy

- **Proceeds are payable upon the Insured's death on or before the Expiry Date.**
- **Premiums are level for the Level Premium Period and increase annually thereafter.**
- **Premiums may change subject to the Premiums May Change provision.**
- **Premiums are payable during the lifetime of the Insured until the Expiry Date.**
- **This Policy is nonparticipating. No dividends are payable.**
- **This policy has no cash value.**
- **This policy is convertible on or before the Conversion Expiry Date of November 15, 2016**

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

Policy Data

Insured:	**John Doe**	**Policy Number:**	**9000-1234567**
Basic Amount:	**$100,000**	**Policy Date:**	**November 15, 2011**
Level Premium Period:	**10 Years**	**Expiry Date:**	**November 14, 2071**
Policy:	**Term to Age 95**	**Issue Age:**	**35**
Risk Classification:	**Male Standard Nontobacco**		

Schedule of Benefits

Benefit	Basic Amount	Expiry Date
Term Life	$100,000	November 14, 2071
Children's Level Term Insurance Rider	$ 5,000	November 14, 2041
Accidental Death Benefit Rider	$ 50,000	November 14, 2046
Waiver of Premium Rider		November 14, 2041

Schedule of Premiums

Benefit	Annual Premium	Premium Period
Term Life	$ 147.00	To Attained Insurance Age 36
Children's Level Term Insurance Rider	$ 34.80	To Attained Insurance Age 65
Accidental Death Benefit Rider	$ 42.00	To Attained Insurance Age 70
Waiver of Premium Rider for Term Life policy	$ 12.00	To Attained Insurance Age 36
Waiver of Premium for Children's Level Term Insurance Rider	$ 1.20	To Attained Insurance Age 65
Waiver of Premium for Accidental Death Benefit Rider	$ 0.00	To Attained Insurance Age 65

Total Premiums	Annually	Semi-Annually	Quarterly	Monthly
Total for Each Payment	$ 237.00	$ 122.06	$ 62.21	$ 20.74
Total for Policy Year	$ 237.00	$ 244.12	$ 248.84	$ 248.88

The intervals shown above are available for premium payments and may be changed by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals. The Total Premiums include a $60.00 annual policy fee.

Guaranteed Maximum Annual Premiums for Term Life after the first policy year are shown on Page 3A.

Annual Premiums for the Waiver of Premium Rider for the Term Life policy after the first year are included in the Term Life Schedule of Premiums shown on Page 3A.

Policy Data

Insured: **John Doe** **Policy Number:** **9000-1234576**

After the first policy year, premiums shown may be changed in accordance with the "Premiums May Change" provision of the policy. Premiums can never exceed the Guaranteed Maximum Annual Premium.

Term Life Schedule of Premiums After First Policy Year

Policy Year	Guaranteed Maximum Annual Premium	Policy Year	Guaranteed Maximum Annual Premium
2	$ 159.00	40	$ 11,887.00
3	159.00	41	13,166.00
4	159.00	42	14,525.00
5	159.00	43	15,952.00
6	159.00	44	17,444.00
7	159.00	45	19,261.00
8	159.00	46	21,497.00
9	159.00	47	24,035.00
10	159.00	48	26,933.00
11	971.00	49	30,195.00
12	1,005.00	50	33,777.00
13	1,040.00	51	37,624.00
14	1,079.00	52	41,703.00
15	1,119.00	53	45,966.00
16	1,192.00	54	50,406.00
17	1,302.00	55	55,078.00
18	1,430.00	56	60,044.00
19	1,581.00	57	65,415.00
20	1,754.00	58	71,373.00
21	1,951.00	59	78,476.00
22	2,167.00	60	87,248.00
23	2,405.00		
24	2,668.00		
25	2,963.00		
26	3,225.00		
27	3,521.00		
28	3,858.00		
29	4,239.00		
30	4,665.00		
31	4,775.00		
32	5,277.00		
33	5,817.00		
34	6,400.00		
35	7,049.00		
36	7,846.00		
37	8,685.00		
38	9,588.00		
39	10,684.00		

Premiums for any riders shown on page 3 are not reflected in the above premium amounts unless noted below.

The premium amount for the Waiver of Premium Rider for the Term Life policy is included in the premium amounts up to the policy year beginning at Attained Insurance Age 65.

Policy Data

Payment of Policy Proceeds Option Tables

Option A Interest Rate

Option A Interest Rate 1%

Interest in excess of the Option A Interest Rate may be applied by Us. Excess interest will be determined by Us based on Our expectations of future investment earnings.

Option B Table

Number of Years	Monthly Payment/$1000
10	9.18
15	6.42
20	5.04
25	4.22
30	3.68

The table above is based on an interest rate of 2.00%

Option C Table

M = Male F = Female

Life Income per $1,000 with Payments Guaranteed for

Age Payee	Settlement Beginning In Year	5 Years M	5 Years F	10 Years M	10 Years F	15 Years M	15 Years F
65	2015	4.54	4.10	4.46	4.06	4.31	3.99
	2025	4.39	3.97	4.32	3.94	4.19	3.88
	2035	4.25	3.86	4.19	3.84	4.08	3.79
75	2015	6.41	5.77	5.99	5.53	5.39	5.14
	2025	6.13	5.52	5.78	5.33	5.27	5.01
	2035	5.88	5.30	5.59	5.15	5.16	4.88
85	2015	9.63	9.02	7.85	7.61	6.22	6.16
	2025	9.20	8.56	7.68	7.40	6.18	6.10
	2035	8.81	8.16	7.50	7.20	6.14	6.05

The table above is based on the "Annuity 2000 Mortality Table" with 100% Projection Scale G at 2.00% annual effective interest rate. Settlement 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. We will furnish such rates upon request.

Policy Data

Conversion

Conversion: **This policy is eligible for conversion on or before the Conversion Expiry Date.**

Conversion Expiry Date: **November 15, 2016**

Premium Credit: **This policy is eligible for a Premium Credit as described below.**

Premium Credit Conversion Period: **Policy Years 2 and 3**

Premium Credit Amount: **One Annual Premium – this amount does not include the premium for any riders. It is the Annual Premium in effect on the earlier of the conversion date or the Conversion Expiry Date.**

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

1-800-541-2251

Waiver of Premium Rider

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

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

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

If Total Disability begins before the Insured's Attained Insurance Age 60 Anniversary, the rider benefit will be provided while Total Disability continues until the Insured's Attained Insurance Age 95 Anniversary.

If Total Disability begins on or after the Insured's Attained Insurance Age 60 Anniversary, the rider benefit will be provided while Total Disability continues until the later of the Insured's Attained Insurance Age 65 Anniversary, or 2 years (24 months) following the date Total Disability begins.

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

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

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

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

Recurrent Disability
Once the waiver benefit has been approved and the Insured should then unsuccessfully attempt to return to work, We will not require the Insured to re-qualify for the benefit if the later Total Disability is considered a reoccurrence of the prior period of Total Disability. We will consider a Total Disability to be a reoccurrence of a prior period of Total Disability if:
1. the prior and later Total Disability are due to the same or related cause; and
2. the later period of Total Disability occurs within 31 days of the prior period of Total Disability.

Certain Losses Considered Total Disability
The total and irrecoverable loss of the following will be considered Total Disability even if the Insured performs in an occupation:
1. the sight of both eyes; or
2. the use of both hands; or
3. the use of both feet; or
4. the use of one hand and one foot.

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

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

1. any attempt at suicide, or intentionally self-inflicted injury, while sane or insane; or
2. committing or attempting to commit a felony; or
3. active participation in a riot, insurrection or terrorist activity; or
4. voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
5. voluntary intake or use by any means of any poison, gas or fumes, unless a direct result of an occupational accident; or
6. intoxication as defined by the jurisdiction where the Total Disability occurred; or
7. any condition disclosed in the application and explicitly excluded in a form attached to the policy; or
8. war or act of war, subject to the following;

   a) as a result of war or act of war, if the cause of Total Disability occurs while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, provided such Total Disability occurs while in such forces or within six months after termination of service in such forces; or

   (b) as a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, if the cause of Total Disability occurs while the Insured is serving in such forces and is outside the home area, provided such Total Disability occurs outside the home area or within six months after the Insured's return to the home area or area in such forces or within six months after the termination of service in such forces, whichever is earlier; or

   (c) as a result of war or an act of war while the Insured is serving in any civilian non-combatant unit serving with such forces, provided such Total Disability occurs while serving in such unit or within six months after termination of service in such unit, whichever is earlier; or

   (d) as a result of the special hazards incident to service in any civilian non-combatant unit serving with such forces, if the cause of Total Disability occurs while the Insured is serving in such unit and is outside the home area, provided such Total Disability occurs outside the home area or within six months after the Insured's return to the home area while serving in such unit or within six months after the termination of service in such unit, whichever is earlier; or

   (e) as a result of war or an act of war, within two years from the date of issue of the policy, while the Insured is not serving in such forces or units, if the cause of Total Disability occurs while the Insured is outside the home area, provided such Total Disability occurs outside the home area or within six months after the Insured's return to the home area.

If in the application the Insured represents that he or she is a member of the military, military reserves, or the national guard, whether active or inactive, Total Disability as a result of war or any act related to military service shall not be excluded from the benefits of the policy.

"Home area" is defined to include at least the 50 states of the United States and its territories, the District of Columbia and Canada.

"War" includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

"Act of war" means any act peculiar to military, naval or air operations in time of war.

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

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

Waiver of Premium for Involuntary Unemployment
After 90 consecutive days of the Insured collecting unemployment benefits, premiums due during the 12 months following the start of unemployment benefits will be waived. This benefit will apply only to periods of unemployment that begin on or after one year from the Policy Date. Premiums that were due and paid

during the first 90 consecutive days that the Insured collected unemployment benefits will be refunded. The waiver of premium benefit for involuntary unemployment is available one time during the Insured's lifetime.

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

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

Premiums For This Rider
You are required to pay a premium for this rider. The amount of this premium is shown under Policy Data. If this rider Terminates, the total premium for the policy will be reduced by the premium for this rider.

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

Rider Termination
This rider will Terminate on the earliest of the following:

1. the date any premium due for the policy remains unpaid at the end of the grace period; or
2. the date the policy Terminates; or
3. the date of death of the Insured; or
4. if the policy is convertible, the date the policy is converted; or
5. the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage Terminates; or
6. the Expiry Date for this rider shown under Policy Data.

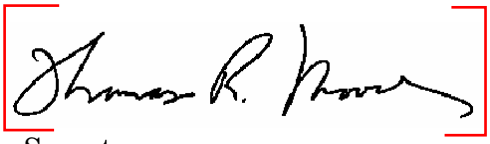
If You request Termination of this rider, We will refund the pro-rata portion of any premiums paid for the period beyond the effective date of the Termination.

Your Written Request to Terminate coverage will be effective as of the date Your Written Request was signed, or a later date if specified in Your request, as long as We receive Your request within 14 days after the date Your request was signed, subject to any action taken or payment made by Us before We received Your request. If Your request is not received within 14 days after the date Your request was signed, it will take effect as of the date We receive Your request. If We accept a request for Termination by other than Written Request, it will be effective as of the date We receive Your request, or a later date if specified in Your request.

Termination of this rider will not affect a valid claim for benefits for Total Disability that starts before the Termination.

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

RiverSource Life Insurance Company



Secretary

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

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Children's Level Term Insurance Rider

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

Definition of Insured
When We use the term "Insured" in this rider, We mean the person who is the insured under the policy to which this rider is attached.

Definition of Insured Child
When We use the term "Insured Child" in this rider, We mean:
1. any child, step-child, or legally adopted child of the Insured who is named in the application for this rider. The child must be at least 15 days old before coverage is provided. On the date of the application the child must be less than 19 years old; and
2. any child born to or legally adopted by the Insured after the date of application for this rider, or any step-child acquired by the Insured after the date of application for this rider and who is a member of the Insured's household. The child must be at least 15 days old before coverage is provided. On the date of adoption or the date the stepchild is acquired, the child must be less than 19 years old.

Rider Benefit
If We receive proof satisfactory to Us that an Insured Child died:
1. while this rider is In Force; and
2. before the Insured Child's 22nd birthday; and
3. before the Insured's Attained Insurance Age 65 Anniversary;

We will pay a death benefit to You. The amount of the benefit will be the amount shown for this rider under Policy Data.

Paid-Up Term Insurance Benefit
If the Insured dies while this rider is In Force, We will automatically change this rider to paid-up term insurance coverage on the life of each Insured Child. The amount of paid-up term insurance coverage for each Insured Child will be the same as the death benefit shown for this rider under Policy Data. The paid-up term insurance coverage will continue until the Insured Child's 22nd birthday, or if earlier, the Insured's Attained Insurance Age 65 Anniversary had the Insured lived.

Owner of the Paid-Up Term Insurance Coverage
The Insured Child whose life is insured by the paid-up term insurance coverage will also be the owner of the paid-up term insurance coverage.

Beneficiary of the Paid-Up Term Insurance Coverage
The estate of the Insured Child whose life is insured by the paid-up term insurance coverage will be the beneficiary of the paid-up term insurance coverage unless the owner of the paid-up term insurance coverage changes the beneficiary designation. Any change received by Us will take effect as of the date the owner of the paid-up term insurance coverage signed the request, or a later date if specified in the request from the owner of the paid-up term insurance coverage, subject to any action taken or payment made by Us before We received the change.

Conversion to a New Policy
If the Insured has not died, You have the right to convert the insurance provided by this rider to a new policy without providing evidence of insurability if the insurance is In Force on the earlier of:
1. the Insured Child's 22nd birthday; or
2. the Insured's Attained Insurance Age 65 Anniversary.

You will be the owner of the new policy.

If the Insured has died and insurance is being provided for an Insured Child by paid-up term insurance coverage, the owner of the paid-up term insurance coverage has the right to convert the paid-up term insurance coverage to a new policy without providing evidence of insurability if the paid-up term insurance coverage is In Force on the earlier of:
1. the Insured Child's 22nd birthday; or
2. the Insured's Attained Insurance Age 65 Anniversary had the Insured lived.

The owner of the paid-up term insurance coverage will be the owner of the new policy.

Any conversion will be subject to the following requirements.

Conversion on Insured Child's 22nd Birthday
To convert the insurance In Force on an Insured Child's 22nd birthday, a Written Request must be received by Us:
1. within the 31 days following such Insured Child's 22nd birthday; and
2. during the life of the Insured Child; and
3. with the full first premium for the new policy.

The new policy will be effective as of such Insured Child's 22nd birthday. If conversion is not made, the insurance In Force will Terminate on such Insured's Child's 22nd birthday.

Conversion at Insured's Attained Insurance Age 65 Anniversary
Only the insurance In Force on each Insured Child who has not reached his or her 22nd birthday can be converted.

To convert the insurance In Force on an Insured Child at Insured's Attained Insurance Age 65 Anniversary, or the Insured's Attained Insurance Age 65 Anniversary had the Insured lived, as applicable, a Written Request for conversion must be received by Us:
1. within the 31 days following the Insured's Attained Insurance Age 65 Anniversary, or the Insured's Attained Insurance Age 65 Anniversary had the Insured lived, as applicable; and
2. during the life of each such Insured Child; and
3. with the full first premium for each new policy.

Each new policy will become effective as of the Insured's Attained Insurance Age 65 Anniversary, or the Insured's Attained Insurance Age 65 Anniversary had the Insured lived, as applicable. If conversion is not made, the insurance In Force will Terminate on each Insured's Child at the Insured's Attained Insurance Age 65 Anniversary, or the Insured's Attained Insurance Age 65 Anniversary had the Insured lived, as applicable.

The New Policy Resulting from Conversion
The new policy resulting from conversion will be a permanent plan of life insurance as offered by Us on the effective date of the new policy for conversions of Children's Level Term Insurance Riders. The maximum amount of insurance for each new policy may be up to 5 times the amount stated for this rider under Policy Data. The minimum amount is $2,000. The premium will depend on the policy chosen and will be based on the risk classification offered by Us on the effective date of the new policy for conversions of Children's Level Term Insurance Riders, the amount of insurance and the Insured Child's age at the time of conversion.

Premiums for this Rider
You are required to pay a premium for this rider. The annual premium for this rider is shown under Policy Data. If this rider Terminates, the total premium for the policy will be reduced by the premium for this rider.

Suicide Exclusion
If within two years of this rider's effective date the Insured commits suicide, while sane or insane, the new paid-up term insurance policy provision in this rider will automatically apply. No other benefit provided by this rider will be payable. Any premiums paid for this rider will not be refunded.

Misstatement of Age
If the age of the Insured or an Insured Child has been misstated, the amount payable, if any, under this rider will be based on the availability of insurance coverage as offered by Us on the effective date of this rider under Children's Level Term Insurance Riders at the correct age.

Rider Reinstatement
To reinstate this rider, You must provide satisfactory evidence of insurability for all persons whose lives would be insured under this rider, had this rider not Terminated, on the date of reinstatement.

Rider Incontestability
This rider will be incontestable after it has been In Force during the Insured's lifetime for two years from the effective date of this rider.

Rider Termination
This rider will Terminate on the earliest of the following:
1. the date any premium due for the policy remains unpaid at the end of the grace period; or
2. the date the policy Terminates; or
3. if the policy is convertible, the date the policy is converted; or
4. the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage Terminates; or
5. the Expiry Date for this rider shown under Policy Data.

If the Insured no longer has, or expects to have, an Insured Child that is eligible for coverage under this Rider, You may wish to Terminate this Rider.

Termination of this rider due to the Termination of the policy as a result of the death of the Insured will not affect any paid-up term insurance coverage provided under the terms of this rider to an Insured Child.

If You request Termination of this rider, We will refund the pro-rata portion of any premiums paid for the period beyond the effective date of Termination.

Your Written Request to Terminate coverage will be effective as of the date Your Written Request was signed, or a later date if specified in Your request, as long as We receive Your request within 14 days after the date Your request was signed, subject to any action taken or payment made by Us before We received Your request. If Your request is not received within 14 days after the date Your request was signed, it will take effect as of the date We receive Your request. If We accept a request for Termination by other than Written Request, it will be effective as of the date We receive Your request, or a later date if specified in Your request.

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

RiverSource Life Insurance Company

Secretary

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

1-800-541-2251

Accidental Death Benefit Rider

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

Rider Benefit
We will pay the Accidental Death Benefit shown under Policy Data if We receive proof satisfactory to Us that the Insured's death:
1. resulted, directly and independently of all other causes, from accidental bodily injury; and
2. occurred while this rider was In Force; and
3. occurred within 180 days of the injury.

This benefit is in addition to any other benefits payable under the policy. It will be included in the Proceeds of the policy and payable to the beneficiary of the policy.

Premiums for this Rider
You are required to pay a premium for this rider. The amount of this premium is shown under Policy Data. If this rider Terminates, the total premium for the policy will be reduced by the premium for this rider.

Rider Incontestability
This rider will be incontestable after it has been In Force during the Insured's lifetime for two years from the effective date of this rider.

Rider Termination
This rider will Terminate on the earliest of the following:
1. the date any premium due for the policy remains unpaid at the end of the grace period; or
2. the date the policy Terminates; or
3. the date of death of the Insured; or
4. if the policy is convertible, the date the policy is converted; or
5. the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage Terminates; or
6. the Expiry Date for this rider shown under Policy Data.

If You request Termination of this rider, We will refund the pro-rata portion of any premiums paid for the period beyond the effective date of Termination.

Your Written Request to Terminate coverage will be effective as of the date Your Written Request was signed, or a later date if specified in Your request, as long as We receive Your request within 14 days after the date Your request was signed, subject to any action taken or payment made by Us before We received Your request. If Your request is not received within 14 days after the date Your request was signed, it will take effect as of the date We receive Your request. If We accept a request for Termination by other than Written Request, it will be effective as of the date We receive Your request, or a later date if specified in Your request.

Risks Not Covered by this Rider
The benefits of this rider are not payable if death occurs while the Insured is incarcerated, or if death resulted from or was contributed to by any of the following:
1. suicide or attempted suicide, whether sane or insane;
2. intentionally self inflicted injuries, whether sane or insane;
3. disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
4. an infection not occurring as a direct result or consequence of the accidental bodily injury;
5. travel in or descent from an aircraft if the Insured acted in a capacity other than as a passenger;
6. travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
7. committing or attempting to commit a felony;
8. active participation in a riot, insurrection or terrorist activity;
9. voluntarily intake or use of poison, gas or fumes unless a direct result of an occupational accident;
10. voluntarily intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions;

11. intoxication as defined by the jurisdiction where the accident occurred;
12. riding or driving an air, land, or water vehicle in a race, speed or endurance contest;
13. rock or mountain climbing other than hiking on an established trail;
14. aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing);
15. war or act of war, subject to the following;
    a. as a result of war or act of war, if the cause of death occurs while the Insured is serving in the military, naval or air forces of any country, combination of countries or international organization, provided such death occurs while in such forces or within six months after termination of service in such forces; or
    b. as a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the Insured is serving in such forces and is outside the home area, provided such death occurs outside the home area or within six months after the Insured's return to the home area or area in such forces or within six months after the termination of service in such forces, whichever is earlier; or
    c. as a result of war or an act of war while the Insured is serving in any civilian non-combatant unit serving with such forces, provided such death occurs while serving in such unit or within six months after termination of service in such unit, whichever is earlier; or
    d. as a result of the special hazards incident to service in any civilian non-combatant unit serving with such forces, if the cause of death occurs while the Insured is serving in such unit and is outside the home area, provided such death occurs outside the home area or within six months after the Insured's return to the home area while serving in such unit or within six months after the termination of service in such unit, whichever is earlier; or
    e. as a result of war or an act of war, within two years from the date of issue of the policy, while the Insured is not serving in such forces or units, if the cause of death occurs while the Insured is outside the home area, provided such death occurs outside the home area or within six months after the Insured's return to the home area.

If in the application the Insured represents that he or she is a member of the military, military reserves, or the national guard, whether active or inactive, death as a result of war or any act related to military service shall not be excluded from the benefits of the policy.

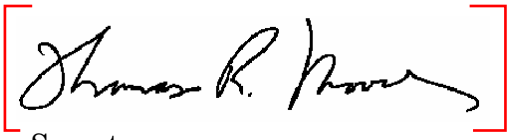
"Home area" is defined to include at least the 50 states of the United States and its territories, the District of Columbia and Canada.

"War" includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

"Act of war" means any act peculiar to military, naval or air operations in time of war.

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

RiverSource Life Insurance Company



Secretary

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification AR v 1-31.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Applicants will apply for the policy using the application forms 134851 and 133081, approved 2/17/2010, file number 44823, until launch of application forms 134886 and 131244, approved 10/14/2011, file number 49998.

Attachments:

134851 Life-DI Application.pdf
133081 - App Supplement.pdf
134886_Life-DI App CLEAN COPY.pdf
131244_Elec Sig CLEAN COPY.pdf

Item Status: **Status Date:**

Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachments:

Term WP AM Dec 2011.pdf
Term CIR AM Dec 2011.pdf
Term ADB AM Dec 2011.pdf
Term AM 2012 01 24 with SNFL Demo.pdf

Item Status: **Status Date:**

Satisfied - Item: Statements of Variability

Comments:

Attachments:

Base policy SOV - AR.pdf
data page SOV 1-13.pdf
WP SOV.pdf
CIR SOV.pdf
ADB SOV.pdf

Item Status: **Status Date:**

Satisfied - Item: Sample rated policy - Temporary flat extra

Comments:

Attachment:

policy data temp flat extra.pdf

Item Status: **Status Date:**

Satisfied - Item: CERTIFICATION OF COMPLIANCE

Comments:

Attachment:

ar cert.pdf

Item Status: **Status Date:**

Satisfied - Item: Red Line of changes

Comments:

Attachment:

redline 132371-AR bracket.pdf

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

CERTIFICATION OF READABILITY

Forms: Term to Age 95 Life Insurance Policy Form 132371-AR
Waiver of Premium Rider 132372
Children's Level Term Insurance Rider 132373
Accidental Death Benefit Rider132374

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

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

Form 132371-AR	52.2
Form 132372	50.2
Form 132373	57.1
Form 132374	53.1

January 31, 2012

Bonnie Foley

Bonnie Foley
Assistant Secretary
RiverSource Life Insurance Company

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

Life and Disability Income Insurance Application

Client ID

Always complete Section A.

Section A Insured Information

Insured's Phone Numbers Day Evening

1. Insured: Is Insured the Owner? ○ Yes ○ No If you answered "No" complete this page and Section C on Page 2.

Citizenship: ○ U.S. ○ Other If Other, Insured is: ○ Resident Alien ○ with Green Card ○ Nonresident Alien

Insured's Name (First, Middle Initial and Last Name) ○ Male ○ Female

Birth Date (MMDDYYYY) State of Birth or Country of Birth U.S. Social Security Number

Driver's License (DL) Number DL State of Issuance Occupation

Employer Name Individual Income $ Net Worth $ Household Income $

If this is a Succession Protector or Succession Select product, complete the Second Insured Sections H and I on Pages 10 and 11.

2. Coverage Questions

IT IS IMPORTANT THAT ANSWERS ARE TRUE, ACCURATE AND COMPLETE. ANY UNTRUE, INACCURATE OR INCOMPLETE INFORMATION COULD AFFECT YOUR INSURANCE COVERAGE.

a. In the past 12 months, has the insured been hospitalized, placed in hospice care, or been advised by a health care professional to be hospitalized or placed in hospice care on either an inpatient or outpatient basis for any reason other than normal pregnancy? ○ Yes ○ No

b. In the past 12 months, has the insured received treatment or advice from a health care professional for heart disease, chest pain, stroke, cancer (except basal cell carcinoma), kidney failure, liver failure or unexplained weight loss? ○ Yes ○ No

c. Has the insured ever used tobacco or nicotine in any form? ○ Yes ○ No Date of last use (MMYYYY)

d. Personal Physician or Primary Care Provider (☐ Check here if none.)

Doctor or Clinic Name Date Last Seen (MMYYYY)

Street Address

City State Zip Phone

3. Premium Submitted

Do not include any premium with this application if you:

– answered "Yes" to 2a or 2b of Section A, or
– answered "Yes" to 2a or 2b of Section H on Page 10, or
– are applying for death benefits totaling over $1,000,000.

○ No money paid with this application ○ Money paid with this application $.

If one check is submitted for multiple products, please specify the dollar amount to each product.

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Complete Sections B, C and D if applicable.

Section B Juvenile Insurance (Complete if insured is under age 15.)

Did the advisor see this child? ○ Yes ○ No

Is there similar insurance in force or applied for on all siblings? ○ Yes ○ No If no, why?

Amount of life insurance already in force on the person responsible for child's primary support $.

Signature of Parent or Legal Guardian X

Signature of Witness X

Date(MMDDYYYY)

Section C Owner Information

1. Owner (If Owner is different from insured as shown on Page 1)

○ Individual — Name (First, Middle Initial and Last Name)

U.S. Social Security Number

Birth Date (MMDDYYYY)

○ Male ○ Female

Citizenship: ○ U.S. ○ Other

If Other, Insured is: ○ Resident Alien ○ with Green Card ○ Nonresident Alien

Relationship to Insured

○ Trust — Name of Trust

○ Revocable — Grantor's TIN

○ Irrevocable — Trust's TIN

Name of Trustee

Date of Trust (MMDDYYYY)

Address of Trustee

○ Business or Other Entity — Name

TIN

Relationship to Insured

2. Successor Owner: Does the Owner wish to designate a Successor Owner? ○ Yes ○ No

If Yes, Successor Owner's Name

Relationship to Owner

Section D Business Insurance (Complete if insurance is for business purposes.)

Type of Business: ○ Sole Proprietorship ○ S Corporation ○ Partnership ○ C Corporation ○ LLC

Type of Business Insurance: ○ Buy/Sell ○ Business Debt Protection ○ Split Dollar ○ Key Person ○ Executive Bonus/GEBA ○ Deferred Compensation (nongovernmental) ○ Other

3. Complete Sections E and F for all life insurance products.

Section E Existing Life Insurance or Annuities

INSURED: Do you have any other **annuities** or **life insurance** currently in force or applied for? ○ Yes ○ No

If marked Yes, you must complete all details in the grid below, even if the existing policy is not being replaced. If a policy will be replaced, all state specific replacement forms must be completed.

7.

Company	Policy Number	Type	Amount	ADB Amount	Being Replaced
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ No

Use Section K (on Page 12) if you have additional insurance coverage information to document.

You must check "Yes" to "Being Replaced" if:

- There is any possibility that the new RiverSource Life Insurance Company (RiverSource Life) policy will replace another policy, even if it is not yet certain.
- Premium payments will be discontinued on an existing policy or if the existing policy is surrendered, reduced, annuitized or otherwise terminated, in part or in full.
- A policy has been applied for with another company and that policy is not or will not be accepted.

Important Notice: In some states you must submit the "Important Notice: Replacement of Life Insurance or Annuities" (Form 200084) whenever the client has existing insurance or annuities, **even if there is no replacement involved. Use the "eForms Manager" tool to determine if the form applies in your state.**

8.

Life External Replacements: If a 1035 Exchange to the RiverSource Life policy will be requested, the 1035 Exchange Request (Form 30062) must also be completed.

Life Internal Replacements: If "Being Replaced" is checked "Yes" and you are replacing a RiverSource Life policy, by signing this application, the existing RiverSource Life policy(s) listed above will be surrendered upon underwriting approval unless you inform us otherwise.

The cash value should be: ○ **applied to the new RiverSource Life policy** ○ **returned to the owner.**

Section F Agreement to Sell, Transfer or Assign Life Insurance

Any "party" to the application is defined as the insured, owner or any beneficiary. "Third Party" is defined as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider or premium financing entity.

1. **Agreements or Incentives** — Has any Party to the application:
   - Entered, or made plans to enter, into any agreement or contract to sell or assign the ownership of, or a beneficial interest in, the applied for policy; or
   - Been promised or agreed to by any person that they will be given, or have been given, any inducement, fee or compensation as an incentive to purchase the applied for policy; or
   - Received, or will receive, from any person any inducement, fee or compensation as incentive to purchase the applied for policy? ○ Yes ○ No
2. **Prior Transactions** — Has any Party to the application ever:
   - Sold, transferred or assigned any life insurance policy to a Third Party; or
   - Received any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign any life insurance policy? ○ Yes ○ No

For any "Yes" responses to 1 or 2 above, provide details regarding any agreements, incentives or prior transactions.

7.

Complete Section G1 for term life insurance products.

Section G1 Life Insurance Plan Information: Term Insurance

1. Life Insurance Plan

a. Level Term Plans: ○ 20-Year ○ 15-Year ○ 10-Year

Insured Amount $

b. Income Protection Life Plans: ○ Term to Age 60 ○ Term to Age 65 ○ Term to Age 67

Monthly Death Benefit Amount is $

c. Other Insured Amount $

2. Riders/Options

Level Term

☐ Waiver of Premium

☐ Accidental Death Benefit of $

☐ Children's Insurance Rider (CIR) Units — Provide details for CIR in Section J on Page 11.

Income Protection Life

☐ Waiver of Premium

☐ Cost of Living Adjustment

☐ Other

3. Life Insurance Premiums

Annual Scheduled Premium

$.

a. Bank Authorization (BA): ○ Monthly ○ Quarterly

○ New BA Authorization (Complete Form 200517.)

○ Add to Existing BA with Account Number

b. ○ Systematic Payment Option (SPO) (Complete Form 200517.)

c. Direct Bill: ○ Quarterly ○ Semiannual ○ Annual

d. Card billing: ○ MasterCard ○ American Express ○ Visa

Frequency (not available for initial payment): ○ Monthly ○ Quarterly ○ Semiannually ○ Annually

Card Number Expires

e. Other:

4. Life Insurance Beneficiary — Term Insurance

○ Option A: Beneficiary is: Insured's designated spouse, if living, otherwise the beneficiaries are the living lawful children of the insured and they will receive equal shares of the proceeds.

Insured's Spouse's Full Name

○ Option B: Beneficiary is: Insured's designated spouse, if living, otherwise, the beneficiaries are the lawful children of the insured and they will receive equal shares of the proceeds; provided, however, that if a child of the insured has died before the insured, the share which the child would have received if he/she survived the insured will be paid to his/her living lawful children in equal shares.

Insured's Spouse's Full Name

○ Option C: Other Designation: Name and relationship to the insured (and percentage each beneficiary will receive, if applicable)

Complete Section G2 for universal life and Succession Protector products.

Section G2 Life Insurance Plan Information: Universal Life and Succession Protector

1. Life Insurance Plan Information

Insured Amount $ _____ Purpose of Insurance _____

○ Foundations Universal Life (FUL) **must select Option 1 or 2 for this plan:**
○ Death Benefit Option 1 (Level) ○ Death Benefit Option 2 (Variable)
○ Succession Protector (SP) ○ Foundations Protector (FP) ○ Other _____

2. Riders

Foundations Universal Life or Foundations Protector
☐ Accelerated Benefit Rider for Terminal Illness
☐ AdvanceSource Rider — Complete AdvanceSource Rider application.
☐ Waiver of Monthly Deduction (FUL only)
☐ Waiver of Specified Premium — Monthly Specified Premium $ _____
☐ Accidental Death Benefit of $ _____ (FUL only)
☐ Children's Insurance Rider (CIR) Units _____ (FUL only) — Provide details for CIR in Section J on Page 12.
☐ Automatic Increase Benefit Rider (FUL only): ○ 2% ○ 3% ○ 4% ○ 5% ○ 6% ○ 7% ○ 8%

Succession Protector:
○ Four Year Term of $ _____
○ Policy Split Option
○ Other _____

3. Life Insurance Premiums

Annual Scheduled Premium $ _____ . ____ Lump-Sum Amount to Be Paid on Delivery of Policy $ _____ . ____

a. Bank Authorization (BA): ○ Monthly ○ Quarterly
○ New BA Authorization (Complete Form 200517.)
○ Add to Existing BA with Account Number _____
b. ○ Systematic Payment Option (SPO) (Complete Form 200517.)
c. Direct Bill: ○ Quarterly ○ Semiannual ○ Annual
d. Other _____

4. Life Insurance Beneficiary — Universal Life Insurance

Do not complete for Succession Protector. Provide Survivorship Beneficiary Designation in Section H, Page 10.

○ Option A: Beneficiary is: Insured's designated spouse, if living, otherwise the beneficiaries are the living lawful children of the insured and they will receive equal shares of the proceeds.
Insured's Spouse's Full Name _____

○ Option B: Beneficiary is: Insured's designated spouse, if living, otherwise, the beneficiaries are the lawful children of the insured and they will receive equal shares of the proceeds; provided, however, that if a child of the insured has died before the insured, the share which the child would have received if he/she survived the insured will be paid to his/her living lawful children in equal shares.
Insured's Spouse's Full Name _____

○ Option C: Other Designation: Name and relationship to the insured (and percentage each beneficiary will receive, if applicable) _____

Complete Section G3 for variable universal life and Succession Select insurance products.

Section G3 Life Insurance Plan Information: Variable Universal Life and Succession Select

1. Life Insurance Plan

For variable products, complete item 5 below AND investment option Form 33034 OR Portfolio Navigator Program Enrollment Form 402048.

Insured Amount $ _____ Purpose of Insurance _____

○ Variable Universal Life (VUL)* ○ Succession Select (SS)* ○ Other _____

***Must select Option 1 or 2 for this plan:** ○ Death Benefit Option 1 (Level) ○ Death Benefit Option 2 (Variable)

2. Riders

Variable Universal Life

☐ Accelerated Benefit Rider for Terminal Illness

☐ AdvanceSource Rider — Complete AdvanceSource Rider application.

☐ Waiver of Monthly Deduction

☐ Waiver of Specified Premium — Monthly Specified Premium $ _____

☐ Accidental Death Benefit of $ _____

☐ Children's Insurance Rider (CIR) Units _____ Provide details for CIR in Section J on Page 12.

☐ Automatic Increase Benefit Rider: ○ 2% ○ 3% ○ 4% ○ 5% ○ 6% ○ 7% ○ 8%

Succession Select

☐ Four Year Term of $ _____

☐ Policy Split Option $ _____

☐ Other _____

3. Life Insurance Premiums

Annual Scheduled premium $ _____ . _____ Lump-Sum Amount to Be Paid on Delivery of Policy $ _____ . _____

a. Bank Authorization (BA): ○ Monthly ○ Quarterly

○ New BA Authorization (Complete Form 200517.)

○ Add to Existing BA with Account Number _____

b. ○ Systematic Payment Option (SPO) (Complete Form 200517.)

c. Direct Bill: ○ Quarterly ○ Semiannual ○ Annual

d. Other _____

4. Life Insurance Beneficiary — Variable Universal Life

Do not complete for Succession Select. Provide Survivorship Beneficiary Designation in Section H, Page 10.

○ Option A: Beneficiary is: Insured's designated spouse, if living, otherwise the beneficiaries are the living lawful children of the insured and they will receive equal shares of the proceeds.

Insured's Spouse's Full Name _____

○ Option B: Beneficiary is: Insured's designated spouse, if living, otherwise, the beneficiaries are the lawful children of the insured and they will receive equal shares of the proceeds; provided, however, that if a child of the insured has died before the insured, the share which the child would have received if he/she survived the insured will be paid to his/her living lawful children in equal shares.

Insured's Spouse's Full Name _____

○ Option C: Other Designation: Name and relationship to the insured (and percentage each beneficiary will receive, if applicable) _____

Continued on next page...

Section G3 Life Insurance Plan Information (continued)

5. **Variable Universal Life and Succession Select Information — Check each of the following below to indicate your acknowledgement:** (Also, complete investment option allocation Form 33034 or Portfolio Navigator Program Enrollment Form 402048.) 8.

- ☐ **Adequate Information.** You have received the current prospectuses for the policy applied for and any funds involved.
- ☐ **Purpose.** You agree that this variable type of insurance is in accord with your insurance and financial objectives.
- ☐ **Variable values. You understand that the amount of Death Benefit and Policy Value can both increase and decrease; however, the Death Benefit will never be less than any Guaranteed Minimum Death Benefit.**
- ☐ **Fees and Charges.** The fees and charges have been explained to you and are also explained in detail in the policy.

6. **Consent for Delivery of Initial Prospectuses on CD-ROM**

12. ○ Yes — By checking this box, I acknowledge that I have chosen to receive and have received the initial product and fund prospectuses on computer readable compact disk ("CD"). See details of Consent for Delivery in Section M on Page 13.

3. ⚠ Complete Section G4a for disability income insurance products.

Section G4a Disability Income Plan Information

1. **Disability Income Insurance Plan**

Base Monthly Benefit
$ _____ . ____

Insured's Occupation Class:
○ 1A ○ 2A ○ 3A ○ 3M
○ 4A ○ 4M ○ 5A ○ 5M

Waiting Period:
○ 30 days ○ 60 days ○ 90 days
○ 180 days ○ 365 days

8.

Submit Application Supplement Form 33507 (available on DI Illustration System).
Duration of Benefit: ○ 1 year ○ 3 year ○ 5 years ○ to age 65 ○ to age 67
Premium Pattern: ○ Level ○ Step Rate
Disability Provision:

13.

Occupation Classes 1A, 2A, 3A & 3M	○ Income Protection Plus with 2 Years Occupation Protection (IPP-2)
Occupation Classes 4A, 4M, 5A & 5M	○ Income Protection Plus with 5 Years Occupation Protection (IPP-5)
Occupation Classes 4A & 5A	○ Income Protection Plus (IPP)
Occupation Classes 4A, 4M, 5A & 5M	○ Income Protection with Residual Benefits (IPTr)
Occupation Classes 3A, 4A, 4M, 5A & 5M	○ Income Protection (IPMod)

Group Rate Options — Please indicate below ONLY if either of the following applies to this application.
○ Employer Plan Coverage Unisex Rates ○ Multiple Case Discount (see online reference materials for all qualification details)

2. **Disability Income Insurance Riders**

10.

- ☐ Social Benefits Rider $ _____ per month with Waiting Period of ____ days
- ☐ Supplemental Income Rider $ _____ per month and benefit paid up through month ____ with ____ day waiting period
- ☐ Cost of Living Adjustment Maximum (classes 2A, 3A, 3M, 4A, 4M, 5A, and 5M)
  Maximum: ○ 3% ○ 4% ○ 5% ○ 6% ○ 7% ○ 8% ○ 9% ○ 10%
- ☐ Future Purchase Option $ _____ Pool Amount
- ☐ Other _____

***Continued** on next page...*

Section G4a Disability Underwriting Information (continued)

3. Disability Income Insurance Premiums

Annual Premium $ _____ . ____

a. Bank Authorization (BA): ○ Monthly ○ Quarterly

○ New BA Authorization (Complete Form 200517.)

○ Add to Existing BA with Account Number _____ 8.

b. Special Payment Option ○ SPO (Systematic Payout) Complete Form 200517

c. Direct Bill: ○ Quarterly ○ Semiannual ○ Annual

d. Card Billing: ○ MasterCard ○ American Express ○ Visa

Frequency (not available for initial payment): ○ Monthly ○ Quarterly ○ Semiannually ○ Annually

Card Number _____ Expires _____

e. Other _____

3. ⚠ Complete Section G4b for business overhead expense products.

Section G4b Business Overhead Expense Protection Plan Information

1. Business Overhead Expense Protection Insurance Plan

(Cannot be applied for without personal disability income protection in force or applied for with RiverSource Life or other company.)

3. **Complete Disability Underwriting Information Section G4c.**

Monthly Benefit $ _____ 8.

Submit Application Supplement Form 33507 (available on DI Illustration System)

Insured's Occupation Class: ○ 3A ○ 3M ○ 4A ○ 4M ○ 5A ○ 5M

Waiting Period: ○ 30 days ○ 60 days ○ 90 days

Benefit Pattern: ○ Level ○ Increasing

○ Multiple DI Case Discount (See online reference materials for all qualification details.)

2. Business Overhead Expense Protection Insurance Premiums

Annual Premium $ _____

a. Bank Authorization (BA): ○ Monthly ○ Quarterly

○ New BA Authorization (Complete Form 200517.) 8.

○ Add to Existing BA with Account Number _____

b. Special Payment Option ○ SPO (Systematic Payout) Complete Form 200517.

c. Direct Bill: ○ Quarterly ○ Semiannual ○ Annual

d. Card Billing: ○ MasterCard ○ American Express ○ Visa

Frequency (not available for initial payment): ○ Monthly ○ Quarterly ○ Semiannually ○ Annually

Card Number _____ Expires _____

e. Other _____

3. Complete Section G4c for disability income and business overhead expense products.

Section G4c Disability Underwriting Information

1. **Are you currently actively employed?** ○ Yes ○ No
   a. If yes, number of hours per week _____ Number of weeks per year _____
   b. Self-employed? ○ Yes ○ No
      i. Date business began (MMDDYYYY) _____
      ii. Type of business or industry _____
2. **Occupational Duties**
   a. Provide a complete description of your job duties. Include a percentage of time spent on each task.

7.

   b. Do you manage or supervise others? ○ Yes ○ No
      If yes, what percent of duties are supervisory? _____ % Number of employees _____
   c. Provide any professional designations or educational degrees you hold which are specific to your occupation.
3. **Any contemplated change in occupation?**
   ○ Yes ○ No If yes, explain: _____
4. **Previous occupation if changed in the past five years** _____
5. **Amount of unearned income** $ _____ . _____ Source _____
6. **Is the Insured a member of a State, Public, or Federal Retirement System?**
   ○ Yes ○ No If yes, which one? _____
7. **Is the Insured eligible for or does the insured have any disability income insurance through his/her employer?**
   a. Short-term: ○ Yes ○ No at $ _____ per month for _____ months and _____ day waiting period
   b. Long-term: ○ Yes ○ No at $ _____ per month for _____ months and _____ day waiting period
   c. If yes to b., is the group long-term disability integrated with Social Security? ○ Yes ○ No
   d. Will the insured's employer be paying the premiums for the RiverSource Life disability insurance? ○ Yes ○ No
   e. Is the insured eligible for benefits from a required state Cash Sickness disability program? ○ Yes ○ No
8. **Existing Disability Income Insurance** (all DI applicants must complete)
   Insured: Do you have any other disability insurance currently in force or applied for? ○ Yes ○ No
   If yes, you must complete all details in the grid below even if the existing policy is not being replaced. If a policy will be replaced, all state specific replacement forms must be completed.

7.

Company	Policy Number	Type	Insurance Amount/ Monthly Income	DI Years Payable	Being Replaced
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ No

Use Section K (on Page 12) if you have additional insurance coverage information to document.

You must check "Yes" to "Being Replaced" if:

- There is any possibility that the new RiverSource Life policy will replace another policy, even if it is not yet certain.
- Premium payments will be discontinued on an existing policy or if the existing policy is surrendered, reduced, annuitized or otherwise terminated, in part or in full.
- A policy has been applied for with another company and that policy is not or will not be accepted.

3. Complete Section H for Succession Protector and Succession Select life insurance products.

Section H Second Insured

Insured's Phone Number:

Day _____ Evening _____

1. Insured:

Citizenship: ○ U.S. ○ Other _____ If Other, insured is: ○ Resident Alien ○ with Green Card ○ Nonresident Alien

Insured's Name (First, Middle Initial and Last Name) ○ Male ○ Female

Relationship to primary insured

Birth Date (MMDDYYYY) State of Birth or Country of Birth U.S. Social Security Number

Driver's License (DL) Number DL State of Issuance

Occupation Employer Name

Individual Income $ Net Worth $ Household Income $

2. Coverage Questions

IT IS IMPORTANT THAT ANSWERS ARE TRUE, ACCURATE AND COMPLETE. ANY UNTRUE, INACCURATE OR INCOMPLETE INFORMATION COULD AFFECT YOUR INSURANCE COVERAGE.

a. In the past 12 months, has the insured been hospitalized, placed in hospice care, or been advised by a health care professional to be hospitalized or placed in hospice care on either an inpatient or outpatient basis for any reason other than normal pregnancy? ○ Yes ○ No

b. In the past 12 months, has the insured received treatment or advice from a health care professional for heart disease, chest pain, stroke, cancer (except basal cell carcinoma), kidney failure, liver failure or unexplained weight loss? ○ Yes ○ No

c. Has the insured ever used tobacco or nicotine in any form? ○ Yes ○ No Date of last use (MMYYYY)

d. Personal Physician or Primary Care Provider (○ Check here if none.)

Doctor or Clinic Name Date Last Seen

Street Address

City State Zip Phone

3. Survivorship Beneficiary Designation

Name and relationship to insured (and percentage each beneficiary will receive, if applicable)

Complete Section I for Succession Protector and Succession Select life insurance products.

Section I Existing Life Insurance or Annuities

SECOND INSURED: Do you have any other **annuities** or **life insurance** currently in force or applied for? ○ Yes ○ No
If marked Yes, you must complete all details in the grid below even if the existing policy is not being replaced.
If a policy will be replaced, all state specific replacement forms must be completed.

Company	Policy Number	Type	Amount	ADB Amount	Being Replaced
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ No

Use Section K (on Page 12) if you have additional insurance coverage information to document.

You must check "Yes" to "Being Replaced" if:

- There is any possibility that the new RiverSource Life policy will replace another policy, even if it is not yet certain.
- Premium payments will be discontinued on an existing policy or if the existing policy is surrendered, reduced, annuitized or otherwise terminated, in part or in full.
- A policy has been applied for with another company and that policy is not or will not be accepted.

Important Notice: In some states you must submit the "Important Notice: Replacement of Life Insurance or Annuities" (Form 200084) whenever the client has existing insurance or annuities, **even if there is no replacement involved. Use the "eForms Manager" tool to determine if the form applies in your state.**

Life External Replacements: If a 1035 Exchange to the RiverSource Life policy will be requested, the 1035 Exchange Request (Form 30062) must also be completed.

Life Internal Replacements: If "Being Replaced" is checked "Yes" and you are replacing a RiverSource Life policy, by signing this application, the existing RiverSource Life policy(s) listed above will be surrendered upon underwriting approval unless you inform us otherwise.

The cash value should be: ○ **applied to the new RiverSource Life policy** ○ **returned to the owner.**

3. ⚠
- Complete Section J for Children's Insurance Rider.
- Complete Section K for additional information for all products.

Section J Children's Insurance Rider Information

1. Name(s) of child(ren) to be covered by rider (must be under age 19 and unmarried):

7.

Name (First, Full Middle, Last)	Birth Date (MMDDYYYY)	Sex	Physical/Mental Abnormalities at Birth?
		○ Male ○ Female	○ Yes ○ No
		○ Male ○ Female	○ Yes ○ No
		○ Male ○ Female	○ Yes ○ No
		○ Male ○ Female	○ Yes ○ No

2. Has anyone listed above received treatment for any disease, physical or mental condition in the past five years? ○ Yes ○ No
3. Is this insurance intended to replace any existing insurance and/or annuity? ○ Yes ○ No
4. If "Yes" was checked for 1, 2 or 3 above, explain here:
5. Are there any children under the age of 19 and unmarried not listed above? ○ Yes ○ No

If "Yes" list name: Birth Date (MMDDYYYY)

Reason for exclusion

Section K Notes

(Include details to any "Yes" answers for any additional replacement information.)

3. Review Disclosures and Notices in Sections L, M, N and O.

Section L Credit or Charge Card Billing

(Not available for initial premium payment. Available with term and disability income insurance products only.)

- By signing for card billing, you authorize RiverSource Life Insurance Company to bill your card account for the insurance premiums and frequency indicated in Sections G1, G2, G3 and G4a and you understand that payments will be automatically billed to your card account.
- You understand that RiverSource Life Insurance Company may receive updated card account information from your card company.
- You understand you may discontinue this payment at any time. The arrangement will remain in effect until you notify RiverSource Life Insurance Company in writing to cancel it, allowing reasonable time to act on your cancellation. Any such notification shall be effective only with respect to entries initiated after receipt of and reasonable time to act upon such notification, usually 15 days.
- RiverSource Life Insurance Company reserves the right to terminate this agreement at any time upon 30 days written notification.

12.

Section M Consent for Delivery of Initial Prospectuses on CD-ROM

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 1 (800) 333-3437.
- I understand that all future prospectus updates and supplements will be provided to me in paper form unless I sign up for online document delivery on the My Financial Accounts website at Ameriprise.com.

Section N Universal Life/Variable Universal Life/Succession Protector/Succession Select products

If you have applied for the type of insurance, you understand and acknowledge that (1) a projection of future death benefits and policy values will be provided upon written request; (2) surrender charges may apply in certain circumstances; (3) no-lapse guarantee or death benefit guarantee features as applicable to the type of insurance applied for have been adequately described to you and may involve premium in excess of your scheduled premium; and (4) interest at rates in excess of the guaranteed interest rate will accrue on any policy value/fixed account value at rates determined by the company and at the company's discretion. These rates will be based on various factors including, but not limited to, the interest rate environment, returns earned on investments backing these policies, the rates currently in effect for new and existing company policies, product design, competition, and the company's revenues and expenses.

Section O State Fraud Notices

14.

For Applicants in **Arkansas, Louisiana and Rhode Island** only:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in **Colorado** only:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies.

For Applicants in **District of Columbia** only:

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.

For Applicants in **Kentucky** only:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For Applicants in **New Mexico** only:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Applicants in **Ohio** only:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Applicants in **Oklahoma** only:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Applicants in **Tennessee** and **Washington** only:

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

For Applicants in **Texas** only:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and subjects the person to civil and criminal penalties.

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

Life and Disability Income Insurance Application

Agreement and Signature

Agreement: By signing this application, you acknowledge that you understand and agree with all of the following terms and conditions.

Identification and Verification: We are required by law to obtain certain personal information from you that will be used by us to verify your identity. If you do not provide us with the information, we may not be able to issue you a policy or rider. If we are unable to verify your identity, we reserve the right to withdraw your application, rescind your policy and/or rider or take such other steps as we deem reasonable.

Conditional Insurance Coverage Prior to Policy Delivery: You agree that an Insured for life or disability insurance will be covered prior to policy delivery only when all of the following requirements have been met:

- The owner has paid the full first premium, according to the frequency of modal premium payment selected, for all insurance applied for in this application (any check or draft for that payment must be honored by the bank); and
- The premium has not been returned by the company; and
- The Insured has submitted all medical and other information required by the company's written underwriting rules; and
- The Insured is insurable on the Effective Date, as defined below, under the company's written underwriting rules, for the plan of insurance and amount of insurance at the premium rate applied for with no modification. "Effective Date" as used herein means the later of: (a) the date of this application; or (b) the date of completion of the company's paramedical/medical examinations, the company's medical information gathering interview; and any other information as required by the company's written underwriting rules.

In cases where the Insured is not insurable for the plan of insurance, amount of insurance, or at the premium rate applied for, coverage begins if and when the company insures that person under a policy accepted by the owner in writing and any additional premium has been paid.

For disability coverage, all disability policies specified to be discontinued in this application must also be discontinued before coverage will begin; (this limitation is subject to the incontestability provision in the policy.)

Amount of Life Insurance Coverage: If coverage begins prior to delivery of the policy under the conditions described above and death of an Insured occurs prior to delivery of the policy, the amount of life insurance coverage on each Insured will be the total requested for that person by this application and any other applications for life insurance on the Insured being considered by the company, up to a maximum of $500,000. Except as limited by this agreement, any coverage provided will be under the terms of the policy or rider applied for.

Amount of Disability Insurance Coverage: If conditional coverage begins prior to delivery of the policy under the conditions described above and a disability of the insured begins prior to delivery of the policy, the disability coverage monthly benefit on the Insured will be the lesser of (1) $3,500 of monthly benefit, (2) the monthly benefit applied for in this application, or (3) the maximum monthly benefit based on the company's written underwriting rules. Coverage on the Insured for this monthly benefit will be provided under the terms of the policy or rider until the first of the following to occur: (1) benefits paid and payable total $500,000 or (2) the Insured is no longer eligible for benefits under the terms of the policy or rider because the Insured is no longer disabled or the maximum benefit period has been reached. When the first of (1) or (2) occur, all benefits will cease and coverage under this agreement and the policy will cease.

Company's Responsibilities: You understand that:

Only the officers of the company have the authority to decide on insurability and risk classification and to bind the company to insure a proposed Insured. The officers of the company are the President, Vice President, Secretary and Assistant Secretary;

If a policy does not go into effect, the company's sole liability will be to refund any premium paid, plus interest If required by law;

No change in or waiver of anything in this application or alteration of an insurance policy or rider is binding unless it is in writing and signed by an officer of the company; and

By accepting a policy, the owner ratifies any changes to this application entered at any time on the Home Office Endorsement form attached to the policy *(not applicable in Maryland, Missouri, New Hampshire, New Jersey, Pennsylvania and West Virginia).* However, the owner must sign a separate written document for any change in type of plan, amount, benefits or Insured's risk classification.

Any insurance provided by this agreement will be subject to the conditions and terms of the policy applied for.

Qualified Plans Only: You certify that the Owner is qualified under Section 401(a) of the United States Internal Revenue Code. This policy or rider will be issued based on representations by you that the Plan is qualified.

Adequate Information: You have received the RiverSource Life Insurance Company (RiverSource Life) Insurance Products Disclosure. You understand and agree that the company will use and release information about you as described in the attached RiverSource Life Insurance Products Disclosure. You may inform us not to use information for certain marketing purposes described in the RiverSource Life Insurance Products Disclosure.

Voice Signature: The medical portion of your application will be completed via telephone interview. At the end of the interview you will have the opportunity to provide your verbal consent to sign the medical portion of your application using an electronic voice signature. Upon providing your electronic voice signature, the information gathered during the telephone interview will become part of your insurance application and will be subject to the terms of the Declaration section below. Your consent to sign the medical portion of your application using electronic voice signature may be withdrawn at any time during the telephone interview. If you withdraw your consent or choose not to utilize the electronic voice signature, we will contact you to obtain a written signature. You may obtain a non-electronic version of your telephone interview and voice signature by sending a signed written request containing your full name and date of birth to: RiverSource Life Insurance Company, 70100 Ameriprise Financial Center, Attention Insurance Underwriting, Minneapolis, MN 55474.

Declaration: You declare that all answers provided are true, accurate and complete; and you understand that all your answers will be a basis for our underwriting analysis for any policy and/or rider issued and that any untrue, inaccurate or incomplete information could result in the denial of any claims made and/or the rescission of any policy and/or rider issued. You also acknowledge that you have received a copy of this agreement and receipt for any premium paid with this application.

Client Copy — Do Not Submit to Corporate Office

Authorization and Certification

By your signature below, the owner authorizes the Medical Information Bureau, employer, and consumer reporting agency having information about you and your minor children to give that information to RiverSource Life or its reinsurer. You understand that you have the right to request a personal interview if an investigative consumer report is obtained. You understand that RiverSource Life will use this information to determine eligibility for insurance and benefits. You agree that a photographic copy of this authorization will be as valid as the original, and that this authorization will be valid for 30 months from the date shown below (24 months in CT, KY, ND, NM, OK, WV and WY).

15.

Social Security or Taxpayer Identification Number (TIN) Certification as required by Form W-9 of the Internal Revenue Service (IRS)

Under penalties of perjury, you certify that:

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

   Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. Person if you are:
   - An individual who is a U.S. citizen or U.S. resident alien,
   - A partnership, corporation, company, or association created or organized in the United States or under the law of the United States,
   - An estate (other than a foreign estate), or
   - A domestic trust (as defined in Regulations section 301.7701-7).

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

Certification Instructions — You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

You acknowledge that you or your authorized representative have received a copy of this agreement and signature section of the application.

Signatures (Insureds under age 15 need not sign.)

Insured's Name (Print) | Signed on Date (MMDDYYYY) | State

Insured's Signature (base plan) X

Second Insured's Signature X

9.

Owner's Signature (other than Insured) X

Parent/Legal Guardian's Signature (for Insureds under age 15) X

Receipt — All checks must be completed in full and be made payable to the company (not to the advisor).

Received from _____ the sum of $ _____ . _____ with this application.

Advisor's Report

Is Insured related to advisor ○ Yes ○ No if yes, give relationship

You certify that you personally requested the information in this application and witnessed its signing and received any money that was paid. You also certify that you truly and accurately recorded on the application the information supplied by the applicant. You are not aware of anything detrimental to the risk that is not recorded in this application. You certify that, to the best of your knowledge and belief, the information provided in this application regarding replacement of existing insurance and annuities is true and accurate.

16.

Team ID | Advisor's Signature X 9. | Advisor Number

Comp % | Area Office Number | Phone Number | Ext.

Advisor's Name

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

If yes, provide the Recommending Advisor Name and ID below if different than Advisor listed above.

Advisor's Number | Name

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

Co-Advisor Information

Team ID | Advisor's Signature X 9. | Advisor Number

Comp % | Area Office Number | Phone Number | Ext.

Client Copy — Do Not Submit to Corporate Office

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

Life and Disability Income Insurance Application

Agreement and Signature

Agreement: By signing this application, you acknowledge that you understand and agree with all of the following terms and conditions.

Identification and Verification: We are required by law to obtain certain personal information from you that will be used by us to verify your identity. If you do not provide us with the information, we may not be able to issue you a policy or rider. If we are unable to verify your identity, we reserve the right to withdraw your application, rescind your policy and/or rider or take such other steps as we deem reasonable.

Conditional Insurance Coverage Prior to Policy Delivery: You agree that an Insured for life or disability insurance will be covered prior to policy delivery only when all of the following requirements have been met:

- The owner has paid the full first premium, according to the frequency of modal premium payment selected, for all insurance applied for in this application (any check or draft for that payment must be honored by the bank); and
- The premium has not been returned by the company; and
- The Insured has submitted all medical and other information required by the company's written underwriting rules; and
- The Insured is insurable on the Effective Date, as defined below, under the company's written underwriting rules, for the plan of insurance and amount of insurance at the premium rate applied for with no modification. "Effective Date" as used herein means the later of: (a) the date of this application; or (b) the date of completion of the company's paramedical/medical examinations, the company's medical information gathering interview; and any other information as required by the company's written underwriting rules.

In cases where the Insured is not insurable for the plan of insurance, amount of insurance, or at the premium rate applied for, coverage begins if and when the company insures that person under a policy accepted by the owner in writing and any additional premium has been paid.

For disability coverage, all disability policies specified to be discontinued in this application must also be discontinued before coverage will begin; (this limitation is subject to the incontestability provision in the policy.)

Amount of Life Insurance Coverage: If coverage begins prior to delivery of the policy under the conditions described above and death of an Insured occurs prior to delivery of the policy, the amount of life insurance coverage on each Insured will be the total requested for that person by this application and any other applications for life insurance on the Insured being considered by the company, up to a maximum of $500,000. Except as limited by this agreement, any coverage provided will be under the terms of the policy or rider applied for.

Amount of Disability Insurance Coverage: If conditional coverage begins prior to delivery of the policy under the conditions described above and a disability of the insured begins prior to delivery of the policy, the disability coverage monthly benefit on the Insured will be the lesser of (1) $3,500 of monthly benefit, (2) the monthly benefit applied for in this application, or (3) the maximum monthly benefit based on the company's written underwriting rules. Coverage on the Insured for this monthly benefit will be provided under the terms of the policy or rider until the first of the following to occur: (1) benefits paid and payable total $500,000 or (2) the Insured is no longer eligible for benefits under the terms of the policy or rider because the Insured is no longer disabled or the maximum benefit period has been reached. When the first of (1) or (2) occur, all benefits will cease and coverage under this agreement and the policy will cease.

Company's Responsibilities: You understand that:

Only the officers of the company have the authority to decide on insurability and risk classification and to bind the company to insure a proposed Insured. The officers of the company are the President, Vice President, Secretary and Assistant Secretary;

If a policy does not go into effect, the company's sole liability will be to refund any premium paid, plus interest If required by law;

No change in or waiver of anything in this application or alteration of an insurance policy or rider is binding unless it is in writing and signed by an officer of the company; and

By accepting a policy, the owner ratifies any changes to this application entered at any time on the Home Office Endorsement form attached to the policy *(not applicable in Maryland, Missouri, New Hampshire, New Jersey, Pennsylvania and West Virginia).* However, the owner must sign a separate written document for any change in type of plan, amount, benefits or Insured's risk classification.

Any insurance provided by this agreement will be subject to the conditions and terms of the policy applied for.

Qualified Plans Only: You certify that the Owner is qualified under Section 401(a) of the United States Internal Revenue Code. This policy or rider will be issued based on representations by you that the Plan is qualified.

Adequate Information: You have received the RiverSource Life Insurance Company (RiverSource Life) Insurance Products Disclosure. You understand and agree that the company will use and release information about you as described in the attached RiverSource Life Insurance Products Disclosure. You may inform us not to use information for certain marketing purposes described in the RiverSource Life Insurance Products Disclosure.

Voice Signature: The medical portion of your application will be completed via telephone interview. At the end of the interview you will have the opportunity to provide your verbal consent to sign the medical portion of your application using an electronic voice signature. Upon providing your electronic voice signature, the information gathered during the telephone interview will become part of your insurance application and will be subject to the terms of the Declaration section below. Your consent to sign the medical portion of your application using electronic voice signature may be withdrawn at any time during the telephone interview. If you withdraw your consent or choose not to utilize the electronic voice signature, we will contact you to obtain a written signature. You may obtain a non-electronic version of your telephone interview and voice signature by sending a signed written request containing your full name and date of birth to: RiverSource Life Insurance Company, 70100 Ameriprise Financial Center, Attention Insurance Underwriting, Minneapolis, MN 55474.

Declaration: You declare that all answers provided are true, accurate and complete; and you understand that all your answers will be a basis for our underwriting analysis for any policy and/or rider issued and that any untrue, inaccurate or incomplete information could result in the denial of any claims made and/or the rescission of any policy and/or rider issued. You also acknowledge that you have received a copy of this agreement and receipt for any premium paid with this application.

Authorization and Certification

By your signature below, the owner authorizes the Medical Information Bureau, employer, and consumer reporting agency having information about you and your minor children to give that information to RiverSource Life or its reinsurer. You understand that you have the right to request a personal interview if an investigative consumer report is obtained. You understand that RiverSource Life will use this information to determine eligibility for insurance and benefits. You agree that a photographic copy of this authorization will be as valid as the original, and that this authorization will be valid for 30 months from the date shown below (24 months in CT, KY, ND, NM, OK, WV and WY).

15.

Social Security or Taxpayer Identification Number (TIN) Certification as required by Form W-9 of the Internal Revenue Service (IRS)

Under penalties of perjury, you certify that:

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

   Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. Person if you are:
   - An individual who is a U.S. citizen or U.S. resident alien,
   - A partnership, corporation, company, or association created or organized in the United States or under the law of the United States,
   - An estate (other than a foreign estate), or
   - A domestic trust (as defined in Regulations section 301.7701-7).

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

Certification Instructions — You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

You acknowledge that you or your authorized representative have received a copy of this agreement and signature section of the application.

Signatures (Insureds under age 15 need not sign.)

Insured's Name (Print) | Signed on Date (MMDDYYYY) | State

Insured's Signature (base plan) X

Second Insured's Signature X

9.

Owner's Signature (other than Insured) X

Parent/Legal Guardian's Signature (for Insureds under age 15) X

Receipt — All checks must be completed in full and be made payable to the company (not to the advisor).

Received from _____ the sum of $ _____ . _____ with this application.

Advisor's Report

Is Insured related to advisor ○ Yes ○ No if yes, give relationship

You certify that you personally requested the information in this application and witnessed its signing and received any money that was paid. You also certify that you truly and accurately recorded on the application the information supplied by the applicant. You are not aware of anything detrimental to the risk that is not recorded in this application. You certify that, to the best of your knowledge and belief, the information provided in this application regarding replacement of existing insurance and annuities is true and accurate.

Team ID | Advisor's Signature X 9. | Advisor Number

Comp % | Area Office Number | Phone Number | Ext.

Advisor's Name

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

If yes, provide the Recommending Advisor Name and ID below if different than Advisor listed above.

Advisor's Number | Name

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

Co-Advisor Information

Team ID | Advisor's Signature X 9. | Advisor Number

Comp % | Area Office Number | Phone Number | Ext.

Corporate Office Copy — Submit to Corporate Office

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

Insurance Application Supplement — Part II

Full Name | Date of Birth (MMDDYYYY) | Last Four Digits of SSN

Section A Primary Care Provider

1. Name and address of your personal physician or primary care provider? (If none, so state)

2. Date last consulted

3. Reason last consulted

4. What treatment was given or medication prescribed?

Section B Height and Weight

1. What is your height (feet, inches)? 2. What is your weight (pounds)?

3. Have you had any change in weight of more than 10 pounds in the past year? ○ Yes ○ No (If yes, how much did you lose/gain and what was the cause?)

Section C Medical Information

For any YES answers, provide diagnoses, treatments, medications, dates, durations, and names and addresses of medical professionals and medical facilities in Section E on Page 3.

1. Have you ever been advised of, treated for, tested for or diagnosed by a medical professional with:

a. Disorder of the eyes, ears, nose or throat? ○ Yes ○ No

b. Tumor, cancer or lymph node disorder? ○ Yes ○ No

c. Stroke or TIA (transient ischemic attack), memory loss, Alzheimer's or other form of dementia? ○ Yes ○ No

d. Seizures, epilepsy, fainting, dizziness, imbalance, falls or tremors? ○ Yes ○ No

e. Parkinson's disease, muscular dystrophy, Huntington's disease, motor neuron disease, ALS (Lou Gehrig's disease) or multiple sclerosis? ○ Yes ○ No

f. Ataxia, myasthenia gravis, post-polio syndrome, paralysis or numbness? ○ Yes ○ No

g. Shortness of breath, persistent hoarseness or cough, asthma, emphysema, tuberculosis, sarcoidosis, or other disorder of the lung or breathing? ○ Yes ○ No

h. Sleep apnea or sleep disorder? ○ Yes ○ No

i. Chest pain, heart attack, coronary artery disease, congestive heart failure, cardiomyopathy, palpitation or heart rhythm disturbance, heart murmur, high blood pressure, or other disorder of the heart or heart valves? ○ Yes ○ No

j. Peripheral vascular disease or disorder of the blood vessels? ○ Yes ○ No

Continued...next page

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Section C Medical Information (continued)

k. Ulcer, colitis, diverticulitis, abdominal pain, recurrent indigestion, or other disorder of the intestines, stomach, esophagus, colon or pancreas? ○ Yes ○ No

l. Liver disorder, cirrhosis or hepatitis? ○ Yes ○ No

m. High blood sugar, diabetes or thyroid disorder? ○ Yes ○ No

n. Sugar, protein or blood in urine; or any disorder of the kidney or bladder? ○ Yes ○ No

o. Disorder of the prostate or reproductive organs? ○ Yes ○ No

p. Complications with a current or prior pregnancy, or are you currently pregnant? (females only) ○ Yes ○ No

q. Sciatica, neuropathy, arthritis, gout, lupus, or other disorder of the joints, connective tissue, spine, back or neck? ○ Yes ○ No

r. Osteoporosis, fractures, fibromyalgia, unusual or chronic fatigue, or disorder of the bones or muscles? ○ Yes ○ No

s. Skin disorder or allergies? ○ Yes ○ No

t. Anemia, bleeding or clotting disorder, or other disorder of the blood or bone marrow? ○ Yes ○ No

u. Anxiety, stress, depression or other mental health condition? ○ Yes ○ No

v. Dysthymia? ○ Yes ○ No

2. Other than listed above, within the past five years have you:

a. Had any mental or physical disorder? ○ Yes ○ No

b. Had a checkup, consultation, illness, injury or surgery; or been a patient in a hospital, clinic or other medical facility? ○ Yes ○ No

c. Had an electrocardiogram, treadmill stress test, thallium stress test, angiogram, heart catheterization or echocardiogram? ○ Yes ○ No

d. Had an MRI, CT scan, X-ray, mammogram, ultrasound, biopsy or other diagnostic test? ○ Yes ○ No

e. Been advised to have any diagnostic test, surgery, consultation or appointment with a doctor, medical practitioner or any other type of health care provider which has not been completed? ○ Yes ○ No

Section D Additional Medical and Underwriting Information

Provide the requested details in Section E on Page 3.

1. Are you currently using any prescription medication not already listed? (If yes, provide medication, dosage and reason prescribed) ○ Yes ○ No
2. In the past five years, have you used tobacco or nicotine in any form? (If yes, what is/was used, amount and date last used) ○ Yes ○ No
3. Do you currently consume alcohol? (If yes, provide amount and frequency) ○ Yes ○ No
4. Have you ever been treated for or been advised to be treated for alcohol dependency, addiction or abuse? (If yes, provide treatment details and dates) ○ Yes ○ No
5. Have you ever used marijuana, cocaine, heroin or amphetamines; or other narcotics, stimulants, sedatives, hallucinogens or prescription drugs not prescribed to you by a physician? (If yes, provide details and date last used) ○ Yes ○ No
6. Have you ever been treated for or been advised to be treated for drug dependency, addiction or abuse? (If yes, what drug or substance and treatment details and dates) ○ Yes ○ No
7. Have you ever been diagnosed or received treatment by a health care provider for AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex) or have you ever had a positive HIV (Human Immunodeficiency Virus) test? (If yes, date of last consultation, test or treatment) ○ Yes ○ No
8. Is there any family history of cancer, diabetes, heart, kidney or neurologic disease? (If yes, provide disorder, relationship and age at diagnosis) ○ Yes ○ No

Continued...*next page*

Section D Additional Medical and Underwriting Information (continued)

Provide the requested details in Section E on Page 3.

9. During the past five years have you flown, or do you contemplate flying as a pilot, student pilot or crew member? (If yes, indicate date of last participation) ○ Yes ○ No
10. During the past five years have you participated in or do you contemplate participating in motorcycle riding, racing (automobile, snowmobile, motorcycle or boat), skin/scuba diving, skydiving, hang-gliding or other similar activities? (If yes, indicate activity and date of last participation) ○ Yes ○ No
11 During the past five years have you had your driver's license revoked or suspended, received a moving violation or been cited for a DUI (driving under the influence) or DWI (driving while intoxicated)? (If yes, provide type of violation or citation and when received) ○ Yes ○ No
12. Are you a citizen of the United States? (If no, of what country are you a citizen?) ○ Yes ○ No
13. Do you have any current plans to travel outside of the United States? (If yes, provide where, when and duration of travel) ○ Yes ○ No
14. Have you ever had an application for insurance declined, postponed or modified in any way? (If yes, provide date, company name and reason) ○ Yes ○ No
15. Have you ever requested or received a pension, benefits, or payment because of an injury, sickness or disability? (If yes, provide dates and reason) ○ Yes ○ No

Section E DETAILS — Provide Details as Requested Above

7.

Continued...next page

Section E **DETAILS — DETAILS — Provide Details as Requested Above** (continued)

An additional sheet of paper may be attached if necessary.

7.

I declare that all the answers provided are true, accurate and complete; and I understand that all of my answers will be a basis for the company's underwriting analysis for any policy and/or rider issued and that any untrue, inaccurate or incomplete information could result in the denial of any claims made and/or the rescission of any policy and/or rider issued.

9. Signature of Proposed Insured (Parent/Legal Guardian for Insured under age 18)

X

Interview Date

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

Life and Disability Income Insurance Application

RiverSource Insurance

Always complete Insured Information.

Reference Number

Client ID

INSURED INFORMATION

1. Insured:

Insured's Name (First, Middle Initial and Last Name) ◯ Male ◯ Female

Insured's Phone Number (Day) Insured's Phone Number (Evening)

Is Insured the Owner? ◯ Yes ◯ No If you answered "No" complete this page and Owner Information section.

Citizenship: ◯ U.S. ◯ Other: If Other, Insured is: ◯ Resident Alien ◯ Resident Alien with Green Card ◯ Nonresident Alien

Birth Date (MMDDYYYY) State of Birth or Country of Birth U.S. Social Security Number

Driver's License (DL) Number DL State of Issuance Occupation

Employer Name Individual Income $ Net Worth $ Household Income $

2. Coverage Questions:

IT IS IMPORTANT THAT ANSWERS ARE TRUE, ACCURATE AND COMPLETE. ANY UNTRUE, INACCURATE OR INCOMPLETE INFORMATION COULD AFFECT YOUR INSURANCE COVERAGE.

a. In the past 12 months, has the Insured been hospitalized, placed in hospice care, or been advised by a health care professional to be hospitalized or placed in hospice care on either an inpatient or outpatient basis for any reason other than normal pregnancy? ◯ Yes ◯ No

b. In the past 12 months, has the Insured received treatment or advice from a health care professional for heart disease, chest pain, stroke, cancer (except basal cell carcinoma), kidney failure, liver failure or unexplained weight loss? ◯ Yes ◯ No

c. Has the insured ever used tobacco or nicotine in any form? ◯ Yes ◯ No Date of Last Use (MMYYYY)

d. Personal Physician or Primary Care Provider (☐ Check here if none.)

Doctor or Clinic Name Date Last Seen (MMYYYY)

Street Address City State ZIP Code Phone

3. Premium Submitted:

Do not include any premium with this application if you:

- answered "Yes" to 2a or 2b above; or
- answered "Yes" to 2a or 2b in the Second Insured section (if Succession Protector or Succession Select product applied for); or
- are applying for death benefits totaling over $1,000,000.

◯ No money paid with this application ◯ Money paid with this application $

If one check is submitted for multiple products, please specify the dollar amount to each product.

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Complete all applicable sections.

JUVENILE INSURANCE (Complete if insured is under age 15.)

Is there similar insurance in force or applied for on all siblings? ◯ Yes ◯ No If no, why?

Amount of life insurance already in force on the person responsible for child's primary support $

OWNER INFORMATION (Complete if Owner is different from Insured as shown in the Insured Information section.)

◯ Individual - Name (First, Middle Initial and Last Name)

U.S. Social Security Number Birth Date (MMDDYYYY)

◯ Male ◯ Female

Citizenship: ◯ U.S. ◯ Other: If Other, Owner is: ◯ Resident Alien ◯ Resident Alien with Green Card ◯ Nonresident Alien

Relationship to Insured

Does the Owner wish to designate a Successor Owner? ◯ Yes ◯ No

If Yes, Successor Owner's Name Relationship to Owner

◯ Trust - Name of Trust

◯ Revocable - Grantor's Taxpayer Identification Number (TIN)

◯ Irrevocable - Trust's TIN

Name of Trustee Date of Trust (MMDDYYYY)

Address of Trustee

City State ZIP Code

◯ Business or Other Entity - Name

TIN Relationship to Insured

Federal Tax Classification (if not an individual or trust, above.):

◯ Sole Proprietor ◯ Partnership ◯ S-Corporation ◯ C-Corporation ◯ Estate

◯ Limited Liability Company (LLC) (enter the tax classification: ◯ Partnership ◯ S-Corporation ◯ C-Corporation)

◯ Other

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

BUSINESS INSURANCE (Complete if insurance is for business purposes.)

Type of Business Insurance: ◯ Buy/Sell ◯ Business Debt Protection ◯ Split Dollar ◯ Key Person ◯ Executive Bonus/GEBA ◯ Deferred Compensation (nongovernmental) ◯ Other

Complete all sections for life insurance products.

EXISTING LIFE INSURANCE OR ANNUITIES

INSURED: Do you have any other **annuities** or **life insurance** currently in force or applied for? ◯ Yes ◯ No

If marked Yes, you must complete all details in the grid below, even if the existing policy is not being replaced. If a policy will be replaced, all state specific replacement forms must be completed.

Company	Policy Number	Type	Amount	Being Replaced
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No

Use Notes section if you have additional insurance coverage information to document.

You must check "Yes" to "Being Replaced" if:

- There is any possibility that the new RiverSource Life Insurance Company (RiverSource Life) policy will replace another policy, even if it is not yet certain.
- Premium payments will be discontinued on an existing policy or if the existing policy is surrendered, reduced, annuitized or otherwise terminated, in part or in full.
- A policy has been applied for with another company and that policy is not or will not be accepted.

Important Notice: In some states you must submit the "Important Notice: Replacement of Life Insurance or Annuities" (Form 200084) whenever the client has existing insurance or annuities, **even if there is no replacement involved.**

Life External Replacements: If a 1035 Exchange to the RiverSource Life policy will be requested, the 1035 Exchange Request (Form 30062) must also be completed.

Life Internal Replacements: If "Being Replaced" is checked "Yes" and you are replacing a RiverSource Life policy, by signing this application, the existing RiverSource Life policy(s) listed above will be surrendered upon underwriting approval unless you inform us otherwise.

The cash value should be: ◯ **applied to the new RiverSource Life policy, or** ◯ **returned to the owner.**

AGREEMENT TO SELL, TRANSFER OR ASSIGN LIFE INSURANCE

Any "party" to the application is defined as the insured, owner or any beneficiary. "Third Party" is defined as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider or premium financing entity.

1. **Agreements or Incentives** — Has any Party to the application:
   - Entered, or made plans to enter, into any agreement or contract to sell or assign the ownership of, or a beneficial interest in, the applied for policy; or
   - Been promised or agreed to by any person that they will be given, or have been given, any inducement, fee or compensation as an incentive to purchase the applied for policy; or
   - Received, or will receive, from any person any inducement, fee or compensation as incentive to purchase the applied for policy? ◯ Yes ◯ No
2. **Prior Transactions** — Has any Party to the application ever:
   - Sold, transferred or assigned any life insurance policy to a Third Party; or
   - Received any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign any life insurance policy? ◯ Yes ◯ No

For any "Yes" responses to 1 or 2 above, provide details regarding any agreements, incentives or prior transactions.

Complete for term life insurance products.

LIFE INSURANCE PLAN INFORMATION: Term Life Insurance

1. Life Insurance Plan Information

a. Level Term Plans: ◯ 20-Year ◯ 15-Year ◯ 10-Year

Insured Amount $

b. Income Protection Life Plans: ◯ Term to Age 60 ◯ Term to Age 65 ◯ Term to Age 67

Monthly Death Benefit Amount is $

c. Other Insured Amount $

2. Riders/Options

Level Term

☐ Waiver of Premium

☐ Accidental Death Benefit of $

☐ Children's Insurance Rider (CIR) Units Provide details in CIR section.

Income Protection Life

☐ Waiver of Premium

☐ Cost of Living Adjustment

☐ Other

3. Life Insurance Premiums

Annual Premium

$

a. Bank Authorization (BA): ◯ Monthly ◯ Quarterly

◯ New BA Authorization (Complete Form 200517.)

◯ Add to Existing BA with Account Number

b. ◯ Systematic Payment Option (SPO) (Complete Form 200517.)

c. Direct Bill: ◯ Quarterly ◯ Semiannually ◯ Annually

d. Card Billing: ◯ MasterCard ◯ American Express ◯ Visa ◯ Discover

Frequency (not available for initial payment): ◯ Monthly ◯ Quarterly ◯ Semiannually ◯ Annually

Card Number Expires Do not add security code.

e. Other:

4. Life Insurance Beneficiary — Term Insurance

◯ Option A: Beneficiary is: Insured's designated spouse, if living, otherwise the beneficiaries are the living lawful children of the insured and they will receive equal shares of the proceeds.
Insured's Spouse's Full Name

◯ Option B: Beneficiary is: Insured's designated spouse, if living, otherwise, the beneficiaries are the lawful children of the insured and they will receive equal shares of the proceeds; provided, however, that if a child of the insured has died before the insured, the share which the child would have received if he/she survived the insured will be paid to his/her living lawful children in equal shares.
Insured's Spouse's Full Name

◯ Option C: Other Designation: Name and relationship to the insured (and percentage each beneficiary will receive, if applicable)

Complete for universal life and variable universal life insurance products.

LIFE INSURANCE PLAN INFORMATION: Universal Life and Variable Universal Life

1. Life Insurance Plan Information Insured Amount $ _____ Purpose of Insurance _____

◯ Foundations Protector (FP)

◯ Foundations Universal Life (FUL): Death Benefit Option: ◯ 1 (Level) ◯ 2 (Variable)
Life Insurance Qualification Test: ◯ Guideline Premium Test ◯ Cash Value Accumulation Test
(If nothing is chosen, default is Guideline Premium Test.)

◯ Indexed Universal Life (IUL): Death Benefit Option: ◯ 1 (Level) ◯ 2 (Variable)
Life Insurance Qualification Test: ◯ Guideline Premium Test ◯ Cash Value Accumulation Test
(If nothing is chosen, default is Guideline Premium Test.)
Premium Allocation: Fixed Account _____ % Indexed Account _____ %
(Total must equal 100%. If no percentage indicated, default is Fixed Account 100% and Indexed Account 0%.)
Segment Maturity Reallocation: Fixed Account _____ % Indexed Account _____ %
(Total must equal 100%. If no percentage indicated, default is Fixed Account 0% and Indexed Account 100%.)

◯ Variable Universal Life (VUL): Death Benefit Option: ◯ 1 (Level) ◯ 2 (Variable)
Complete the Variable Product Information section AND Investment Option Allocation Form 33034 OR Portfolio Navigator Enrollment Form 402048.

◯ Other _____

2. Riders/Options

☐ Accelerated Benefit Rider for Terminal Illness
☐ *AdvanceSource* Rider - Complete *AdvanceSource* Rider application.
☐ Waiver of Monthly Deduction (FUL, IUL, VUL only)
☐ Waiver of Specified Premium - Monthly Specified Premium $ _____ (FUL, IUL, VUL only)
☐ Accidental Death Benefit of $ _____ (FUL, IUL and VUL only)
☐ Children's Insurance Rider (CIR) Units _____ (FUL, IUL, VUL only) Provide details in the CIR section.
☐ Automatic Increase Benefit Rider: (FUL, IUL, VUL only) ◯ 2% ◯ 3% ◯ 4% ◯ 5% ◯ 6% ◯ 7% ◯ 8%
☐ Other _____

3. Life Insurance Premiums

Annual Scheduled Premium $ _____ Lump-Sum Amount to Be Paid on Delivery of Policy $ _____

a. Bank Authorization (BA): ◯ Monthly ◯ Quarterly
◯ New BA Authorization (Complete Form 200517.)
◯ Add to Existing BA with Account Number _____

b. ◯ Systematic Payment Option (SPO) (Complete Form 200517.)

c. Direct Bill: ◯ Quarterly ◯ Semiannually ◯ Annually

d. Other _____

4. Life Insurance Beneficiary - Universal Life and Variable Universal Life

◯ Option A: Beneficiary is: Insured's designated spouse, if living, otherwise the beneficiaries are the living lawful children of the insured and they will receive equal shares of the proceeds.
Insured's Spouse's Full Name _____

◯ Option B: Beneficiary is: Insured's designated spouse, if living, otherwise, the beneficiaries are the lawful children of the insured and they will receive equal shares of the proceeds; provided, however, that if a child of the insured has died before the insured, the share which the child would have received if he/she survived the insured will be paid to his/her living lawful children in equal shares.
Insured's Spouse's Full Name _____

◯ Option C: Other Designation: Name and relationship to the insured (and percentage each beneficiary will receive, if applicable)
_____

Complete for Succession Protector and Succession Select products.

LIFE INSURANCE PLAN INFORMATION: Succession Protector and Succession Select

1. Life Insurance Plan Information Insured Amount $ Purpose of Insurance

◯ Succession Protector

◯ Succession Select - **must select Option 1 or 2 for this plan**:

◯ Death Benefit Option 1 (Level) ◯ Death Benefit Option 2 (Variable)

Complete the Variable Product Information section AND Investment Option Allocation Form 33034 OR Portfolio Navigator Enrollment Form 402048.

◯ Other

2. Riders/Options

☐ Four Year Term of $

☐ Policy Split Option

☐ Other

3. Life Insurance Premiums

Annual Scheduled Premium $ Lump-Sum Amount to Be Paid on Delivery of Policy $

a. Bank Authorization (BA): ◯ Monthly ◯ Quarterly

◯ New BA Authorization (Complete Form 200517.)

◯ Add to Existing BA with Account Number

b. ◯ Systematic Payment Option (SPO) (Complete Form 200517.)

c. Direct Bill: ◯ Quarterly ◯ Semiannually ◯ Annually

d. Other

4. Survivorship Beneficiary Designation

Name and relationship to the insured (and percentage each beneficiary will receive, if applicable)

Complete for Variable Universal Life and Succession Select products.

VARIABLE PRODUCT INFORMATION

1. Variable Universal Life and Succession Select Information - Check each of the following below to indicate your acknowledgement: (Also, complete Investment Option Allocation Form 33034 or Portfolio Navigator Enrollment Form 402048.)

☐ **Adequate Information.** You have received the current prospectuses for the policy applied for and any funds involved.

☐ **Purpose.** You agree that this variable type of insurance is in accord with your insurance and financial objectives.

☐ **Variable values. You understand that the amount of Death Benefit and Policy Value can both increase and decrease; however, the Death Benefit will never be less than any Guaranteed Minimum Death Benefit.**

☐ **Fees and Charges.** The fees and charges have been explained to you and are also explained in detail in the policy.

2. Consent for Delivery of Initial Prospectuses on CD-ROM

◯ Yes - By checking this box, I acknowledge that I have chosen to receive and have received the initial product and fund prospectuses on computer readable compact disk ("CD"). See details in Consent for Delivery of Initial Prospectus on CD-ROM section.

Complete for disability income insurance products.

DISABILITY INCOME PLAN INFORMATION

1. Disability Income Insurance Plan Information

Base Monthly Benefit
$

Insured's Occupation Class:
◯ 1A ◯ 2A ◯ 3A ◯ 3M
◯ 4A ◯ 4M ◯ 5A ◯ 5M

Waiting Period:
◯ 30 days ◯ 60 days ◯ 90 days
◯ 180 days ◯ 365 days

Duration of Benefit: ◯ 1 year ◯ 3 year ◯ 5 years ◯ to age 65 ◯ to age 67

Premium Pattern: ◯ Level ◯ Step Rate

Disability Provision:

Occupation Classes 1A, 2A, 3A & 3M	◯ Income Protection Plus with 2 Years Occupation Protection (IPP-2)
Occupation Classes 4A, 4M, 5A & 5M	◯ Income Protection Plus with 5 Years Occupation Protection (IPP-5)
Occupation Classes 4A & 5A	◯ Income Protection Plus (IPP)
Occupation Classes 4A, 4M, 5A & 5M	◯ Income Protection with Residual Benefits (IPTr)
Occupation Classes 3A, 4A, 4M, 5A & 5M	◯ Income Protection (IPMod)

Group Rate Options — Please indicate below ONLY if either of the following applies to this application.

◯ Employer Plan Coverage Unisex Rates ◯ Multiple Case Discount (See online reference materials for all qualification details.)

2. Disability Income Insurance Riders/Options

☐ Social Benefits Rider $ per month with Waiting Period of days

☐ Supplemental Income Rider $ per month and benefit paid up through month with day waiting period

☐ Cost of Living Adjustment Maximum (classes 2A, 3A, 3M, 4A, 4M, 5A, and 5M)
Maximum: ◯ 3% ◯ 4% ◯ 5% ◯ 6% ◯ 7% ◯ 8% ◯ 9% ◯ 10%

☐ Future Purchase Option $ Pool Amount

☐ Other

3. Disability Income Insurance Premiums

Annual Premium $

a. Bank Authorization (BA): ◯ Monthly ◯ Quarterly
◯ New BA Authorization (Complete Form 200517.)
◯ Add to Existing BA with Account Number

b. Special Payment Option ◯ SPO (Systematic Payout) Complete Form 200517

c. Direct Bill: ◯ Quarterly ◯ Semiannually ◯ Annually

d. Card Billing: ◯ MasterCard ◯ American Express ◯ Visa ◯ Discover
Frequency (not available for initial payment): ◯ Monthly ◯ Quarterly ◯ Semiannually ◯ Annually
Card Number Expires Do not add security code.

e. Other

Complete for business overhead expense products.

BUSINESS OVERHEAD EXPENSE PROTECTION PLAN INFORMATION

1. Business Overhead Expense Protection Insurance Plan

(Cannot be applied for without personal disability income protection in force or applied for with RiverSource Life or other company.)

Complete Disability Underwriting Information section.

Monthly Benefit $

Insured's Occupation Class: ◯ 3A ◯ 3M ◯ 4A ◯ 4M ◯ 5A ◯ 5M

Waiting Period: ◯ 30 days ◯ 60 days ◯ 90 days

Benefit Pattern: ◯ Level ◯ Increasing

◯ Multiple DI Case Discount (See online reference materials for all qualification details.)

2. Business Overhead Expense Protection Insurance Premiums

Annual Premium $

a. Bank Authorization (BA): ◯ Monthly ◯ Quarterly

◯ New BA Authorization (Complete Form 200517.)

◯ Add to Existing BA with Account Number

b. Special Payment Option ◯ SPO (Systematic Payout) Complete Form 200517.

c. Direct Bill: ◯ Quarterly ◯ Semiannually ◯ Annually

d. Card Billing: ◯ MasterCard ◯ American Express ◯ Visa ◯ Discover

Frequency (not available for initial payment): ◯ Monthly ◯ Quarterly ◯ Semiannually ◯ Annually

Card Number Expires Do not add security code.

e. Other

Complete for disability income and business overhead expense products.

DISABILITY UNDERWRITING INFORMATION

1. Are you currently actively employed? ◯ Yes ◯ No

a. If yes, number of hours per week Number of weeks per year

b. Self-employed? ◯ Yes ◯ No If yes:

i. Date business began (MMDDYYYY)

ii. Type of business or industry

iii. Type of business entity: ◯ Sole Proprietorship

◯ S Corporation

◯ Partnership

◯ C Corporation

◯ Limited Liability Corporation

◯ Other

Disability Underwriting Information Continued *on next page...*

Disability Underwriting Information Continued

2. Occupational Duties

a. Provide a complete description of your job duties. Include a percentage of time spent on each task.

b. Do you manage or supervise others? ◯ Yes ◯ No

If yes, what percent of duties are supervisory? _____ % Number of employees _____

c. Provide any professional designations or educational degrees you hold which are specific to your occupation.

3. Any contemplated change in occupation?

◯ Yes ◯ No If yes, explain: _____

4. Previous occupation if changed in the past five years _____

5. Amount of unearned income $ _____ **Source** _____

6. Is the Insured a member of a State, Public, or Federal Retirement System?

◯ Yes ◯ No If yes, which one? _____

7. Is the Insured eligible for or does the insured have any disability income insurance through his/her employer?

a. Short-term: ◯ Yes ◯ No at $ _____ per month for _____ months and _____ day waiting period

b. Long-term: ◯ Yes ◯ No at $ _____ per month for _____ months and _____ day waiting period

c. If yes to b., is the group long-term disability integrated with Social Security? ◯ Yes ◯ No

d. Will the Insured's employer be paying the premiums for the RiverSource Life disability insurance? ◯ Yes ◯ No

e. Is the Insured eligible for benefits from a required state Cash Sickness disability program? ◯ Yes ◯ No

8. Existing Disability Income Insurance (all applicants must complete)

Insured: Do you have any other disability insurance currently in force or applied for? ◯ Yes ◯ No

If yes, you must complete all details in the grid below even if the existing policy is not being replaced. If a policy will be replaced, all state specific replacement forms must be completed.

Company	Policy Number	Type	Insurance Amount/ Monthly Income	Being Replaced
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No

Use the Notes section if you have additional insurance coverage information to document.

You must check "Yes" to "Being Replaced" if:

- There is any possibility that the new RiverSource Life disability policy will replace another policy, even if it is not yet certain.
- Premium payments will be discontinued on an existing policy or if the existing policy is surrendered, reduced, annuitized or otherwise terminated, in part or in full.
- A policy has been applied for with another company and that policy is not or will not be accepted.

Complete for Succession Protector and Succession Select life insurance products.

SECOND INSURED

1. Second Insured:

Second Insured's Name (First, Middle Initial and Last Name) ◯ Male ◯ Female

Second Insured's Phone Number (Day) Second Insured's Phone Number (Evening)

Citizenship: ◯ U.S ◯ Other: If Other, Second Insured is: ◯ Resident Alien ◯ Resident Alien with Green Card ◯ Nonresident Alien

Relationship to Insured

Birth Date (MMDDYYYY) State of Birth or Country of Birth U.S. Social Security Number

Driver's License (DL) Number DL State of Issuance Occupation

Employer Name Individual Income $ Net Worth $ Household Income $

2. Coverage Questions:

IT IS IMPORTANT THAT ANSWERS ARE TRUE, ACCURATE AND COMPLETE. ANY UNTRUE, INACCURATE OR INCOMPLETE INFORMATION COULD AFFECT YOUR INSURANCE COVERAGE.

a. In the past 12 months, has the Second Insured been hospitalized, placed in hospice care, or been advised by a health care professional to be hospitalized or placed in hospice care on either an inpatient or outpatient basis for any reason other than normal pregnancy? ◯ Yes ◯ No

b. In the past 12 months, has the Second Insured received treatment or advice from a health care professional for heart disease, chest pain, stroke, cancer (except basal cell carcinoma), kidney failure, liver failure or unexplained weight loss? ◯ Yes ◯ No

c. Has the Second Insured ever used tobacco or nicotine in any form? ◯ Yes ◯ No Date of Last Use (MMYYYY)

d. Personal Physician or Primary Care Provider (☐ Check here if none.)

Doctor or Clinic Name Date Last Seen (MMYYYY)

Street Address City State ZIP Code Phone

Complete for Succession Protector and Succession Select life insurance products.

EXISTING LIFE INSURANCE OR ANNUITIES

SECOND INSURED: Do you have any other **annuities** or **life insurance** currently in force or applied for? ◯ Yes ◯ No

If marked Yes, you must complete all details in the grid below, even if the existing policy is not being replaced. If a policy will be replaced, all state specific replacement forms must be completed.

Company	Policy Number	Type	Amount	Being Replaced
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No

Use Notes section if you have additional insurance coverage information to document.

You must check "Yes" to "Being Replaced" if:

- There is any possibility that the new RiverSource Life policy will replace another policy, even if it is not yet certain.
- Premium payments will be discontinued on an existing policy or if the existing policy is surrendered, reduced, annuitized or otherwise terminated, in part or in full.
- A policy has been applied for with another company and that policy is not or will not be accepted.

Important Notice: In some states you must submit the "Important Notice: Replacement of Life Insurance or Annuities" (Form 200084) whenever the client has existing insurance or annuities, **even if there is no replacement involved.**

Life External Replacements: If a 1035 Exchange to the RiverSource Life policy will be requested, the 1035 Exchange Request (Form 30062) must also be completed.

Life Internal Replacements: If "Being Replaced" is checked "Yes" and you are replacing a RiverSource Life policy, by signing this application, the existing RiverSource Life policy(s) listed above will be surrendered upon underwriting approval unless you inform us otherwise.

The cash value should be: ◯ **applied to the new RiverSource Life policy, or** ◯ **returned to the owner.**

- Complete Children's Insurance Rider section if CIR is applied for.
- Complete the Notes section for additional information for all products.

CHILDREN'S INSURANCE RIDER INFORMATION

1. Name(s) of child(ren) to be covered by rider (must be under age 19 and unmarried):

Name (First, Full Middle, Last)	Birth Date (MMDDYYYY)	Sex	Physical/Mental Abnormalities at Birth?
		◯ Male ◯ Female	◯ Yes ◯ No
		◯ Male ◯ Female	◯ Yes ◯ No
		◯ Male ◯ Female	◯ Yes ◯ No
		◯ Male ◯ Female	◯ Yes ◯ No

2. Has anyone listed above received treatment for any disease, physical or mental condition in the past five years? ◯ Yes ◯ No
3. Is this insurance intended to replace any existing insurance and/or annuity? ◯ Yes ◯ No
4. If "Yes" was checked for 1, 2 or 3 above, explain here:
5. Are there any children under the age of 19 and unmarried not listed above? ◯ Yes ◯ No

   If "Yes" list name: Birth Date (MMDDYYYY)

   Reason for exclusion

NOTES

(Include details to any "Yes" answers or any additional replacement or other information.)

Notes Continued

(Include details to any "Yes" answers or any additional replacement or other information.)

Notes Continued

(Include details to any "Yes" answers or any additional replacement or other information.)

Review Disclosures and Notices below.

CREDIT OR CHARGE CARD BILLING AGREEMENT

(Not available for initial premium payment. Available with term and disability income insurance products only.)

- By signing for card billing, you authorize RiverSource Life Insurance Company to bill your card account for the insurance premiums and frequency indicated in the Plan Information sections applied for and you understand that payments will be automatically billed to your card account.
- You understand that RiverSource Life Insurance Company may receive updated card account information from your card company.
- You understand you may discontinue this payment at any time. The arrangement will remain in effect until you notify RiverSource Life Insurance Company in writing to cancel it, allowing reasonable time to act on your cancellation. Any such notification shall be effective only with respect to entries initiated after receipt of and reasonable time to act upon such notification, usually 15 days.
- RiverSource Life Insurance Company reserves the right to terminate this agreement at any time upon 30 days written notification.

CONSENT FOR DELIVERY OF INITIAL PROSPECTUSES ON CD-ROM

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 1(800) 333-3437.
- I understand that all future prospectus updates and supplements will be provided to me in paper form unless I sign up for online document delivery on the My Financial Accounts website at Ameriprise.com.

Universal Life/Variable Universal Life/Succession Protector/Succession Select products

If you have applied for this type of insurance, you understand and acknowledge that (1) a projection of future death benefits and policy values will be provided upon written request; (2) surrender charges may apply in certain circumstances; (3) no-lapse guarantee or death benefit guarantee features as applicable to the type of insurance applied for have been adequately described to you and may involve premium in excess of your scheduled premium; and (4) interest at rates in excess of the guaranteed interest rate will accrue on any policy value/fixed account value at rates determined by the company and at the company's discretion. These rates will be based on various factors including, but not limited to, the interest rate environment, returns earned on investments backing these policies, the rates currently in effect for new and existing company policies, product design, competition, and the company's revenues and expenses.

STATE FRAUD NOTICES

For Applicants in **Arkansas, Louisiana and Rhode Island** only:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in **Colorado** only:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies.

For Applicants in **District of Columbia** only:

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.

For Applicants in **Kentucky** only:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For Applicants in **New Mexico** only:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Applicants in **Ohio** only:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Applicants in **Oklahoma** only:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Applicants in **Tennessee** and **Washington** only:

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

For Applicants in **Texas** only:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and subjects the person to civil and criminal penalties.

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

Life and Disability Income Insurance Application

Agreement and Signature

Agreement: By signing this application, you acknowledge that you understand and agree with all of the following terms, conditions and disclosures applicable to the product applied for. You also understand this document may contain disclosures pertaining to products not applied for.

Identification and Verification: We are required by law to obtain certain personal information from you that will be used by us to verify your identity. If you do not provide us with the information, we may not be able to issue you a policy or rider. If we are unable to verify your identity, we reserve the right to withdraw your application, rescind your policy and/or rider or take such other steps as we deem reasonable.

Conditional Insurance Coverage Prior to Policy Delivery: You agree that an Insured for life or disability insurance will be covered prior to policy delivery only when all of the following requirements have been met:

- The owner has paid the full first premium, according to the frequency of modal premium payment selected, for all insurance applied for in this application (any check or draft for that payment must be honored by the bank); and
- The premium has not been returned by the company; and
- The Insured has submitted all medical and other information required by the company's written underwriting rules; and
- The Insured is insurable on the Effective Date, as defined below, under the company's written underwriting rules, for the plan of insurance and amount of insurance at the premium rate applied for with no modification. "Effective Date" as used herein means the later of: (a) the date of this application; or (b) the date of completion of the company's paramedical/medical examinations, the company's medical information gathering interview; and any other information as required by the company's written underwriting rules.

In cases where the Insured is not insurable for the plan of insurance, amount of insurance, or at the premium rate applied for, coverage begins if and when the company insures that person under a policy accepted by the owner in writing and any additional premium has been paid. For disability coverage, all disability policies specified to be discontinued in this application must also be discontinued before coverage will begin; (this limitation is subject to the incontestability provision in the policy.)

Amount of Life Insurance Coverage: If coverage begins prior to delivery of the policy under the conditions described above and death of an Insured occurs prior to delivery of the policy, the amount of life insurance coverage on each Insured will be the total requested for that person by this application and any other applications for life insurance on the Insured being considered by the company, up to a maximum of $500,000. Except as limited by this agreement, any coverage provided will be under the terms of the policy or rider applied for.

Amount of Disability Insurance Coverage: If conditional coverage begins prior to delivery of the policy under the conditions described above and a disability of the Insured begins prior to delivery of the policy, the disability coverage monthly benefit on the Insured will be the lesser of (1) $3,500 of monthly benefit, (2) the monthly benefit applied for in this application, or (3) the maximum monthly benefit based on the company's written underwriting rules. Coverage on the Insured for this monthly benefit will be provided under the terms of the policy or rider until the first of the following to occur: (1) benefits paid and payable total $500,000 or (2) the Insured is no longer eligible for benefits under the terms of the policy or rider because the Insured is no longer disabled or the maximum benefit period has been reached. When the first of (1) or (2) occur, all benefits will cease and coverage under this agreement and the policy will cease.

Company's Responsibilities: You understand that:

Only the officers of the company have the authority to decide on insurability and risk classification and to bind the company to insure a proposed Insured. The officers of the company are the President, Vice President, Secretary and Assistant Secretary;

If a policy does not go into effect, the company's sole liability will be to refund any premium paid, plus interest if required by law;

No change in or waiver of anything in this application or alteration of an insurance policy or rider is binding unless it is in writing and signed by an officer of the company; and

By accepting a policy, the owner ratifies any changes to this application entered at any time on the Home Office Endorsement form attached to the policy *(not applicable in Maryland, Missouri, New Hampshire, New Jersey, Pennsylvania and West Virginia).* However, the owner must sign a separate written document for any change in type of plan, amount, benefits or Insured's risk classification.

Any insurance provided by this agreement will be subject to the conditions and terms of the policy applied for.

***Agreement and Signature* Continued** *on next page...*

Agreement and Signature ***Continued***

Qualified Plans Only: You certify that the Owner is qualified under Section 401(a) of the United States Internal Revenue Code. This policy or rider will be issued based on representations by you that the Plan is qualified.

Adequate Information: You have received the RiverSource Life Insurance Company (RiverSource Life) Insurance Products Disclosure. You understand and agree that the company will use and release information about you as described in the RiverSource Life Insurance Products Disclosure. You may inform us not to use information for certain marketing purposes described in the RiverSource Life Insurance Products Disclosure.

Electronic Signature: The application and other documents may be signed using an electronic signature. To sign the application today you may use an electronic signature pad to provide your electronic signature. To sign your application from home, you may log onto your My Financial Accounts account. The medical portion of your application will be completed via telephone interview. At the end of the interview you will have the opportunity to provide your verbal consent to sign the medical portion of your application using an electronic voice signature. Upon providing your electronic voice signature, the information gathered during the telephone interview will become part of your insurance application and will be subject to the terms of the Declaration section below. You may stop the application process at any time during the telephone interview.

If you choose not to utilize an electronic signature to sign the application, including the medical portion, we will contact you to obtain a written signature. You may obtain a non-electronic version of any applicable electronic documents by sending a signed written request containing your full name and date of birth to: RiverSource Life Insurance Company, 70100 Ameriprise Financial Center, Attention Insurance Underwriting, Minneapolis, MN 55474.

Declaration: You declare that all answers provided are true, accurate and complete; and you understand that all your answers will be a basis for our underwriting analysis for any policy and/or rider issued and that any untrue, inaccurate or incomplete information could result in the denial of any claims made and/or the rescission of any policy and/or rider issued. You also acknowledge that you have received a copy of this agreement, the Disability Income and Business Overhead Expense outline of coverage (if applicable) and receipt for any premium paid with this application.

Agreement and Signature Continued *on next page...*

*Agreement and Signature **Continued***

Authorization and Certification

By your signature below, the owner authorizes MIB, Inc., the employer, and consumer reporting agency having information about you and your minor children to give that information to RiverSource Life or its reinsurer. You understand that you have the right to request a personal interview if an investigative consumer report is obtained. You understand that RiverSource Life will use this information to determine eligibility for insurance and benefits. You agree that a photographic copy of this authorization will be as valid as the original, and that this authorization will be valid for 30 months from the date shown below (24 months in CT, KY, ND, NM, OK, WV and WY).

W-9 Certification:

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

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 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.

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

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

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

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

You acknowledge that you or your authorized representative have received a copy of this agreement and signature section of the application.

Signatures (Insureds under age 15 need not sign.)

Insured's Name (Print) | State | Signed on Date (MMDDYYYY)

Insured's Signature (base plan)

X

Second Insured's Signature

X

Owner's Signature (other than Insured)

X

Parent/Legal Guardian's Signature (for Insureds under age 15)

X

Receipt — All checks must be completed in full and be made payable to the company (not to the advisor).

Received from _____ the sum of $ _____ with this application.

Agreement and Signature **Continued *on next page...*

Agreement and Signature ***Continued***

Advisor's Report

Compensation options for Foundations UL, Indexed UL and VUL products only: If no option is chosen, default is option A. Once chosen and submitted, the compensation choice cannot be changed. Not all options may be available for all products or riders.

- ◯ A (Upfront)
- ◯ B (Balanced)
- ◯ C (Level)

Is Insured related to Advisor? ◯ Yes ◯ No If yes, give relationship.

You certify that you personally requested the information in this application and that you truly and accurately recorded on the application the information supplied by the applicant. You are not aware of anything detrimental to the risk that is not recorded in this application. You certify that, to the best of your knowledge and belief, the information provided in this application regarding replacement of existing insurance and annuities is true and accurate.

Advisor's Name

Advisor Number

Advisor's Signature

X

Date (MMDDYYYY)

Team ID | Comp % | Phone | Ext | Area Office Number

Recommending Advisor Information

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

If yes, provide the Recommending Advisor Name and ID below if different than Advisor listed above.

Name

Advisor's Number

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

Co-Advisor Information

Name

Advisor Number

Advisor Signature

X

Date (MMDDYYYY)

Team ID | Comp % | Phone | Ext | Area Office Number

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

Life and Disability Income Insurance Application

Agreement and Signature

Agreement: By signing this application, you acknowledge that you understand and agree with all of the following terms, conditions and disclosures applicable to the product applied for. You also understand this document may contain disclosures pertaining to products not applied for.

Identification and Verification: We are required by law to obtain certain personal information from you that will be used by us to verify your identity. If you do not provide us with the information, we may not be able to issue you a policy or rider. If we are unable to verify your identity, we reserve the right to withdraw your application, rescind your policy and/or rider or take such other steps as we deem reasonable.

Conditional Insurance Coverage Prior to Policy Delivery: You agree that an Insured for life or disability insurance will be covered prior to policy delivery only when all of the following requirements have been met:

- The owner has paid the full first premium, according to the frequency of modal premium payment selected, for all insurance applied for in this application (any check or draft for that payment must be honored by the bank); and
- The premium has not been returned by the company; and
- The Insured has submitted all medical and other information required by the company's written underwriting rules; and
- The Insured is insurable on the Effective Date, as defined below, under the company's written underwriting rules, for the plan of insurance and amount of insurance at the premium rate applied for with no modification. "Effective Date" as used herein means the later of: (a) the date of this application; or (b) the date of completion of the company's paramedical/medical examinations, the company's medical information gathering interview; and any other information as required by the company's written underwriting rules.

In cases where the Insured is not insurable for the plan of insurance, amount of insurance, or at the premium rate applied for, coverage begins if and when the company insures that person under a policy accepted by the owner in writing and any additional premium has been paid. For disability coverage, all disability policies specified to be discontinued in this application must also be discontinued before coverage will begin; (this limitation is subject to the incontestability provision in the policy.)

Amount of Life Insurance Coverage: If coverage begins prior to delivery of the policy under the conditions described above and death of an Insured occurs prior to delivery of the policy, the amount of life insurance coverage on each Insured will be the total requested for that person by this application and any other applications for life insurance on the Insured being considered by the company, up to a maximum of $500,000. Except as limited by this agreement, any coverage provided will be under the terms of the policy or rider applied for.

Amount of Disability Insurance Coverage: If conditional coverage begins prior to delivery of the policy under the conditions described above and a disability of the Insured begins prior to delivery of the policy, the disability coverage monthly benefit on the Insured will be the lesser of (1) $3,500 of monthly benefit, (2) the monthly benefit applied for in this application, or (3) the maximum monthly benefit based on the company's written underwriting rules. Coverage on the Insured for this monthly benefit will be provided under the terms of the policy or rider until the first of the following to occur: (1) benefits paid and payable total $500,000 or (2) the Insured is no longer eligible for benefits under the terms of the policy or rider because the Insured is no longer disabled or the maximum benefit period has been reached. When the first of (1) or (2) occur, all benefits will cease and coverage under this agreement and the policy will cease.

Company's Responsibilities: You understand that:

Only the officers of the company have the authority to decide on insurability and risk classification and to bind the company to insure a proposed Insured. The officers of the company are the President, Vice President, Secretary and Assistant Secretary;

If a policy does not go into effect, the company's sole liability will be to refund any premium paid, plus interest if required by law;

No change in or waiver of anything in this application or alteration of an insurance policy or rider is binding unless it is in writing and signed by an officer of the company; and

By accepting a policy, the owner ratifies any changes to this application entered at any time on the Home Office Endorsement form attached to the policy *(not applicable in Maryland, Missouri, New Hampshire, New Jersey, Pennsylvania and West Virginia).* However, the owner must sign a separate written document for any change in type of plan, amount, benefits or Insured's risk classification.

Any insurance provided by this agreement will be subject to the conditions and terms of the policy applied for.

Agreement and Signature Continued *on next page...*

*Agreement and Signature **Continued***

Qualified Plans Only: You certify that the Owner is qualified under Section 401(a) of the United States Internal Revenue Code. This policy or rider will be issued based on representations by you that the Plan is qualified.

Adequate Information: You have received the RiverSource Life Insurance Company (RiverSource Life) Insurance Products Disclosure. You understand and agree that the company will use and release information about you as described in the RiverSource Life Insurance Products Disclosure. You may inform us not to use information for certain marketing purposes described in the RiverSource Life Insurance Products Disclosure.

Electronic Signature: The application and other documents may be signed using an electronic signature. To sign the application today you may use an electronic signature pad to provide your electronic signature. To sign your application from home, you may log onto your My Financial Accounts account. The medical portion of your application will be completed via telephone interview. At the end of the interview you will have the opportunity to provide your verbal consent to sign the medical portion of your application using an electronic voice signature. Upon providing your electronic voice signature, the information gathered during the telephone interview will become part of your insurance application and will be subject to the terms of the Declaration section below. You may stop the application process at any time during the telephone interview.

If you choose not to utilize an electronic signature to sign the application, including the medical portion, we will contact you to obtain a written signature. You may obtain a non-electronic version of any applicable electronic documents by sending a signed written request containing your full name and date of birth to: RiverSource Life Insurance Company, 70100 Ameriprise Financial Center, Attention Insurance Underwriting, Minneapolis, MN 55474.

Declaration: You declare that all answers provided are true, accurate and complete; and you understand that all your answers will be a basis for our underwriting analysis for any policy and/or rider issued and that any untrue, inaccurate or incomplete information could result in the denial of any claims made and/or the rescission of any policy and/or rider issued. You also acknowledge that you have received a copy of this agreement, the Disability Income and Business Overhead Expense outline of coverage (if applicable) and receipt for any premium paid with this application.

Agreement and Signature **Continued *on next page...*

Agreement and Signature Continued

Authorization and Certification

By your signature below, the owner authorizes MIB, Inc., the employer, and consumer reporting agency having information about you and your minor children to give that information to RiverSource Life or its reinsurer. You understand that you have the right to request a personal interview if an investigative consumer report is obtained. You understand that RiverSource Life will use this information to determine eligibility for insurance and benefits. You agree that a photographic copy of this authorization will be as valid as the original, and that this authorization will be valid for 30 months from the date shown below (24 months in CT, KY, ND, NM, OK, WV and WY).

W-9 Certification:

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

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 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.

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

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

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

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

You acknowledge that you or your authorized representative have received a copy of this agreement and signature section of the application.

Signatures (Insureds under age 15 need not sign.)

Insured's Name (Print) | State | Signed on Date (MMDDYYYY)

Insured's Signature (base plan)

X

Second Insured's Signature

X

Owner's Signature (other than Insured)

X

Parent/Legal Guardian's Signature (for Insureds under age 15)

X

Receipt — All checks must be completed in full and be made payable to the company (not to the advisor).

Received from _____ the sum of $ _____ with this application.

Agreement and Signature Continued *on next page...*

Agreement and Signature Continued

Advisor's Report

Compensation options for Foundations UL, Indexed UL and VUL products only: If no option is chosen, default is option A. Once chosen and submitted, the compensation choice cannot be changed. Not all options may be available for all products or riders.

- ◯ A (Upfront)
- ◯ B (Balanced)
- ◯ C (Level)

Is Insured related to Advisor? ◯ Yes ◯ No If yes, give relationship.

You certify that you personally requested the information in this application and that you truly and accurately recorded on the application the information supplied by the applicant. You are not aware of anything detrimental to the risk that is not recorded in this application. You certify that, to the best of your knowledge and belief, the information provided in this application regarding replacement of existing insurance and annuities is true and accurate.

Advisor's Name

Advisor Number

Advisor's Signature

X

Date (MMDDYYYY)

Team ID | Comp % | Phone | Ext | Area Office Number

Recommending Advisor Information

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

If yes, provide the Recommending Advisor Name and ID below if different than Advisor listed above.

Name

Advisor's Number

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

Co-Advisor Information

Name

Advisor Number

Advisor Signature

X

Date (MMDDYYYY)

Team ID | Comp % | Phone | Ext | Area Office Number

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

Electronic Signature

RiverSource Insurance

Reference Number

Client ID

Instructions

1. Review and eSign Document Packet

By Clicking Select All below, you confirm that you have reviewed, understand and accept the entire Document Packet, and you confirm that you wish to utilize your single electronic signature to sign all documents listed below.

☐ Select All

2. Consent to eSign

This Document Packet, including the terms, conditions and declarations as well as other important documents such as disclosures and agreements were prepared for your review and approval. If the information is accurate and you agree to all terms, conditions and declarations type your name below and click the eSign button to sign all documents selected above utilizing your single electronic signature. You may retain a copy of the Document Packet for your records by saving it electronically to your own personal storage device or by printing the Document Packet.

3. Type your name

☐ eSign ☐ Decline to eSign ☐ Cancel

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RiverSource Life Insurance Company
Statement of Variability

Form: 132371-AR Term Life Insurance Policy

We reserve the right to change following bracketed information based upon factors which may include our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions. Any change or modification requiring prior approval will be submitted to the Department. Changes to the variable factors will be limited to new issues only. In addition, we reserve the right to correct typographical errors, change the font, paper, weight and ink color to accommodate future generations of the form. Any adaptation we make will not involve changes to the text without prior approval and will always meet or exceed the requirements of the Department.

Page No.	Field	Scope of Variation
1	Address	Will insert the company home office address.
1	Phone number	Will insert the current toll free number.
1	Logo	The logo design may change.
1	Conversion messaging	Will insert the applicable conversion message, and include the conversion expiry date if convertible.
1	Insured	Will insert name of insured.
1	Policy Number	Will insert policy number.
1	Basic Amount	Will insert the initial death benefit amount issued. Variability begins at $25,000 with a maximum dependent upon the agreement of our reinsurers.
1	Policy Date	Will insert the policy date.
1	Level Premium Period	Will insert the level premium period elected. Current options are 10, 15 and 20. Range is 1 - 30.
1	Expiry Date	Will insert the last date of coverage, based on the policy date and the insured's issue age.
1	Signatures	Will insert the signature of current company President and Corporate Secretary.
All	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 1-12 for the months and the last two numbers of a year, from 2011 and beyond.
Policy Back	Conversion messaging	Will insert the applicable conversion message, and include the conversion expiry date if convertible.
Policy Back	Address	Will insert the company home office address.

RiverSource Life Insurance Company
Statement of Variability

Form: 132371-DP Term Life Insurance Policy Data Page
We reserve the right to change following bracketed information based upon factors which may include our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions. Any change or modification requiring prior approval will be submitted to the Department. Changes to the variable factors will be limited to new issues only. In addition, we reserve the right to correct typographical errors, change the font, paper, weight and ink color to accommodate future generations of the form. Any adaptation we make will not involve changes to the text without prior approval and will always meet or exceed the requirements of the Department.

Page No.	Field	Scope of Variation
3	Insured	Will insert the name of the insured.
3	Policy Number	Will insert policy number.
3	Basic Amount	Will insert the initial death benefit amount issued. Variability begins at $25,000 with a maximum dependent upon the agreement of our reinsurers.
3	Policy Date	Will insert the policy date.
3	Level Premium Period	Will insert the level premium period elected. Current options are 10, 15 and 20. Range is 1 - 30.
3	Expiry Date	Will insert the last date of coverage, based on the policy date and the insured's issue age.
3	Issue Age	Variability range is 20 to 70.
3	Risk Classification	Will vary by insured as follows: Either Male, Female, or Unisex with; Standard Nontobacco Preferred Nontobacco Super Preferred Nontobacco Standard Tobacco Preferred Tobacco Substandard Nontobacco Substandard Tobacco
3	Department of Insurance Telephone Number	This field will include the 2 initials and the appropriate phone number for the state in which this policy was issued.
3	Schedule of Benefits - Basic Amount - Term Life	Will insert the initial death benefit amount issued. Variability begins at $25,000 with a maximum dependent upon the agreement of our reinsurers.
3	Schedule of Benefits - Expiry Date - Term Life	Will insert the last date of coverage, based on the policy date and the insured's issue age.
3	Schedule of Benefits - Basic Amount and Expiry Date - Rider Information	Will insert the information for any riders issued with the policy. Options are for Waiver of Premium Rider, Children's Level Term Insurance Rider, and Accidental Death Benefit Rider. Will display Basic Amount based upon amount elected. Expiry Date will be based on the policy date and the insured's issue age.

3	Schedule of Premiums - Annual Premium - Term Life	This annual amount will vary by individual policy at the time of application.
3	Schedule of Premiums - Premium Period - Term Life	Will insert the Issue Age plus one.
3	Rated policy information	For table rated and permanent flat extra rated policies, extra premium amounts will be included in the annual premium amount above. Messaging will be "Rated Policy - Extra Premium: For temporary flat extra rated policies, messaging will be "Temporary Extra Premium", and the extra premium amount and duration will be listed on this line.
3	Schedule of Premiums - Annual Premium and Premium Period - Rider Information	Will insert the information for any riders issued with the policy. Options are for Waiver of Premium Rider, Children's Level Term Insurance Rider, and Accidental Death Benefit Rider. Expiry Date will be based on the rider elected, policy date and the insured's issue age.
3	Schedule of Premiums - Annual Premium and Premium Period - Waiver of Premium Rider Information	If a Waiver of Premium Rider is elected, the premium amounts and premium period for any rider elected will be broken out and displayed.
3	Total premiums - Each policy year - Annually	Will insert the totaled amount of annual premiums listed in the premiums section.
3	Total premiums - Total for policy year- Annually	Will insert the totaled amount of annual premiums listed in the premiums section.
3	Total premiums - Each policy year - Semi-Annually	Will insert the total annual premium for Policy Year amount times a factor of .515.
3	Total premiums - Total for policy year- Semi-Annually	Will insert the semi-annual premium total for each payment amount times 2.
3	Total premiums - Each policy year - Quarterly	Will insert the total annual premium for Policy Year amount times a factor of .2625.
3	Total premiums - Total for policy year- Quarterly	Will insert the quarterly premium total for each payment amount times 4.
3	Total premiums - Each policy year - Monthly	Will insert the total annual premium for Policy Year amount times a factor of .0875.
3	Total premiums - Total for policy year- Monthly	Will insert the monthly premium total for each payment amount times 12.
3	Policy Fee	This fee will be applied to all applicants in a uniform and in a nondiscriminatory manner and will be applied from the Policy Date for the duration of the policy. Range is from $0 to $100 annually. Any change to this amount will be based on changes in administrative expenses, selling expenses, and overall competitive environment. Change would only apply to new issues going forward.
3	Waiver of Premium Rider Messaging	If the policy includes a waiver of premium rider, the messaging will appear.
3A	Insured	Will insert name of insured.

3A	Policy Number	Will insert policy number.
3A	Policy Year	Will list applicable policy years, from policy year 2 to the policy year the insured turns Attained Insurance Age 95.
3A	Guaranteed Maximum Annual Premium	These amounts will vary by individual policy at the time of application.
3A	Waiver of Premium Rider Messaging	If the policy includes a waiver of premium rider, the messaging will appear.
3B	Option A Interest Rate	Range of 1% - 5%. Change would only apply to new issues going forward.
3B	Option Table C	The appropriate table for unisex will be inserted for any unisex issued policy.
3B	Option C Table - year and rates	The settlement beginning in year and the corresponding rates may change to reflect different years if we reach a point of issuing policies beyond the year listed. This will reflect unisex rates for any contract issued unisex.
3C	Conversion	This section will insert information on if there is a right to convert the policy, which is also disclosed on the first page of the policy.
3C	Conversion Expiry Date	Will insert date the conversion privilege expires. This will be based upon issue age, and if the extended conversion privilege is chosen.
3C	Extended conversion message	Wording "Includes extended conversion period" will generate only for policies with this option chosen.
3C	Premium Credit	Currently, no message for insured's age 65 and older. Range of insured's ages with no message is 50 - 70. Issue age 64 and younger can have 1 of 2 messages. "This policy is eligible for a Premium Credit as described below" or "This policy is not eligible for a Premium Credit". Range of ages with 1 of 2 above messages is 20 - 69.
3C	Premium Credit Conversion Period	This will generate only for policies that are eligible for the Premium Credit. Current wording for insured's age 62 and younger will state Policy Years 2 and 3. Insured's age 63 will state Policy Year 2. Range for the Premium Credit Conversion Period is Policy Year 2 to Conversion Expiry Date. Range for the ages with a Premium Credit Conversion Period is 20 - 69.
3C	Premium Credit Amount	This will generate only for policies that are eligible for the Premium Credit. Current wording will be for One Annual Premium. Request a range of One Monthly Premium to One Annual Premium.
All	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 1-12 for the months and the last two numbers of a year, from 2011 and beyond.

RiverSource Life Insurance Company
Statement of Variability

Form: 132372, Waiver of Premium Rider

We reserve the right to change following bracketed information based upon factors which may include our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions. Any change or modification requiring prior approval will be submitted to the Department. Changes to the variable factors will be limited to new issues only. In addition, we reserve the right to correct typographical errors, change the font, paper, weight and ink color to accommodate future generations of the form. Any adaptation we make will not involve changes to the text without prior approval and will always meet or exceed the requirements of the Department.

Page No.	Field	Scope of Variation
1	Address	Will insert the company home office address.
1	Phone number	Will insert the current toll free number.
All	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 1-12 for the months and the last two numbers of a year, from 2011 and beyond.
3	Signature	Will insert the signature and title of current company Corporate Secretary.

RiverSource Life Insurance Company
Statement of Variability

Form: 132373, Children's Level Term Insurance Rider

We reserve the right to change following bracketed information based upon factors which may include our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions. Any change or modification requiring prior approval will be submitted to the Department. Changes to the variable factors will be limited to new issues only. In addition, we reserve the right to correct typographical errors, change the font, paper, weight and ink color to accommodate future generations of the form. Any adaptation we make will not involve changes to the text without prior approval and will always meet or exceed the requirements of the Department.

Page No.	Field	Scope of Variation
1	Address	Will insert the company home office address.
1	Phone number	Will insert the current toll free number.
All	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 1-12 for the months and the last two numbers of a year, from 2011 and beyond.
3	Signature	Will insert the signature and title of current company Corporate Secretary.

RiverSource Life Insurance Company
Statement of Variability

Form: 132374, Accidental Death Benefit Rider

We reserve the right to change following bracketed information based upon factors which may include our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions. Any change or modification requiring prior approval will be submitted to the Department. Changes to the variable factors will be limited to new issues only. In addition, we reserve the right to correct typographical errors, change the font, paper, weight and ink color to accommodate future generations of the form. Any adaptation we make will not involve changes to the text without prior approval and will always meet or exceed the requirements of the Department.

Page No.	Field	Scope of Variation
1	Address	Will insert the company home office address.
1	Phone number	Will insert the current toll free number.
All	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 1-12 for the months and the last two numbers of a year, from 2011 and beyond.
2	Signature	Will insert the signature and title of current company Corporate Secretary.

Policy Data

Insured:	**John Doe**	**Policy Number:**	**9000-1234567**
Basic Amount:	**$100,000**	**Policy Date:**	**November 15, 2011**
Level Premium Period:	**10 Years**	**Expiry Date:**	**November 14, 2071**
Policy:	**Term to Age 95**	**Issue Age:**	**35**
Risk Classification:	**Male Substandard Nontobacco**		

Schedule of Benefits

Benefit	Basic Amount	Expiry Date
Term Life	$100,000	November 14, 2071

Schedule of Premiums

Benefit	Annual Premium	Premium Period
Term Life	$ 147.00	To Attained Insurance Age 36
Temporary Extra Premium	$ 500.00	To Attained Insurance Age 40

Total Premiums	Annually	Semi-Annually	Quarterly	Monthly
Total for Each Payment	$ 647.00	$ 333.21	$ 169.84	$ 56.61
Total for Policy Year	$ 647.00	$ 666.42	$ 679.36	$ 679.32

The intervals shown above are available for premium payments and may be changed by giving Us written notice at least 60 days before the date of change. Total premiums paid each policy year are higher with more frequent payment intervals. The Total Premiums include a $60.00 annual policy fee.

Guaranteed Maximum Annual Premiums for Term Life after the first policy year are shown on Page 3A.

Policy Data

Insured: **John Doe** **Policy Number:** **9000-1234576**

After the first policy year, premiums shown may be changed in accordance with the "Premiums May Change" provision of the policy. Premiums can never exceed the Guaranteed Maximum Annual Premium.

Term Life Schedule of Premiums After First Policy Year

Policy Year	Guaranteed Maximum Annual Premium	Policy Year	Guaranteed Maximum Annual Premium
2	$ 647.00	40	$ 11,887.00
3	647.00	41	13,166.00
4	647.00	42	14,525.00
5	647.00	43	15,952.00
6	147.00	44	17,444.00
7	147.00	45	19,261.00
8	147.00	46	21,497.00
9	147.00	47	24,035.00
10	147.00	48	26,933.00
11	950.00	49	30,195.00
12	982.00	50	33,777.00
13	1,014.00	51	37,624.00
14	1,048.00	52	41,703.00
15	1,082.00	53	45,966.00
16	1,147.00	54	50,406.00
17	1,248.00	55	55,078.00
18	1,362.00	56	60,044.00
19	1,493.00	57	65,415.00
20	1,639.00	58	71,373.00
21	1,801.00	59	78,476.00
22	1,977.00	60	87,248.00
23	2,168.00		
24	2,378.00		
25	2,612.00		
26	2,873.00		
27	3,168.00		
28	3,504.00		
29	3,884.00		
30	4,309.00		
31	4,775.00		
32	5,277.00		
33	5,817.00		
34	6,400.00		
35	7,049.00		
36	7,846.00		
37	8,685.00		
38	9,588.00		
39	10,684.00		

Premiums for any riders shown on page 3 are not reflected in the above premium amounts unless noted below.

Policy Data

Payment of Policy Proceeds Option Tables

Option A Interest Rate

Option A Interest Rate 1%

Interest in excess of the Option A Interest Rate may be applied by Us. Excess interest will be determined by Us based on Our expectations of future investment earnings.

Option B Table

Number of Years	Monthly Payment/$1000
10	9.18
15	6.42
20	5.04
25	4.22
30	3.68

The table above is based on an interest rate of 2.00%

Option C Table

M = Male F = Female

Life Income per $1,000 with Payments Guaranteed for

Age Payee	Settlement Beginning In Year	5 Years M	5 Years F	10 Years M	10 Years F	15 Years M	15 Years F
65	2015	4.54	4.10	4.46	4.06	4.31	3.99
	2025	4.39	3.97	4.32	3.94	4.19	3.88
	2035	4.25	3.86	4.19	3.84	4.08	3.79
75	2015	6.41	5.77	5.99	5.53	5.39	5.14
	2025	6.13	5.52	5.78	5.33	5.27	5.01
	2035	5.88	5.30	5.59	5.15	5.16	4.88
85	2015	9.63	9.02	7.85	7.61	6.22	6.16
	2025	9.20	8.56	7.68	7.40	6.18	6.10
	2035	8.81	8.16	7.50	7.20	6.14	6.05

The table above is based on the "Annuity 2000 Mortality Table" with 100% Projection Scale G at 2.00% annual effective interest rate. Settlement 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. We will furnish such rates upon request.

Policy Data

Conversion

Conversion: This policy is eligible for conversion on or before the Conversion Expiry Date.

Conversion Expiry Date: **November 15, 2016**

Premium Credit: This policy is eligible for a Premium Credit as described below.

Premium Credit Conversion Period: **Policy Years 2 and 3**

Premium Credit Amount: **One Annual Premium – this amount does not include the premium for any riders. It is the Annual Premium in effect on the earlier of the conversion date or the Conversion Expiry Date.**

STATE OF ARKANSAS

Life Insurance Policy Forms

CERTIFICATION OF COMPLIANCE

Forms: 132371-AR
132371-DP
132372
132373
132374

We certify that the above forms being submitted with this filing are in compliance with Arkansas Insurance Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

I, Jack R. Kispert, 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 submitted with this filing 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
Jack R. Kispert, Assistant Secretary

Date: January 24, 2012

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

1-800-541-2251

Term to Age 95 Life Insurance Policy

- **Proceeds are payable upon the Insured's death on or before the Expiry Date.**
- **Premiums are level for the Level Premium Period and increase annually thereafter.**
- **Premiums may change subject to the Premiums May Change provision.**
- **Premiums are payable during the lifetime of the Insured until the Expiry Date.**
- **This Policy is nonparticipating. No dividends are payable.**
- **This policy has no cash value.**
- **This policy is convertible on or before the Conversion Expiry Date of November 15, 2016**

Insured: John Doe

Basic Amount: $100,000

Level Premium Period: 10 Years

Policy Number: 9000-1234567

Policy Date: November 15, 2011

Expiry Date: November 14, 2071

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

We promise to pay the Basic Amount of insurance provided by this policy to the beneficiary if We receive proof satisfactory to Us that the Insured died while this policy was In Force. Payment is subject to the terms of this policy.

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

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

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

President:

Secretary:

GUIDE TO POLICY PROVISIONS

Subject	Page
Policy Data	**Schedule of Benefits; Schedule of Premiums / page 3**
Definitions	**Important words and meanings / page 4**
The Insurance Contract	**Entire contract; Policy incontestability; Suicide exclusion; Misstatement of age or sex; Policy change; Policy termination / page 5**
Owner and Beneficiary	**Your rights as owner of this policy; Successor owner; Change of ownership of this policy; Beneficiary receives proceeds paid on the insured's death; Change of beneficiary by owner; Assigning the policy as collateral / page 6**
Premiums	**Payment of premiums; Premiums may change; Frequency of premium payments; Grace period; Reinstatement / page 7**
Conversion to Another Plan of Insurance	**Conversion requirements; Premium credit / page 8**
Payment of Policy Proceeds	**Payment of proceeds; Payment options other than a single sum; Protection against creditors / page 9**
A copy of Your Application	**Attached**
Appropriate Riders, Endorsements, Notices and other papers	**Attached**

DEFINITIONS

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

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

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

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

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

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

Insured
The person whose life is insured by this policy.

Policy Anniversary
The same day and month as the Policy Date each year that the policy remains In Force.

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

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

1. the Basic Amount of insurance shown under Policy Data; plus
2. any additional amount provided by rider or endorsement; plus
3. any part of the premiums paid for coverage beyond the Insured's date of death, unless the premiums are being waived; minus
4. if the Insured died after the policy entered the grace period but while insurance coverage is still In Force, the amount of unpaid premium.

Terminate
This policy is no longer In Force. All insurance coverage under this policy has stopped.

We, Our, Us
RiverSource Life Insurance Company

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

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

THE INSURANCE CONTRACT

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

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

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

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

While this policy is contestable, We, on the basis of a misstatement or misrepresentation material to the risk accepted or hazard assumed, made in the application, may rescind or reform this policy or We may deny a claim.

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

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

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

Policy Change
If We agree, You may have riders or benefits added to Your policy. We may also allow You to change the Basic Amount of insurance shown under Policy Data. If You wish to make a change, please contact Us. If the change is acceptable to Us, We will tell You what We will need to process Your request.

Policy Termination
This policy will Terminate and all coverage will end on the earliest of the following:
1. the Expiry Date, shown under Policy Data; or
2. the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage Terminate; or
3. the end of the grace period; or
4. the date of death of the Insured.

If You request Termination of this policy, We will refund the pro-rata portion of any premiums paid for the period beyond the effective date of Termination.

Your Written Request to Terminate coverage will be effective as of the date Your Written Request was signed, or a later date if specified in Your request, as long as We receive Your request within 14 days after the date Your request was signed, subject to any action taken or payment made by Us before We received Your request. If Your request is not received within 14 days after the date Your request was signed, it will take effect as of the date We receive Your request. If We accept a request for Termination by other than Written Request, it will be effective as of the date We receive Your request, or a later date if specified in Your request.

OWNER AND BENEFICIARY

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

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

Changing Ownership of this Policy
You can change the ownership of this policy by Written Request on a form satisfactory to Us. A successor owner may also be changed in this same way. The change must be made while the Insured is living. Once the change is received by Us, it will take effect as of the date Your request was signed, or a later date if specified in Your request, subject to any action taken or payment made by Us before We received the change.

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

Change of Beneficiary By Owner
You may change the beneficiary anytime while the Insured is living by Written Request on a form satisfactory to Us. Once the change is received by Us, it will take effect as of the date Your request was signed, or a later date if specified in Your request, subject to any action taken or payment made by Us before We received the change.

Assigning the Policy as Collateral
While the Insured is living, You can assign this policy or any interest in it by Written Request on a form satisfactory to Us. Your interest and the interest of any beneficiary is subject to the interest of the assignee. An assignment is not a change of ownership and an assignee is not an owner as these terms are used in this policy. Any policy Proceeds payable to the assignee will be paid in a single sum.

A copy of any assignment must be submitted to Us. Any assignment, unless otherwise specified by You, shall take effect as of the date the assignment was signed, subject to any action taken or payment made by Us before We received the assignment. We are not responsible for the validity of any assignment.

PREMIUMS

Payment of Premiums
Your first premium is due on or before the Policy Date. It must be received by Us before the policy can become effective, and no insurance will take effect until this amount is paid. All premiums after the first are payable on or before their due date. Premiums must be paid or mailed to Us at Our home office or to an authorized agent. We will give You a receipt if You request one.

The Guaranteed Maximum Annual Premiums due each year for this policy are shown under Policy Data.

Premiums May Change
We reserve the right to change the premiums due for this policy after the first policy year.

Premiums will never exceed the Guaranteed Maximum Annual Premiums due each year for this policy shown under Policy Data.

Any change in premiums will be determined by Us based on Our expectations of future mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions.

Any change in premiums will apply to all individuals of the same issue age and risk classification as the Insured and whose policies have been In Force for the same period of time. Changes in the Insured's health or occupation will not affect premiums.

Premiums may not be changed any more frequently than annually. Premiums for any riders shown under Policy Data will not change.

Frequency of Premium Payments
You may choose one of the following intervals to pay Your premiums:
1. Annual - Your premium will be due once a year on each Policy Anniversary date;
2. Semiannual - Your premium will be due every six months;
3. Quarterly - Your premium will be due every three months.

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

Grace Period
To keep this policy In Force, You must pay all premiums due shown under Policy Data, or until the death of the Insured, if earlier. However, there is a 31 day grace period for all premiums except the first one.

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

If the Insured dies during the 31 day grace period, We will deduct the unpaid premium to determine the policy Proceeds payable.

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

Reinstatement
If the policy Terminated due to non-payment of premiums, You may apply to reinstate this policy at any time within 3 years of the end of the grace period. In order to reinstate this policy, three requirements must be met. They are:
1. You must submit a Written Request on a form satisfactory to Us, to reinstate the policy; and
2. You must provide evidence of insurability of the Insured satisfactory to Us; and
3. full payment of all past due premiums with compound interest at 6% per year.

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

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

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

CONVERSION TO ANOTHER PLAN OF INSURANCE

Conversion Requirements

The Conversion provision under Policy Data will state if this policy is eligible for conversion.

If the policy is eligible for conversion, this policy may be converted to a new permanent life insurance policy on the life of the Insured in accordance with the requirements shown below:

1. You must submit a Written Request to Us;
2. the Written Request must be signed by You on or before the Conversion Expiry Date shown under Policy Data;
3. the Written Request must be received by Us no later than 14 days after the Conversion Expiry Date;
4. the date we receive Your Written Request is the conversion date;
5. You must pay all premiums which are due on this policy before the conversion date;
6. You must pay the first premium on the new policy, which will be based on the Insured's issue age and sex on the conversion date. The Insured's Risk Classification under this policy shown under Policy Data will be the Insured's risk classification under the new policy. If the Insured's Risk Classification under this policy is no longer available, a comparable risk classification then offered by Us on the conversion date will be used. We will use Our table of rates then in effect for the new policy.

Terms of the New Policy

The new policy is subject to the following:

1. the first premium for the new policy must be paid within 31 days after the conversion date for the new policy to become effective;
2. evidence of insurability is not required;
3. the maximum amount of insurance on the new policy may not exceed the Basic Amount of insurance shown under Policy Data on the conversion date;
4. the new policy will be a permanent plan of life insurance as offered by Us on the conversion date for conversions of term insurance;
5. the new policy's policy date and issue age will be determined based on the conversion date;
6. the incontestability and suicide exclusion provision periods of the new policy for the amount of insurance converted from this policy to the new policy will be measured from the Policy Date of this policy;
7. if a Waiver of Premium Rider attached to this policy is In Force, a waiver of premium or waiver of monthly deduction rider, if any, as offered by Us on the conversion date for conversions of term insurance may be attached to the new policy, if available for the issue age of the Insured on the new policy. Other riders, however, may be attached to the new policy only upon evidence of insurability that is satisfactory to Us;
8. coverage under this policy Terminates when coverage under the new policy begins;
9. if premiums are being waived under the terms of a Waiver of Premium Rider attached to this policy as of the Conversion Expiry Date, this policy will automatically be converted. This automatic conversion will apply only for a Total Disability that begins before the Insured's Attained Insurance Age 60 Anniversary. The new policy will be a permanent plan of life insurance as offered by Us on the Conversion Expiry Date for conversions of term insurance when premiums are being waived on the Conversion Expiry Date. A waiver of premium or waiver of monthly deduction rider as offered by Us on the Conversion Expiry Date for conversions of term insurance when premiums are being waived on the Conversion Expiry Date will be attached to the new policy. Other riders, however, may be attached to the new policy only upon evidence of insurability that is satisfactory to Us.

Premium Credit

If the policy is eligible for conversion, the Conversion provision under Policy Data will state if this policy is eligible for a Premium Credit.

If the policy is eligible for a Premium Credit, upon conversion during the Premium Credit Conversion Period shown under Policy Data, We will allow a credit that will be applied towards premiums due in the first policy year on the new policy. ~~The amount of the credit is the Premium Credit Amount shown under Policy Data.~~ If the new policy's amount of insurance is the same as the Basic Amount of insurance shown under Policy Data on the conversion date, the amount of the credit is the Premium Credit Amount shown under Policy Data. If the new policy's amount of insurance is less than the Basic Amount of insurance shown under Policy Data on the conversion date, then the amount of the credit is the ratio of the new policy's amount of insurance to the Basic Amount of insurance shown under Policy Data on the conversion date, multiplied by the Premium Credit Amount shown under Policy Data. Premiums for any riders are not included.

PAYMENT OF POLICY PROCEEDS

Payment of Proceeds
If the Insured dies while this policy is In Force, We will pay the Proceeds to the beneficiary.

The Proceeds will be paid in a single sum unless a payment option has been selected. The date on which the Proceeds are paid in a lump sum or first placed under a payment option is the settlement date. The Proceeds will be paid upon Our receipt of the following:

1. due proof of death; and
2. information sufficient to determine Our liability and the appropriate payee legally entitled to the Proceeds; and
3. if Proceeds depend on the action of parties other than Us, the date that legal impediments to payment are resolved and sufficient evidence is provided to Us.

Proceeds shall accrue interest at the Option A Interest Rate, shown under Policy Data in the Payment of Policy Proceeds Option Tables, from the date of death to the settlement date, or as required by the state in which this policy is delivered.

Payment Options Other Than a Single Sum
During the Insured's lifetime, You may request in writing that We pay the Proceeds under one or more of the payment options shown below or change a prior election. You may elect other payment options not shown if We agree.

However, unless We agree otherwise, a payment option may be selected only if the payments are to be made to a natural person in that person's own right. Also, the amount of Proceeds placed under a payment option must be at least $5,000.

Option A - Interest Payments
This option provides for payment of interest on the Proceeds placed under this option at the Option A Interest Rate, shown under Policy Data in the Payment of Policy Proceeds Option Tables, per year compounded annually. We will make regular interest payments at intervals and for a period that is agreeable to both You and Us. At the end of any payment interval, a withdrawal of Proceeds may be made in amounts of at least $100. At any time, all of the Proceeds that remain may be withdrawn or placed under a different payment option approved by Us.

Option B - Payments for a Specified Period
This option provides for monthly payments for a specified number of years. The amount of each monthly payment for each $1,000 placed under this option is shown under Policy Data in the Option B Table in the Payment of Policy Proceeds Option Tables.

Monthly payments for a number of years not shown but offered by Us will be furnished upon request.

Option C - Lifetime Income
This option provides for monthly payments for the life of the person (the payee) who is to receive the income. Payments will be guaranteed for either 5, 10, or 15 years. The amount of each monthly payment for each $1,000 placed under this option will be based on Our table of settlement rates in effect at the time of the first payment. The amounts will not be less than those in the Option C Table, shown under Policy Data in the Payment of Policy Proceeds Option Tables, for the sex and age of the payee on the due date of the first payment.

Monthly income amounts for any age or beginning year not shown in the Option C Table will be furnished upon request.

Options B and C
The monthly payments will not be less than that which would be provided if a single payment immediate annuity contract then offered by Us to annuitants in the same class were to be purchased for the amount of the Proceeds payable as of the date of the Insured's death.

Beneficiary Request of Payment Option
After the Insured's death but before any Proceeds are paid, the beneficiary may select a payment option by Written Request on a form satisfactory to Us.

However, You may provide that the beneficiary will not be permitted to change the payment option You have selected.

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

Term to Age 95 Life Insurance Policy

- **Proceeds are payable upon the Insured's death on or before the Expiry Date.**
- **Premiums are level for the Level Premium Period and increase annually thereafter.**
- **Premiums may change subject to the Premiums May Change provision.**
- **Premiums are payable during the lifetime of the Insured until the Expiry Date.**
- **This Policy is nonparticipating. No dividends are payable.**
- **This policy has no cash value.**
- **This policy is convertible on or before the Conversion Expiry Date of November 15, 2016**

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

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)
01/19/2012	Form	Term to Age 95 Life Insurance Policy	02/02/2012	132371-AR v2.pdf (Superceded)
01/19/2012	Supporting Document	Flesch Certification	02/02/2012	Readability Certification AR.pdf (Superceded)
01/19/2012	Supporting Document	Life & Annuity - Acturial Memo	01/25/2012	Term AM 2011- AR.pdf (Superceded) Term WP AM Dec 2011.pdf Term CIR AM Dec 2011.pdf Term ADB AM Dec 2011.pdf

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

1-800-541-2251

Term to Age 95 Life Insurance Policy

- **Proceeds are payable upon the Insured's death on or before the Expiry Date.**
- **Premiums are level for the Level Premium Period and increase annually thereafter.**
- **Premiums may change subject to the Premiums May Change provision.**
- **Premiums are payable during the lifetime of the Insured until the Expiry Date.**
- **This Policy is nonparticipating. No dividends are payable.**
- **This policy has no cash value.**
- **This policy is convertible on or before the Conversion Expiry Date of November 15, 2016**

Insured: John Doe

Basic Amount: $100,000

Level Premium Period: 10 Years

Policy Number: 9000-1234567

Policy Date: November 15, 2011

Expiry Date: November 14, 2071

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

We promise to pay the Basic Amount of insurance provided by this policy to the beneficiary if We receive proof satisfactory to Us that the Insured died while this policy was In Force. Payment is subject to the terms of this policy.

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

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

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

President:

Secretary:

GUIDE TO POLICY PROVISIONS

Subject	Page
Policy Data	**Schedule of Benefits; Schedule of Premiums / page 3**
Definitions	**Important words and meanings / page 4**
The Insurance Contract	**Entire contract; Policy incontestability; Suicide exclusion; Misstatement of age or sex; Policy change; Policy termination / page 5**
Owner and Beneficiary	**Your rights as owner of this policy; Successor owner; Change of ownership of this policy; Beneficiary receives proceeds paid on the insured's death; Change of beneficiary by owner; Assigning the policy as collateral / page 6**
Premiums	**Payment of premiums; Premiums may change; Frequency of premium payments; Grace period; Reinstatement / page 7**
Conversion to Another Plan of Insurance	**Conversion requirements; Premium credit / page 8**
Payment of Policy Proceeds	**Payment of proceeds; Payment options other than a single sum; Protection against creditors / page 9**
A copy of Your Application	**Attached**
Appropriate Riders, Endorsements, Notices and other papers	**Attached**

DEFINITIONS

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

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

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

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

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

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

Insured
The person whose life is insured by this policy.

Policy Anniversary
The same day and month as the Policy Date each year that the policy remains In Force.

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

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

1. the Basic Amount of insurance shown under Policy Data; plus
2. any additional amount provided by rider or endorsement; plus
3. any part of the premiums paid for coverage beyond the Insured's date of death, unless the premiums are being waived; minus
4. if the Insured died after the policy entered the grace period but while insurance coverage is still In Force, the amount of unpaid premium.

Terminate
This policy is no longer In Force. All insurance coverage under this policy has stopped.

We, Our, Us
RiverSource Life Insurance Company

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

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

THE INSURANCE CONTRACT

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

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

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

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

While this policy is contestable, We, on the basis of a misstatement or misrepresentation material to the risk accepted or hazard assumed, made in the application, may rescind or reform this policy or We may deny a claim.

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

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

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

Policy Change
If We agree, You may have riders or benefits added to Your policy. We may also allow You to change the Basic Amount of insurance shown under Policy Data. If You wish to make a change, please contact Us. If the change is acceptable to Us, We will tell You what We will need to process Your request.

Policy Termination
This policy will Terminate and all coverage will end on the earliest of the following:
1. the Expiry Date, shown under Policy Data; or
2. the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage Terminate; or
3. the end of the grace period; or
4. the date of death of the Insured.

If You request Termination of this policy, We will refund the pro-rata portion of any premiums paid for the period beyond the effective date of Termination.

Your Written Request to Terminate coverage will be effective as of the date Your Written Request was signed, or a later date if specified in Your request, as long as We receive Your request within 14 days after the date Your request was signed, subject to any action taken or payment made by Us before We received Your request. If Your request is not received within 14 days after the date Your request was signed, it will take effect as of the date We receive Your request. If We accept a request for Termination by other than Written Request, it will be effective as of the date We receive Your request, or a later date if specified in Your request.

OWNER AND BENEFICIARY

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

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

Changing Ownership of this Policy
You can change the ownership of this policy by Written Request on a form satisfactory to Us. A successor owner may also be changed in this same way. The change must be made while the Insured is living. Once the change is received by Us, it will take effect as of the date Your request was signed, or a later date if specified in Your request, subject to any action taken or payment made by Us before We received the change.

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

Change of Beneficiary By Owner
You may change the beneficiary anytime while the Insured is living by Written Request on a form satisfactory to Us. Once the change is received by Us, it will take effect as of the date Your request was signed, or a later date if specified in Your request, subject to any action taken or payment made by Us before We received the change.

Assigning the Policy as Collateral
While the Insured is living, You can assign this policy or any interest in it by Written Request on a form satisfactory to Us. Your interest and the interest of any beneficiary is subject to the interest of the assignee. An assignment is not a change of ownership and an assignee is not an owner as these terms are used in this policy. Any policy Proceeds payable to the assignee will be paid in a single sum.

A copy of any assignment must be submitted to Us. Any assignment, unless otherwise specified by You, shall take effect as of the date the assignment was signed, subject to any action taken or payment made by Us before We received the assignment. We are not responsible for the validity of any assignment.

PREMIUMS

Payment of Premiums
Your first premium is due on or before the Policy Date. It must be received by Us before the policy can become effective, and no insurance will take effect until this amount is paid. All premiums after the first are payable on or before their due date. Premiums must be paid or mailed to Us at Our home office or to an authorized agent. We will give You a receipt if You request one.

The Guaranteed Maximum Annual Premiums due each year for this policy are shown under Policy Data.

Premiums May Change
We reserve the right to change the premiums due for this policy after the first policy year.

Premiums will never exceed the Guaranteed Maximum Annual Premiums due each year for this policy shown under Policy Data.

Any change in premiums will be determined by Us based on Our expectations of future mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions.

Any change in premiums will apply to all individuals of the same issue age and risk classification as the Insured and whose policies have been In Force for the same period of time. Changes in the Insured's health or occupation will not affect premiums.

Premiums may not be changed any more frequently than annually. Premiums for any riders shown under Policy Data will not change.

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

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

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

Grace Period
To keep this policy In Force, You must pay all premiums due shown under Policy Data, or until the death of the Insured, if earlier. However, there is a 31 day grace period for all premiums except the first one.

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

If the Insured dies during the 31 day grace period, We will deduct the unpaid premium to determine the policy Proceeds payable.

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

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

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

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

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

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

CONVERSION TO ANOTHER PLAN OF INSURANCE

Conversion Requirements

The Conversion provision under Policy Data will state if this policy is eligible for conversion.

If the policy is eligible for conversion, this policy may be converted to a new permanent life insurance policy on the life of the Insured in accordance with the requirements shown below:

1. You must submit a Written Request to Us;
2. the Written Request must be signed by You on or before the Conversion Expiry Date shown under Policy Data;
3. the Written Request must be received by Us no later than 14 days after the Conversion Expiry Date;
4. the date we receive Your Written Request is the conversion date;
5. You must pay all premiums which are due on this policy before the conversion date;
6. You must pay the first premium on the new policy, which will be based on the Insured's issue age and sex on the conversion date. The Insured's Risk Classification under this policy shown under Policy Data will be the Insured's risk classification under the new policy. If the Insured's Risk Classification under this policy is no longer available, a comparable risk classification then offered by Us on the conversion date will be used. We will use Our table of rates then in effect for the new policy.

Terms of the New Policy

The new policy is subject to the following:

1. the first premium for the new policy must be paid within 31 days after the conversion date for the new policy to become effective;
2. evidence of insurability is not required;
3. the maximum amount of insurance on the new policy may not exceed the Basic Amount of insurance shown under Policy Data on the conversion date;
4. the new policy will be a permanent plan of life insurance as offered by Us on the conversion date for conversions of term insurance;
5. the new policy's policy date and issue age will be determined based on the conversion date;
6. the incontestability and suicide exclusion provision periods of the new policy for the amount of insurance converted from this policy to the new policy will be measured from the Policy Date of this policy;
7. if a Waiver of Premium Rider attached to this policy is In Force, a waiver of premium or waiver of monthly deduction rider, if any, as offered by Us on the conversion date for conversions of term insurance may be attached to the new policy, if available for the issue age of the Insured on the new policy. Other riders, however, may be attached to the new policy only upon evidence of insurability that is satisfactory to Us;
8. coverage under this policy Terminates when coverage under the new policy begins;
9. if premiums are being waived under the terms of a Waiver of Premium Rider attached to this policy as of the Conversion Expiry Date, this policy will automatically be converted. This automatic conversion will apply only for a Total Disability that begins before the Insured's Attained Insurance Age 60 Anniversary. The new policy will be a permanent plan of life insurance as offered by Us on the Conversion Expiry Date for conversions of term insurance when premiums are being waived on the Conversion Expiry Date. A waiver of premium or waiver of monthly deduction rider as offered by Us on the Conversion Expiry Date for conversions of term insurance when premiums are being waived on the Conversion Expiry Date will be attached to the new policy. Other riders, however, may be attached to the new policy only upon evidence of insurability that is satisfactory to Us.

Premium Credit

If the policy is eligible for conversion, the Conversion provision under Policy Data will state if this policy is eligible for a Premium Credit.

If the policy is eligible for a Premium Credit, upon conversion during the Premium Credit Conversion Period shown under Policy Data, We will allow a credit that will be applied towards premiums due in the first policy year on the new policy. The amount of the credit is the Premium Credit Amount shown under Policy Data. Premiums for any riders are not included.

PAYMENT OF POLICY PROCEEDS

Payment of Proceeds
If the Insured dies while this policy is In Force, We will pay the Proceeds to the beneficiary.

The Proceeds will be paid in a single sum unless a payment option has been selected. The date on which the Proceeds are paid in a lump sum or first placed under a payment option is the settlement date. The Proceeds will be paid upon Our receipt of the following:

1. due proof of death; and
2. information sufficient to determine Our liability and the appropriate payee legally entitled to the Proceeds; and
3. if Proceeds depend on the action of parties other than Us, the date that legal impediments to payment are resolved and sufficient evidence is provided to Us.

Proceeds shall accrue interest at the Option A Interest Rate, shown under Policy Data in the Payment of Policy Proceeds Option Tables, from the date of death to the settlement date, or as required by the state in which this policy is delivered.

Payment Options Other Than a Single Sum
During the Insured's lifetime, You may request in writing that We pay the Proceeds under one or more of the payment options shown below or change a prior election. You may elect other payment options not shown if We agree.

However, unless We agree otherwise, a payment option may be selected only if the payments are to be made to a natural person in that person's own right. Also, the amount of Proceeds placed under a payment option must be at least $5,000.

Option A - Interest Payments
This option provides for payment of interest on the Proceeds placed under this option at the Option A Interest Rate, shown under Policy Data in the Payment of Policy Proceeds Option Tables, per year compounded annually. We will make regular interest payments at intervals and for a period that is agreeable to both You and Us. At the end of any payment interval, a withdrawal of Proceeds may be made in amounts of at least $100. At any time, all of the Proceeds that remain may be withdrawn or placed under a different payment option approved by Us.

Option B - Payments for a Specified Period
This option provides for monthly payments for a specified number of years. The amount of each monthly payment for each $1,000 placed under this option is shown under Policy Data in the Option B Table in the Payment of Policy Proceeds Option Tables.

Monthly payments for a number of years not shown but offered by Us will be furnished upon request.

Option C - Lifetime Income
This option provides for monthly payments for the life of the person (the payee) who is to receive the income. Payments will be guaranteed for either 5, 10, or 15 years. The amount of each monthly payment for each $1,000 placed under this option will be based on Our table of settlement rates in effect at the time of the first payment. The amounts will not be less than those in the Option C Table, shown under Policy Data in the Payment of Policy Proceeds Option Tables, for the sex and age of the payee on the due date of the first payment.

Monthly income amounts for any age or beginning year not shown in the Option C Table will be furnished upon request.

Options B and C
The monthly payments will not be less than that which would be provided if a single payment immediate annuity contract then offered by Us to annuitants in the same class were to be purchased for the amount of the Proceeds payable as of the date of the Insured's death.

Beneficiary Request of Payment Option
After the Insured's death but before any Proceeds are paid, the beneficiary may select a payment option by Written Request on a form satisfactory to Us.

However, You may provide that the beneficiary will not be permitted to change the payment option You have selected.

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

Term to Age 95 Life Insurance Policy

- **Proceeds are payable upon the Insured's death on or before the Expiry Date.**
- **Premiums are level for the Level Premium Period and increase annually thereafter.**
- **Premiums may change subject to the Premiums May Change provision.**
- **Premiums are payable during the lifetime of the Insured until the Expiry Date.**
- **This Policy is nonparticipating. No dividends are payable.**
- **This policy has no cash value.**
- **This policy is convertible on or before the Conversion Expiry Date of November 15, 2016**

RiverSource Life Insurance Company
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Minneapolis, MN 55474

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CERTIFICATION OF READABILITY

Forms: Term to Age 95 Life Insurance Policy Form 132371-AR
Waiver of Premium Rider 132372
Children's Level Term Insurance Rider 132373
Accidental Death Benefit Rider132374

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

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

Form 132371-AR	52.8
Form 132372	50.2
Form 132373	57.1
Form 132374	53.1

January 20, 2012

Bonnie Foley

Bonnie Foley
Assistant Secretary
RiverSource Life Insurance Company