

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
Filing Company: RiverSource Life Insurance Company State Tracking Number:  
Company Tracking Number: VUL 5  
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
Product Name: VUL 5  
Project Name/Number: VUL 5/132376

## Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: VUL 5

SERFF Tr Num: AEMN-128285841 State: Arkansas

TOI: L06I Individual Life - Variable

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Sub-TOI: L06I.002 Single Life - Flexible  
Premium

Co Tr Num: VUL 5

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Debbie Berg, Linda Elston, Disposition Date: 06/08/2012

Bonnie Foley, Jeff Pederson, Susan

Schmidt, Cheryl Meyer, Krista Wall

Date Submitted: 04/30/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: VUL 5

Status of Filing in Domicile: Pending

Project Number: 132376

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Domicile state of  
Minnesota included in Interstate Compact  
Filing, submission of 4/5/12 pending approval.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/08/2012

State Status Changed: 06/08/2012

Deemer Date:

Created By: Cheryl Meyer

Submitted By: Cheryl Meyer

Corresponding Filing Tracking Number:

Filing Description:

Submitted Forms:

132376-AR Flexible Premium Variable Adjustable Life Insurance Policy

132376-DP Flexible Premium Variable Adjustable Life Insurance Policy - Data Pages

132377 Waiver of Premium Rider for Total Disability

132378 Waiver of Monthly Deduction Rider for Total Disability

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
Filing Company: RiverSource Life Insurance Company State Tracking Number:  
Company Tracking Number: VUL 5  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: VUL 5  
Project Name/Number: VUL 5/132376  
132379 Children's Level Term Insurance Rider  
132380 Accidental Death Benefit Rider

The above-listed insurance policy and rider forms are submitted for review and approval. This submission contains no unusual or controversial items from the standpoint of normal company or industry standards.

The forms will be marketed through licensed agents and brokers, on an individual basis to the general public. The forms are exempt from illustration requirements. The separate accounts underlying the filing have been authorized by the State of Minnesota.

The submitted policies 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. Juvenile Insureds age 17 and under will always be classified as non-tobacco; we therefore waive our right to contest any response to the smoking status question for applicants age 17 and under in the application. The following risk classifications are available; super preferred non-tobacco, preferred non-tobacco, standard non-tobacco, preferred tobacco, and standard tobacco. The super preferred and preferred risk classifications are available for policies that are \$100,000 and above.

Our current plan is that in the 3rd quarter of 2012 or once approved, the submitted policy and riders will be marketed on an individual basis to the general public by licensed insurance agents using application applications referenced below. Included with this submission are the actuarial memorandums, certifications and other material as required.

#### 132376-AR Flexible Premium Variable Adjustable Life Insurance Policy

Replaced Form: Policy 30061-AR approved 6/16/98, endorsement 132024 approved 8/23/2002 and endorsement 132161 approved 11/29/07

Policy 132376-AR provides flexible premium variable adjustable life insurance. The policy continues until death or surrender. On or after age 120, no further premium payments are allowed except amounts required to keep the policy in force. Issue ages are 0 – 90. The minimum amount which can be applied for is \$50,000. A no-lapse guarantee is available with this policy. If the no-lapse guarantee is in effect, the policy will not terminate even if the cash surrender value is insufficient to pay the monthly deductions.

The following forms will also be used with the policy:

\*Form 132293 Overloan Protection Benefit and Form 132303 Death Benefit Option 3 Endorsement approved 9/28/11 under SERFF Tracking #AEMN-127219818

\*Form 134057 Charitable Giving Benefit Feature approved 8/2/04

\*Form 132172-AR Accelerated Benefit Rider for Chronic Illness approved 4/17/09, SERFF #AERS-126110760.

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
Filing Company: RiverSource Life Insurance Company State Tracking Number:  
Company Tracking Number: VUL 5  
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
Product Name: VUL 5  
Project Name/Number: VUL 5/132376

\*Form 30952 Accelerated Benefit Rider for Terminal Illness approved 4/21//87

\*Form 30965 Automatic Increase Benefit Rider approved 3/12/97

\*Form 30535 Aviation Exclusion Rider approved 5/8/80

\*Form 30534 Aviation and War Exclusion Rider approved 5/8/80

\*Application forms 134851, 133081 and 132263 approved 2/17/10 and application form 134886 with E-signature form 131244 approved 10/28/11

#### 132377 Waiver of Premium Rider for Total Disability

Replaced Form: Rider 134061 approved on 12/16/2004

The Waiver of Premium Rider for Total Disability 132377 will be attached to policy form 132376-AR when selected by the owner at issue or at a later date. We will waive a specified premium, or waive the monthly deductions if higher, until the insured's age 120 anniversary if total disability begins before the insured's age 60 anniversary. If total disability begins on or after the insured's age 60 anniversary, payment of a specified premium, or waiver of monthly deductions if higher, is made until the greater of: 1) the insured's age 65 anniversary; or 2) 2 years following the date total disability began. The rider also includes a limited benefit for waiver due to unemployment.

#### 132378 Waiver of Monthly Deduction Rider for Total Disability

Replaced Form: Rider 134067 approved on 12/16/2004

The Waiver of Monthly Deduction Rider for Total Disability form 132378 will be attached to policy form 132376-AR when selected by the owner at issue or at a later date. We will waive the monthly deductions for the policy, until the insured's age 120 anniversary if total disability begins before the insured's age 60 anniversary. If total disability begins after the insured's age 60 anniversary, waiver of monthly deductions for the policy is made until the greater of: 1) the insured's age 65 anniversary; or 2) 2 years following the date total disability began. The rider also includes a limited benefit for waiver due to unemployment.

#### 132379 Children's Level Term Insurance Rider

Replaced Form:30590 approved 4/21/87

The Children's Insurance Rider 132379 will be attached to policy form 132376-AR 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.

#### 132380 Accidental Death Benefit Rider

Replaced Form: 30593-AR approved 1/18/94

The Accidental Death Benefit Rider 132380 will be attached to policy form 132376-AR 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.

To the best of our knowledge and belief, these forms comply with the applicable standards of your state. Please call or

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
 Filing Company: RiverSource Life Insurance Company State Tracking Number:  
 Company Tracking Number: VUL 5  
 TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
 Product Name: VUL 5  
 Project Name/Number: VUL 5/132376

email me if I can provide any further information to aid your review.

State Narrative:

## Company and Contact

### Filing Contact Information

Cheryl Meyer, Sr. Contract Analyst Cheryl.D.Meyer@ampf.com  
 9550 Ameriprise Financial Center 612-671-5583 [Phone]  
 H25/9550 612-671-3866 [FAX]  
 Minneapolis, MN 55474

### Filing Company Information

RiverSource Life Insurance Company CoCode: 65005 State of Domicile: Minnesota  
 9550 Ameriprise Financial Center Group Code: 4 Company Type: Life  
 H25/9550 Group Name: State ID Number:  
 Minneapolis, MN 55474 FEIN Number: 41-0823832  
 (612) 671-2465 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$300.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form or \$250 for domicile state of MN. Paying the higher of the two at \$300  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	\$300.00	04/30/2012	58800195

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
 Filing Company: RiverSource Life Insurance Company State Tracking Number:  
 Company Tracking Number: VUL 5  
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: VUL 5  
 Project Name/Number: VUL 5/132376

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/08/2012	06/08/2012

### 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	05/08/2012	05/08/2012	Cheryl Meyer	06/07/2012	06/07/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Cheryl Meyer	05/04/2012	05/04/2012

*SERFF Tracking Number:*      *AEMN-128285841*                      *State:*                      *Arkansas*  
*Filing Company:*              *RiverSource Life Insurance Company*              *State Tracking Number:*  
*Company Tracking Number:*      *VUL 5*  
*TOI:*                      *L06I Individual Life - Variable*              *Sub-TOI:*                      *L06I.002 Single Life - Flexible Premium*  
*Product Name:*              *VUL 5*  
*Project Name/Number:*              *VUL 5/132376*

## **Disposition**

Disposition Date: 06/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
 Filing Company: RiverSource Life Insurance Company State Tracking Number:  
 Company Tracking Number: VUL 5  
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: VUL 5  
 Project Name/Number: VUL 5/132376

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Various Risk Class Data Pages		No
Supporting Document	Statement of Variability		No
Supporting Document	132376-AR red line		No
Supporting Document	Certification		No
Form ( <i>revised</i> )	Flexible Premium Variable Adjustable Life Insurance Policy		No
Form	Flexible Premium Variable Adjustable Life Replaced Insurance Policy		No
Form	Flexible Premium Variable Adjustable Life Insurance Policy - Data Pages		No
Form	Waiver of Premium Rider for Total Disability		No
Form	Waiver of Monthly Deduction Rider for Total Disability		No
Form	Children's Level Term Insurance Rider		No
Form	Accidental Death Benefit Rider		No

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
Filing Company: RiverSource Life Insurance Company State Tracking Number:  
Company Tracking Number: VUL 5  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: VUL 5  
Project Name/Number: VUL 5/132376

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/08/2012  
Submitted Date 05/08/2012  
Respond By Date 06/08/2012

Dear Cheryl Meyer,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

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.

Filings of variable life insurance contracts should be accompanied by an assurance that Regulation 33, in particular Articles VI, VII, IX and XI, has been reviewed and that the company is in compliance.

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

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
Filing Company: RiverSource Life Insurance Company State Tracking Number:  
Company Tracking Number: VUL 5  
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
Product Name: VUL 5  
Project Name/Number: VUL 5/132376

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/07/2012  
Submitted Date 06/07/2012

Dear Linda Bird,

### Comments:

Thank you for the letter of 5/8/12.

### Response 1

Comments: Please see the attached certification. In addition, please note that we amended form 132376-AR to remove references to the interstate compact and we inserted the clause "at any time before the Insured's death" to the Partial Surrender provision on page 18 and to the Borrowing Money on this Policy provision on page 19. We have included a red line document with the changes for your reference.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

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.

Filings of variable life insurance contracts should be accompanied by an assurance that Regulation 33, in particular Articles VI, VII, IX and XI, has been reviewed and that the company is in compliance.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: 132376-AR red line

Comment:

Satisfied -Name: Certification

Comment:

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
 Filing Company: RiverSource Life Insurance Company State Tracking Number:  
 Company Tracking Number: VUL 5  
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: VUL 5  
 Project Name/Number: VUL 5/132376

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Flexible Premium Variable Adjustable Life AR Insurance Policy	132376-		Policy/Contract/Fraternal Certificate	Initial			132376-AR VUL 5 6-7-12 prt pdf.pdf
<b>Previous Version</b>							
Flexible Premium Variable Adjustable Life AR Insurance Policy	132376-		Policy/Contract/Fraternal Certificate	Initial			132376-AR VUL 5 4-30-12 prt pdf.pdf

No Rate/Rule Schedule items changed.

Thank you for working with us to complete this filing. If you should have any questions, please let us know.

Sincerely,

Bonnie Foley, Cheryl Meyer, Debbie Berg, Jeff Pederson, Krista Wall, Linda Elston, Susan Schmidt

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
Filing Company: RiverSource Life Insurance Company State Tracking Number:  
Company Tracking Number: VUL 5  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: VUL 5  
Project Name/Number: VUL 5/132376

**Amendment Letter**

Submitted Date: 05/04/2012

**Comments:**

With apologies, the statement of variability was inadvertently not attached. We have attached it via this amendment.

Best Regards,

Cheryl Meyer

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statement of Variability**

Comment:

VUL5 SOV-AR.pdf

VUL5 DP SOV.pdf

VUL5 ADB SOV.pdf

VUL5 CIR SOV.pdf

VUL5 WMD SOV.pdf

VUL5 WOP SOV.pdf

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
 Filing Company: RiverSource Life Insurance Company State Tracking Number:  
 Company Tracking Number: VUL 5  
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: VUL 5  
 Project Name/Number: VUL 5/132376

## Form Schedule

### Lead Form Number: 132376-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	132376-AR	Policy/Cont Flexible Premium ract/Fratern Variable Adjustable al Life Insurance Policy Certificate	Initial			132376-AR VUL 5 6-7-12 prt pdf.pdf
	132376-DP	Data/Declar Flexible Premium ation Pages Variable Adjustable Life Insurance Policy - Data Pages	Initial			132376-DP Base John Doe 4-12.pdf
	132377	Policy/Cont Waiver of Premium ract/Fratern Rider for Total al Disability Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			132377 WP 4-12.pdf
	132378	Policy/Cont Waiver of Monthly ract/Fratern Deduction Rider for al Total Disability Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			132378 WMD 4-12.pdf
	132379	Policy/Cont Children's Level ract/Fratern Term Insurance al Rider Certificate: Amendmen	Initial			132379 CIR 4-12.pdf

<i>SERFF Tracking Number:</i>	AEMN-128285841	<i>State:</i>	Arkansas
<i>Filing Company:</i>	RiverSource Life Insurance Company	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	VUL 5		
<i>TOI:</i>	L06I Individual Life - Variable	<i>Sub-TOI:</i>	L06I.002 Single Life - Flexible Premium
<i>Product Name:</i>	VUL 5		
<i>Project Name/Number:</i>	VUL 5/132376		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
132380	Policy/Cont Accidental Death	Initial	132380 ADB
	ract/Fratern Benefit Rider		4-12.pdf
	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		

**RiverSource Life Insurance Company**

70100 Ameriprise Financial Center  
Minneapolis, MN 55474



1-800-541-2251

**FLEXIBLE PREMIUM VARIABLE ADJUSTABLE LIFE INSURANCE POLICY**

- Policy continues until death, surrender, or lapse.
- Death benefit payable at Insured's death.
- Flexible premiums payable as provided herein.
- This policy is nonparticipating. Dividends are not payable.

Insured: John Doe

Policy Number: 9090-1234567

Policy Date: May 1, 2012

Issue Age: 35

Initial Specified Amount: 100,000

Initial Death Benefit Option: Option 1

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

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

In consideration of Your application and payment of the initial premium We issue this policy and We promise to pay the death benefit less Indebtedness described in this policy to the beneficiary if We receive proof satisfactory to Us that the Insured died while this policy was In Force.

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

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

**The amount and duration of the death benefit of this policy may increase or decrease as described herein depending on the investment experience of the Subaccounts.**

President:

**The Policy Value of this policy may increase or decrease daily depending on the investment experience of the Subaccounts. There is no guaranteed minimum Policy Value.**

Secretary:

# GUIDE TO POLICY PROVISIONS

<b>Policy Data</b>	Premium Information; Interest and Loan Information; Fees and Deductions; Table of Surrender Charges; Policy Value Credit; Life Insurance Qualification Test; Schedule of Benefits and Riders; Investment Options; Initial Premium Allocations; Payment of Policy Proceeds Option Tables; CSO Mortality Table / Page 3
<b>DEFINITIONS</b>	Important words and meanings / Page 4
<b>THE INSURANCE CONTRACT</b>	Entire Contract; Policy Incontestability; Suicide Exclusion; Misstatement of Insured's Age or Sex; Voting Rights; Policy Termination; Tax Treatment of this Policy / Page 6
<b>OWNER AND BENEFICIARY</b>	Your Rights as Owner of this Policy; Successor Owner; Changing Ownership of this Policy; Proceeds Paid to the Beneficiary upon Death of the Insured; Change of Beneficiary by Owner; Assigning this Policy as Collateral / Page 8
<b>PREMIUMS</b>	Premium Payments; Initial Premium; Scheduled Premium; Unscheduled Premium Payments; Restrictions of Premium Payments; Premium Processing; Grace Period; Minimum Initial Premium Guarantee; No-Lapse Guarantee; Reinstatement / Page 9
<b>DEATH BENEFITS</b>	Death Benefit Prior to or on the Insured's Attained Insurance Age 120 Anniversary; Death Benefit Options; Death Benefit After the Insured's Attained Insurance Age 120 Anniversary; Proceeds Payable at Insured's Death; Life Insurance Qualification Test; Disclosure / Page 13
<b>POLICY CHANGE</b>	Request to Change Benefits; Rules for Changing the Specified Amount; Decreases of the Specified Amount; Increases of the Specified Amount; Changes to the Death Benefit Option / Page 14
<b>POLICY VALUES</b>	Policy Value; Fixed Account Value; Variable Account Value; Monthly Deduction; Policy Fee; Administrative Charge; Cost of Insurance; Mortality and Expense Risk Charge; Basis Used for Policy Values; Policy Value Credit; Receiving Information About the Values of this Policy / Page 15
<b>POLICY SURRENDER</b>	Policy Surrender; Partial Surrender; Rules for a Partial Surrender; Payment of a Surrender / Page 18
<b>POLICY LOANS</b>	Borrowing Money on this Policy; Maximum Loan Value of this Policy; Interest Rate for a Policy Loan; Loan Repayment; Failure to Repay a Loan; Payment of a Loan / Page 19
<b>SUBACCOUNTS</b>	Investments of the Subaccounts; Subaccount Value; Subaccount Accumulation Units; Subaccount Accumulation Unit Value; Determination of Net Investment Factor; Change of Investments of the Subaccounts; Transfers Among the Subaccounts and the Fixed Account; Subaccount Transfer at the Insured's Attained Insurance Age 120 Anniversary / Page 20
<b>PAYMENT OF POLICY PROCEEDS</b>	Payment of Proceeds upon Death of the Insured; Payment Options Other Than a Single Sum; Option A – Interest Payments; Option B – Payments for a Specified Period; Option C – Lifetime Income; Beneficiary Request of Payment Option / Page 22

# DEFINITIONS

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

## **Accumulation Unit**

An accounting unit used to calculate the Variable Account Value. It is a measure of the net investment results of each of the Subaccounts.

## **Age Anniversary**

An Age Anniversary is the Policy Anniversary on which the Insured becomes a certain 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.

## **Cash Surrender Value**

The policy Proceeds if the policy is surrendered in full. It is the Policy Value minus any Indebtedness, minus surrender charges shown under Policy Data.

## **Fixed Account**

Our general investment account. It is made up of Our assets other than those held in any segregated asset account.

## **Fixed Account Value**

The portion of the Policy Value that is allocated to the Fixed Account including Indebtedness

## **Indebtedness**

All existing loans on this policy plus policy loan interest which has either been accrued or added to the policy loan.

## **In Force**

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

## **Insurance Age**

The Insurance Age of the Insured on the Policy Date is the issue age shown under Policy Data. It is the age We determine from the date of birth listed on the application, and is the age on the birthday nearest to the application date.

## **Insured**

The person whose life is insured by this policy.

## **Monthly Date**

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

## **Net Premium**

The portion of a premium paid that is credited to the policy as described in the Policy Values section. It is the premium paid minus the premium expense charge. We reserve the right to change the current premium expense charge based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed premium expense charge shown under Policy Data.

## **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 and policy months are determined. Your Policy Date is shown under Policy Data.

## **Policy Value**

The Fixed Account Value plus the Variable Account Value.

**Proceeds**

Proceeds means the amount payable under this policy as follows:

1. upon death of the Insured, Proceeds will be the death benefit minus any Indebtedness, as of the date of the Insured's death;
2. upon surrender of the policy, the Proceeds will be the Cash Surrender Value.

**Pro-Rata Basis**

Method for allocating amounts to the Fixed Account and to each of the Subaccounts. It is proportionate to the value (minus any Indebtedness in the Fixed Account) that each bears to the total Policy Value, minus Indebtedness.

**Specified Amount**

An amount used to determine the death benefit and the Proceeds payable upon death of the Insured. The initial Specified Amount is shown under Policy Data.

**Subaccounts**

Each Subaccount is a separate investment division of the Variable Account and invests in a particular portfolio or fund as shown under Policy Data.

**Terminate**

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

**Valuation Date**

Any day on which the New York Stock Exchange is open for trading, or any other day on which there is a sufficient degree of trading in the investments of the Subaccounts such that the current value might be materially affected.

**Valuation Period**

The interval of time commencing at the close of business on each Valuation Date and ending at the close of business on the next Valuation Date.

**Variable Account Value**

The sum of the values of the Subaccounts under this policy.

**Variable Account**

RiverSource Variable Life Separate Account established under Minnesota law as a segregated asset account of Ours. We have allocated to the Variable Account a part of Our assets for this and certain other policies. Such assets remain Our property. They cannot be charged, however, with liabilities from any other business in which We may take part.

**We, Our, Us**

RiverSource Life Insurance Company

**Written Request**

A request in writing signed by You, and acceptable 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 attached application, and any attached supplemental applications, endorsements and 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. None of Our representatives or other persons has the authority to change or waive any of Our rights or requirements under this policy.

In issuing this policy, We have relied upon the application. The statements made in the application are considered, in the absence of fraud, representations and not warranties. No statements made in connection with the application will be used by Us to void the policy or to deny a claim unless that statement is part of the application.

After the Policy Date, applications for an increase of the Specified Amount will be attached to and made a part of this policy and will form part of the entire contract.

Any statement concerning tobacco status will be attached to and made a part of this policy and will form part of the entire contract.

## Policy Incontestability

After this policy has been In Force during the Insured's lifetime for two 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 and We may deny a claim.

Any increase in Specified Amount which requires proof of insurability will be incontestable only after such amount has been In Force during the Insured's lifetime for two years from the effective date of such amount.

If within two years from the effective date of the Insured's reclassification as nontobacco We find that the Insured's tobacco status has been misstated, and it is discovered on or after the death of the Insured, the Proceeds payable upon death will be:

1. the Policy Value on the date of death; plus
2. the amount of insurance that the cost of insurance on the Insured, which was deducted from the Policy Value for the policy month during which such death occurred, would have purchased using the cost of insurance rates for the correct tobacco status; minus
3. any Indebtedness on the date of death.

If within two years from the effective date of the Insured's reclassification as nontobacco We find that the Insured's tobacco status has been misstated, and it is discovered before the death of the Insured:

1. the Specified Amount will be adjusted to the amount it would have been had the cost of insurance, on the Monthly Date immediately preceding the date the misstatement is discovered, been based on the Insured's correct tobacco status. The adjustment will take effect on the Monthly Date on or next following the date such misstatement is discovered; and
2. the monthly deduction will then be based on the Insured's correct tobacco status beginning on the Monthly Date on or next following the date such misstatement is discovered.

## Suicide Exclusion

Suicide by the Insured, whether sane or insane, within two years from the Policy Date is not covered by this policy. In this event the only amount payable by Us to the beneficiary will be the premiums which You have paid, minus any Indebtedness and partial surrenders.

If the Insured commits suicide whether sane or insane within two years from the effective date of:

1. any increase in Specified Amount which requires proof of insurability; or
2. any rider attached to this policy;

then the amount payable by Us with respect to the increased coverage or rider benefit will be limited to the monthly deductions for such additional Specified Amount or rider on the life of the Insured.

## Misstatement of Insured's Age or Sex

If the Insured's age or sex has been misstated, and it is discovered on or after the death of the Insured, the Proceeds payable upon death will be:

1. the Policy Value on the date of death; plus
2. the amount of insurance that the cost of the insurance on the Insured, which was deducted from the Policy Value for the policy month during which such death occurred, would have purchased had the cost of the insurance been calculated using the cost of insurance rates for the correct age and sex; minus
3. any Indebtedness on the date of death.

If the Insured's age or sex has been misstated and it is discovered before the death of the Insured:

1. the Specified Amount will be adjusted to the amount it would have been had the cost of insurance, on the Monthly Date immediately preceding the date the misstatement is discovered, been based on the Insured's correct age and sex. The adjustment will take effect beginning on the Monthly Date on or next following the date such misstatement is discovered; and
2. the monthly deduction will then be based on the Insured's correct age and sex beginning on the Monthly Date on or next following the date such misstatement is discovered.

## Voting Rights

All policy owners with Variable Account Values will have voting rights. So long as federal law requires, You may have the right to vote at shareholder meetings. If You have voting rights, We will send You a notice of the time and place of any such meetings. The notice will explain matters to be voted upon and how many votes You will have.

## Policy Termination

This policy will Terminate on the earliest of the following:

1. the date You request, by Written Request or other requests acceptable to Us, that coverage ends; or
2. the date You surrender the policy in full; or
3. the end of the grace period; or
4. the date of death of the Insured.

Your Written Request to Terminate coverage will be effective as of the date We receive Your Written Request, or a later date if specified in 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.

## Tax Treatment of this Policy

This policy is intended to qualify for treatment as a life insurance policy under Sections 72, 101, 7702, and other relevant sections of the Internal Revenue Code as they now exist or may later be amended. We reserve the right to endorse this policy to comply with:

1. future changes in the Internal Revenue Code;
2. any regulations or rulings issued under the Internal Revenue Code; and
3. any other requirements imposed by the Internal Revenue Service;

with respect to remaining qualified for treatment as a life insurance policy under these Internal Revenue Code sections.

If endorsed, We will provide the owner with a copy of any such endorsement.

We reserve the right to decline any change that would cause this policy to lose its ability to be tested for federal income tax purposes under the CSO mortality tables shown under Policy Data.

# 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 provided 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.

## **Proceeds Paid to Beneficiary upon Death of the Insured**

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. Only those beneficiaries who are living at the Insured's death may share in the Proceeds. If no beneficiary survives the Insured, 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.

If an irrevocable beneficiary is on record, such beneficiary cannot be changed without the written consent of the irrevocable beneficiary.

## **Assigning this 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

## Premium Payments

There are three types of premium payments that apply to this policy:

1. the initial premium;
2. scheduled premiums; and
3. unscheduled premiums.

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. A check or draft given for all or part of a premium, unless paid upon its presentation to the bank or person drawn on, shall not be considered payment.

We reserve the right to require evidence of insurability or limit the amount of any premium payment that would result in more than a dollar for dollar increase in the death benefit.

## Initial Premium

The initial premium is the premium due on or before the Policy Date. The initial premium payment must be received by Us before the policy can become effective, and no insurance will take effect until this amount is paid.

## Scheduled Premium

The scheduled premium is the premium shown under Policy Data. It is payable at the stated interval which You selected in the application. However, no scheduled premium may be paid on or after the Insured's Attained Insurance Age 120 Anniversary except amounts required to keep the policy In Force under the grace period provision.

The scheduled premium will serve only as an indication of Your preference as to the probable future amount and frequency of payments. You may change the amount or frequency at any time by Written Request or other requests acceptable to Us. We reserve the right to limit the amount of any increase in scheduled premium if there is Indebtedness on this policy.

Scheduled premiums may be paid annually, semi-annually, or quarterly. Payment at any other interval must be approved by Us. Any scheduled premium payment must be at least \$25.

## Unscheduled Premium Payments

You can make additional premium payments of at least \$25 at any time prior to the Insured's Attained Insurance Age 120 Anniversary. After that, We will only accept amounts required to keep the policy In Force under the grace period provision. We reserve the right to limit the number and amount of unscheduled premium payments if there is Indebtedness on this policy.

## Restrictions of Premium Payments

This policy is intended to qualify for treatment as a life insurance policy under Sections 72, 101, 7702, and other relevant sections of the Internal Revenue Code as they now exist or may later be amended.

We reserve the right to refuse premiums and return them with interest, unless the premium is necessary to continue coverage, if such premiums would disqualify this policy from:

1. treatment as a life insurance policy under Internal Revenue Code Sections 72, 101, and 7702; or
2. favorable tax treatment under Internal Revenue Code Sections 72 and 101.

## Premium Processing

The Net Premium is allocated to the Fixed Account and the Subaccounts according to Your premium allocation percentages in effect. You may choose any whole percentage for the Fixed Account and each Subaccount from 0% to 100%. The sum of Your premium allocation percentages must equal 100%. You may change the premium allocation percentages at any time by Written Request or other requests acceptable to Us.

Net Premiums received before the Policy Date will initially be allocated to the Fixed Account. On the Policy Date, the Policy Value will be transferred to the Subaccounts or remain in the Fixed Account in accordance with Your premium allocation percentages. For any premium received on or after the Policy Date, the Net Premium will be allocated in accordance with Your premium allocation percentages in effect.

## Grace Period

If on a Monthly Date the Cash Surrender Value is less than the monthly deduction for the policy month following such Monthly Date, and neither the no-lapse guarantee nor the minimum initial premium guarantee is in effect, a grace period of 61 days will begin.

The grace period will give You time to make a premium payment or loan repayment sufficient to continue Your coverage. At least 30 days prior to Termination, We will mail to Your last known address, and to any assignee of record, a notice as to the payment needed.

The premium payment or loan repayment needed will be the lesser of:

1. an amount so that the Cash Surrender Value is sufficient to pay any overdue monthly deductions, plus the next three monthly deductions; or
2. the amount needed to keep the minimum initial premium guarantee in effect, if it is eligible to be kept in effect, during the grace period and for three months after the end of the grace period; or
3. the amount needed to keep the no-lapse guarantee in effect, if it is eligible to be kept in effect, during the grace period and for three months after the end of the grace period.

If the premium payment or loan repayment is not paid within the grace period, all coverage under this policy will Terminate without value at the end of the 61 day grace period. This type of Termination is known as lapse. The end of the grace period is the date of lapse.

Any payment sent by U.S. mail must be postmarked within the grace period to keep the policy In Force.

If the Insured's death occurs during the grace period and benefits become payable under the policy, the lesser of the following will be deducted from the Proceeds:

1. any overdue monthly deductions; or
2. the premium required to keep the minimum initial premium guarantee in effect, if it is eligible to be kept in effect; or
3. the premium required to keep the no-lapse guarantee in effect, if it is eligible to be kept in effect.

If either the minimum initial premium guarantee or no-lapse guarantee is in effect as described in the next two provisions, the policy will not enter the grace period.

## Minimum Initial Premium Guarantee

To allow You the opportunity to increase Your Policy Value gradually so that the Cash Surrender Value is sufficient to pay the monthly deduction, a minimum initial premium guarantee will be in effect during the minimum initial premium period shown under Policy Data if:

1. on a Monthly Date, the Policy Value minus Indebtedness equals or exceeds the monthly deduction for the policy month following such Monthly Date; and
2. the sum of all premiums paid, minus any partial surrenders, and minus Indebtedness equals or exceeds the minimum initial premium shown under Policy Data times the number of months since the Policy Date, including the current month.

To keep the minimum initial premium guarantee in effect, premiums may be paid at any interval as long as the sum of premiums paid at all times is at least equal to the total required minimum initial premiums.

If on a Monthly Date sufficient premiums have not been paid to maintain the minimum initial premium guarantee, the minimum initial premium guarantee will no longer be in effect. Therefore, Your policy will enter the grace period if the no-lapse guarantee is not in effect and the Cash Surrender Value is insufficient to pay the monthly deduction on a Monthly Date.

If on a Monthly Date sufficient premiums have not been paid to maintain the minimum initial premium guarantee, You will have 61 days to pay a premium sufficient to maintain the minimum initial premium guarantee. If You do not pay such a premium within the 61 day period, the minimum initial premium guarantee will no longer be in effect and it cannot be reinstated.

The minimum initial premium will change if:

1. the Specified Amount is increased or decreased;
2. the death benefit option is changed; or
3. riders are added, changed or terminated.

The new minimum initial premium will apply from the date of the change.

Although Your policy will remain In Force, if You pay only the premium needed to keep the minimum initial premium guarantee in effect, You may be foregoing the advantage of building up Policy Value.

If the minimum initial premium guarantee terminates before the end of the no-lapse

guarantee period, and the no-lapse guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of an additional premium.

At the end of the minimum initial premium period, if the no-lapse guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the minimum initial premium guarantee.

### No-Lapse Guarantee

The no-lapse guarantee provides that during the no-lapse guarantee period shown under Policy Data, this policy will not Terminate even if the Cash Surrender Value is insufficient to pay the monthly deduction on a Monthly Date. Sufficient premium as described below must be paid to keep the no-lapse guarantee in effect.

The no-lapse guarantee will remain in effect if, on each Monthly Date:

(a) equals or exceeds (b)

where:

- (a) is the sum of all premiums paid, minus any partial surrenders and partial surrender fees, and minus any Indebtedness; and
- (b) is the no-lapse guarantee premium, shown under Policy Data, times the number of months since the Policy Date, including the current month.

To keep the no-lapse guarantee in effect, premiums may be paid at any interval as long as the sum of premiums paid at all times is at least equal to the total required no-lapse guarantee premiums.

While this policy is kept In Force by the no-lapse guarantee, any monthly deduction amounts that exceed the Policy Value, minus any Indebtedness, will be waived.

If on a Monthly Date sufficient premiums have not been paid to maintain the no-lapse guarantee, the no-lapse guarantee provision will no longer be in effect. Therefore, Your policy will enter the grace period if the minimum initial premium guarantee is not in effect and the Cash Surrender Value is insufficient to pay the monthly deduction on a Monthly Date.

The no-lapse guarantee, however, can be reinstated within two years from the date it was last in effect. The amount needed to reinstate the no-lapse guarantee is an amount equal to:

(a) + (b) + (c) - (d)

where:

- (a) is the sum of premiums required for the no-lapse guarantee to the date of reinstatement assuming a no-lapse guarantee was always in effect since the Policy Date;
- (b) is any partial surrenders and partial surrender fees that have been taken to the date of reinstatement;
- (c) is any Indebtedness on the date of reinstatement;
- (d) is the total of all premiums paid to the date of reinstatement.

The no-lapse guarantee premium will change if:

1. the Specified Amount is increased or decreased;
2. the death benefit option is changed; or
3. riders are added, changed or terminated.

The new no-lapse guarantee premium will apply from the date of the change.

Although Your policy will remain In Force, if You pay only the premium needed to keep the no-lapse guarantee in effect, You may be foregoing the advantage of building up Policy Value.

If the no-lapse guarantee terminates before the end of the no-lapse guarantee period and the minimum initial premium guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of an additional premium.

At the end of the no-lapse guarantee period, if the minimum initial premium guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the no-lapse guarantee.

## Reinstatement

This policy may be reinstated within three years after the end of the grace period, unless it was surrendered for cash. To do this, We will require all of the following:

1. your Written Request on a form satisfactory to Us to reinstate the policy;
2. evidence of insurability of the Insured satisfactory to Us;
3. payment of the required reinstatement premium or loan repayment amount;
4. payment or reinstatement of any Indebtedness.

If the policy is within the no-lapse guarantee period, and the no-lapse guarantee is no longer in effect but it can be reinstated, the required repayment amount to reinstate the policy is an amount equal to the lesser of:

1. An amount equal to  $(a) + (b) + (c) - (d) - (e)$

where:

- (a) is the sum of required premiums for the no-lapse guarantee to the date of reinstatement assuming a no-lapse guarantee was always in effect since the Policy Date;
- (b) is any partial surrenders and partial surrender fees that have been taken to the date of reinstatement;
- (c) is any Indebtedness on the policy at the end of the grace period;
- (d) is any Indebtedness repaid on the date of the reinstatement; and
- (e) is the total of all premiums paid to the date of reinstatement; or

2. An amount equal to  $(a) + (b) + (c) + (d) - (e) - (f)$

Where:

- (a) is the surrender charge which will be reinstated;
- (b) is an amount equal to the monthly deductions not taken during the grace period;
- (c) is an amount equal to the next 3 monthly deductions that will be taken after reinstatement;
- (d) is any Indebtedness on the policy at the end of the grace period;

- (e) is any Indebtedness repaid on the date of the reinstatement; and
- (f) is the Policy Value as of the last day of the grace period.

If the policy is within the no-lapse guarantee period, but the no-lapse guarantee is no longer in effect and it cannot be reinstated or the policy is beyond the No-Lapse Guarantee Period, the required repayment amount to reinstate the policy is an amount equal to;

$$(a) + (b) + (c) + (d) - (e) - (f)$$

where:

- (a) is the surrender charge which will be reinstated;
- (b) is an amount equal to the monthly deductions not taken during the grace period;
- (c) is an amount equal to the next 3 monthly deductions that will be taken after reinstatement;
- (d) is any Indebtedness on the policy at the end of the grace period;
- (e) is any Indebtedness repaid on the date of the reinstatement; and
- (f) is the Policy Value as of the last day of the grace period.

The Policy Value on the date of reinstatement will be equal to:

1. the Policy Value as of the last day of the grace period; plus
2. the required reinstatement premium; plus
3. any premium in excess of the required reinstatement premium; minus
4. the monthly deductions not collected during the 61 day grace period.

Surrender charges will return to what they would have been if the policy had not lapsed. Any Indebtedness on the policy at the end of the grace period will be reinstated unless it is repaid prior to the reinstatement.

The incontestability period will start over from the effective date of reinstatement and we may contest the truth of statements or representations made in the reinstatement application.

# DEATH BENEFITS

## Death Benefit Prior to or on Insured's Attained Insurance Age 120 Anniversary

The death benefit upon death of the Insured prior to or on the Insured's Attained Insurance Age 120 Anniversary will be the greater of:

1. the amount based on the death benefit option in effect as of the date of the Insured's death; or
2. the Policy Value multiplied by the death benefit percentage found in the death benefit percentage table shown under Policy Data.

## Death Benefit Options

The initial death benefit option is shown under Policy Data. While this policy is In Force, You may change the option as explained in the Policy Change section, or as limited by any attached riders or endorsements.

### Option 1

The amount under this option will be the Specified Amount.

### Option 2

The amount under this option will be the Specified Amount plus the Policy Value of this policy.

The initial Specified Amount is shown under Policy Data. Such amount may be changed as explained in the Policy Change section.

## Death Benefit After the Insured's Attained Insurance Age 120 Anniversary

The death benefit upon death of the Insured after the Insured's Attained Insurance Age 120 Anniversary will be the greater of:

1. the death benefit on the Insured's Attained Insurance Age 120 Anniversary, minus any partial surrenders and partial surrender fees occurring after the Insured's Attained Insurance Age 120 Anniversary; or
2. the Policy Value on the date of death.

## Proceeds Payable at Insured's Death

The Proceeds payable upon death will be:

1. the death benefit provided by this policy; minus
2. the amount required to continue coverage to the date of death without the policy entering the grace period (if death occurs during the grace period); minus
3. any Indebtedness as of the date of death.

## Life Insurance Qualification Test

The life insurance qualification test is used to determine if a policy will qualify as life insurance under applicable tax laws. The life insurance qualification test and death benefit percentage table for this test is shown under Policy Data. The test may not be changed after the Policy Date.

## Disclosure

Under current federal tax law in effect as of the Policy Date, keeping the policy In Force on or after the Insured's Attained Insurance Age 100 Anniversary raises certain tax issues to which there are currently no clear answers. They include, but are not limited to, the following:

1. the policy may no longer qualify as life insurance for federal income tax purposes; and
2. if the Internal Revenue Service takes the position that the policy does not qualify for life insurance for federal income tax purposes on or after the Insured's Attained Insurance Age 100 Anniversary, You could be taxed on any gain in the policy on or after the Insured's Attained Insurance Age 100 Anniversary.

We strongly urge You to consult with Your own tax advisor about the income tax consequences on or after the Insured's Attained Insurance Age 100 Anniversary. We accept no responsibility for any tax consequences incurred on or after the Insured's Attained Insurance Age 100 Anniversary.

# POLICY CHANGE

## **Request to Change Benefits**

While this policy is In Force, You may request to decrease or increase the Specified Amount. You may also request certain changes to the death benefit option. Such changes are subject to the rules below.

## **Rules for Changing the Specified Amount**

You may change the Specified Amount once per year by Written Request. Decreases may only be made after the first policy year. The rules are as follows:

### **Decreases of the Specified Amount**

1. any decrease will be effective on the Monthly Date on or next following Our receipt of Your Written Request. Any such decrease will be applied in the following order:
  - (a) against the initial Specified Amount shown under Policy Data; then
  - (b) against the increases successively following the initial Specified Amount
2. the Specified Amount that remains In Force after a requested decrease may not be less than the minimum Specified Amount allowed as shown under Policy Data.
3. we reserve the right to decline to make any Specified Amount decrease that We determine would cause this policy to fail to qualify as life insurance under applicable tax laws.

### **Increases of the Specified Amount**

The following rules apply to any increase in Specified Amount other than that resulting solely from a change in death benefit option:

1. You must apply for an increase by Written Request on a form satisfactory to Us prior to the Insured's Attained Insurance Age 86 Anniversary.

2. You must furnish satisfactory evidence of insurability of the Insured.
3. Any increase will be subject to Our issue rules and limits at the time of increase.
4. The minimum increase in the Specified Amount is \$10,000.
5. Any increase will be effective on the Monthly Date on or next following the date Your application is approved.
6. An additional administrative charge will apply to the amount of any increase in the Specified Amount.
7. A new schedule of surrender charges will apply to the amount of any increase in the Specified Amount.

## **Changes to the Death Benefit Option**

Prior to the Insured's Attained Insurance Age 120 Anniversary, You may change the death benefit option once per year by Written Request. The change in option will be effective on the Monthly Date on or next following the date We approve Your request.

If the death benefit option is 2, it may be changed to option 1. The new Specified Amount will be the option 2 death benefit as of the effective date of the change.

If the death benefit option is 1, it may be changed to option 2. The new Specified Amount will be the option 1 death benefit minus the Policy Value as of the effective date of the change.

The death benefit after a change may not be less than the minimum Specified Amount allowed as shown under Policy Data.

We reserve the right to decline to make any death benefit option change that We determine would cause this policy to fail to qualify as life insurance under applicable tax laws.

# POLICY VALUES

## Policy Value

On a given date the Policy Value equals the Fixed Account Value plus the Variable Account Value.

## Fixed Account Value

On the Policy Date, the Fixed Account value equals:

1. the portion of the initial Net Premiums allocated to the Fixed Account, plus any interest credited on such portion before the Policy Date; minus
2. the portion of the monthly deduction taken from the Fixed Account for the first policy month.

On any subsequent date, the Fixed Account value will be calculated as:

$$(a) + (b) + (c) + (d) - (e) - (f) - (g)$$

where:

- (a) is the Fixed Account value on the preceding Monthly Date plus interest from the preceding Monthly Date to the date of calculation;
- (b) is the portion of Net Premiums allocated to the Fixed Account and received since the preceding Monthly Date, plus interest from the date such Net Premiums were received to the date of calculation;
- (c) the amount of any transfers from the Subaccounts to the Fixed Account, including transfers due to loans taken or interest charged on Indebtedness, since the preceding Monthly Date, plus interest from the effective dates of such transfers to the date of calculation;
- (d) is any applicable policy value credit allocated to the Fixed Account since the preceding Monthly Date, plus interest from the effective dates of such credits to the date of calculation;
- (e) is the amount of any transfers from the Fixed Account, including loan repayment transfers, to the Subaccounts since the preceding Monthly Date, plus interest from the effective dates of such transfers to the date of calculation;
- (f) is the amount of any partial surrender and partial surrender fees taken from the Fixed Account since the preceding Monthly Date, plus interest from the effective dates of such partial surrenders to the date of calculation; and
- (g) if the date of calculation is a Monthly Date, the portion of the monthly deduction taken from the Fixed Account.

The interest rate applied in the calculation of the Fixed Account Value is the Fixed Account guaranteed interest rate shown under Policy Data. Interest in excess of the Fixed Account guaranteed rate may be applied in the calculation of the Fixed Account Value. Any change in excess interest rates will be determined by Us based on Our expectations as to future investment earnings.

Interest in excess of the Fixed Account guaranteed interest rate shown under Policy Data will not be applied to the portion of the Policy Value which equals any Indebtedness due Us. Interest in excess of the Fixed Account guaranteed interest rate is nonforfeitable, except indirectly due to any applicable surrender charge.

## Variable Account Value

The Variable Account Value is the sum of the values of the Subaccounts.

On the Policy Date, the value of each Subaccount equals:

1. the portion of the initial Net Premiums allocated to the Subaccount, plus any fixed interest credited on such portion before the Policy Date; minus
2. the portion of the monthly deduction taken from the Subaccount for the first policy month.

On any subsequent date, the value of each Subaccount is calculated as:

$$(a) + (b) + (c) + (d) - (e) - (f) - (g)$$

where:

- (a) is the value of the Subaccount on the preceding Valuation Date, multiplied by the net investment factor for the current Valuation Period;
- (b) is the portion of Net Premiums allocated to the Subaccount and received during the current Valuation Period;
- (c) is the amount of any transfers from other Subaccounts or the Fixed Account, including loan repayment transfers, to the Subaccount during the current Valuation Period;
- (d) is any applicable policy value credit allocated to the Subaccount during the current Valuation Period;
- (e) is the amount of any transfers from the Subaccount to other Subaccounts or the Fixed Account, including transfers due to loans taken or interest charged on Indebtedness, during the current Valuation Period;

- (f) is the amount of any partial surrender and partial surrender fees taken from the Subaccount during the current Valuation Period; and
- (g) is the portion of any monthly deduction during the current Valuation Period allocated to the Subaccount for the policy month following the Monthly Date.

**Monthly Deduction**

A monthly deduction is made on each Monthly Date prior to the Insured's Attained Insurance Age 120 Anniversary for the policy fee, administrative charge, cost of insurance, mortality and expense risk charge, and cost of any riders for the policy month following such Monthly Date.

The monthly deduction for a policy month will be calculated as:

$$(a) + (b) + (c) + (d) + (e)$$

where:

- (a) is the policy fee;
- (b) is the administrative charge;
- (c) is the cost of insurance for the policy month;
- (d) is the mortality and expense risk charge; and
- (e) is the cost of any policy riders for the policy month.

The monthly deduction will be taken from the Fixed Account and the Subaccounts according to the monthly deduction allocation percentages specified in Your application for this policy. You may choose any whole percentages for the Fixed Account and each Subaccount from 0% to 100%. By Written Request or other requests acceptable to Us You may change the percentages. Any change will be effective for monthly deductions taken thereafter.

The monthly deductions will be taken from the Fixed Account and the Subaccounts on a Pro-Rata Basis if: 1) the value in the Fixed Account or in any Subaccount is insufficient to pay the portion of the monthly deduction so allocated; or 2) You do not specify the monthly deduction allocation percentages for the Fixed Account and each Subaccount.

**Policy Fee**

There is a monthly policy fee deducted each month prior to the Insured's Attained Insurance Age 120 Anniversary. We reserve the right to change the policy fee based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed policy fee shown under Policy Data.

**Administrative Charge**

There is a monthly administrative charge deducted each month prior to the Insured's Attained Insurance Age 120 Anniversary. We reserve the right to change the administrative charge based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed administrative charge shown under Policy Data.

**Cost of Insurance**

The cost of insurance for the policy month is calculated as:

$$\frac{(a + d) \times (b - c)}{1000}$$

where:

- (a) is the monthly cost of insurance rate described below;
- (b) is the death benefit divided by the Guaranteed Interest Rate Factor shown under Policy Data;
- (c) is the Policy Value at the beginning of the policy month. At this point, the Policy Value has been reduced by the monthly deduction except for the part of the monthly deduction that pays for the cost of insurance; and
- (d) is the flat extra rate, shown under Policy Data.

If there have been increases in the Specified Amount, the Policy Value is allocated on a proportional basis to the initial Specified Amount and each subsequent increase.

See the Decreases of the Specified Amount provision of the POLICY CHANGE section for how decreases impact the initial Specified Amount and each subsequent increase.

## Cost of Insurance Rate

The cost of insurance rate used in the cost of insurance calculation is based on the sex, Insurance Age, years since issue, and risk classification of the Insured.

The cost of insurance rate used in the cost of insurance calculation for any increase in Specified Amount is based on the sex, Attained Insurance Age at the time of increase, years since increase, and risk classification of the Insured at the time of increase.

We may change cost of insurance rates from time to time. Any change in the cost of insurance rate will apply to all individuals of the same risk classification as the Insured. Cost of insurance rates will be determined by Us based on Our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions.

The cost of insurance rates will not exceed the guaranteed Maximum Monthly Cost of Insurance Rates shown under Policy Data and are based on the CSO Mortality Tables shown under Policy Data.

## Mortality and Expense Risk Charge

The mortality and expense risk charge compensates us for assuming the mortality and expense risks under the policy. It is equal to

$\frac{(a) \times (b)}{12}$  where:

- (a) is the Variable Account Value; and
- (b) is the guaranteed mortality and expense risk rate shown under Policy Data.

At this point, the Variable Account Value has not been reduced by any part of the monthly deduction.

We reserve the right to change the mortality and expense risk rate based on Our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed mortality and expense risk rate shown under Policy Data.

## Basis Used for Policy Values

We provide Cash Surrender Values that are at least equal to those required using Actuarial Guideline XXIV of the NAIC Variable Life Insurance Regulation, model number 270.

## Policy Value Credit

We may periodically apply a policy value credit to Your Policy Value. The requirements that must be met to receive any policy value credit are shown under Policy Data.

The amount of the policy value credit is determined by multiplying the policy value credit percentage times the Policy Value minus any Indebtedness at the time the calculation is made.

We reserve the right to calculate and apply any policy value credit annually, quarterly or monthly.

Any policy value credit will be allocated according to Your premium allocation percentages in effect. Any policy value credit is nonforfeitable, except indirectly due to any applicable surrender charge.

We reserve the right to change the policy value credit percentage based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never be less than zero.

## Receiving Information about the Values of this Policy

At least once a year, without charge, We will send to Your last known address a report that shows:

1. the Policy Value at the end of the previous and current report periods;
2. the current death benefit;
3. the premiums paid;
4. all charges since the last report;
5. Indebtedness on this policy;
6. the current Cash Surrender Value; and
7. a notice if the policy's Cash Surrender Value will not maintain the insurance In Force for the next year unless further premium payments are made.

At any time and without charge, We will provide a projection of future death benefits and Policy Values upon Written Request by You.

# POLICY SURRENDER

## Policy Surrender

You may surrender this policy for its Cash Surrender Value at any time by Written Request, or other requests acceptable to Us. Upon surrender for the full Cash Surrender Value, this policy will Terminate.

The Cash Surrender Value of this policy is:

1. the Policy Value at the time of surrender; minus
2. any Indebtedness on this policy; minus
3. any applicable surrender charges shown under Policy Data.

## Partial Surrender

Subject to the rules below, You may partially surrender this policy at any time before the Insured's death by Written Request, or other requests acceptable to Us for an amount less than the Cash Surrender Value. A partial surrender fee will be applied as shown under Policy Data.

If death benefit option 1 is in effect, both the Specified Amount and the Policy Value will be reduced by the amount of the partial surrender and partial surrender fee. If death benefit option 2 is in effect, the Policy Value will be reduced by the amount of the partial surrender and partial surrender fee.

Various provisions of this policy may be affected by partial surrenders, including the minimum initial premium guarantee and the no-lapse guarantee as described in the Premiums section.

## Rules for a Partial Surrender

The following rules shall apply to any partial surrender:

1. partial surrenders may not be made in the first policy year;
2. the minimum amount that may be surrendered is \$500;
3. the partial surrender amount cannot exceed 90% of the full cash surrender value;
4. partial surrenders may not be made if the death benefit that remains In Force is less than the minimum Specified Amount allowed as shown under Policy Data.

We reserve the right to decline a request for a partial surrender that We determine would cause this policy to fail to qualify as life insurance under applicable tax laws.

If you do not specify the percentages for allocation of the partial surrender from the Fixed Account and each Subaccount, the surrender will be made from the Fixed Account and the Subaccounts on a Pro-Rata Basis.

## Payment of a Surrender

We will normally pay the portion of any surrendered amount from the Subaccounts within 7 days after We receive Your Written Request. We reserve the right, however, to suspend or delay the date of any surrender payment from the Subaccounts for any period:

1. when the New York Stock Exchange is closed; or
2. when trading on the New York Stock Exchange is restricted; or
3. when an emergency exists, and as a result:
  - (a) disposal of securities held in the Subaccounts is impractical; or
  - (b) it is impractical to fairly determine the value of the assets of the Subaccounts; or
4. during any other period when the Securities and Exchange Commission, by order, so permits for the protection of security holders.

Rules and regulations of the Securities and Exchange Commission will govern as to whether the conditions set forth in the above items 2 and 3 exist.

For any surrender request from the Fixed Account, We reserve the right to postpone the payment for up to 6 months. If We postpone payment more than 30 days, We will also pay You interest. The interest paid will be at the guaranteed interest rate shown under Policy Data, based on the amount surrendered for the period We postpone the payment.

# POLICY LOANS

## **Borrowing Money on this Policy**

By Written Request or other requests acceptable to Us, You may obtain a loan from Us at any time before the Insured's death whenever this policy has a Cash Surrender Value. This policy is the only security required for Your loan. A loan must be for at least \$500. We will pay interest on the Policy Value loaned at the guaranteed interest rate shown under Policy Data.

Various provisions of this policy may be affected by loans, including the minimum initial premium guarantee and the no-lapse guarantee as described in the Premiums section.

If You do not specify the percentages for allocation of the loan from the Fixed Account and each Subaccount, the loan will be made from the Fixed Account and the Subaccounts on a Pro-Rata Basis.

The amount of any loan and loan interest from the Subaccounts will be transferred from the Subaccounts to the Fixed Account.

## **Maximum Loan Value of this Policy**

You can borrow an amount up to 90% of the available loan value. The maximum loan value is the Policy Value minus surrender charges, minus any existing Indebtedness. We calculate the Policy Value as of the date of the loan. In determining the maximum loan value, We reserve the right to subtract monthly deductions and loan interest for three months.

## **Interest Rate for a Policy Loan**

Loan interest is charged daily and payable at the end of the policy year. If interest is not paid when it is due, it will be added to Your Indebtedness and charged the same interest rate as Your loan. The additional loan interest will be taken from the Fixed Account and Subaccounts on a Pro-Rata Basis.

We reserve the right to change the loan interest rate based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed loan interest rate shown under Policy Data.

## **Loan Repayment**

Your loan can be repaid in full or in part at any time before the Insured's death and while this policy is In Force. A loan that exists at the end of the grace period may not be repaid unless this policy is reinstated.

Repayments should be clearly marked as "loan repayments"; otherwise, they will be credited to this policy as premiums. Loan repayments must be in amounts of at least \$25.

Loan repayments will be allocated according to Your premium allocation percentages in effect.

## **Failure to Repay a Loan**

Failure to repay a loan or to pay loan interest will not Terminate this policy unless the Cash Surrender Value is insufficient to cover the monthly deduction as provided in the Grace Period provision. This would happen if Indebtedness exceeded the Policy Value minus surrender charges.

## **Payment of a Loan**

We will normally pay the portion of any loan amount from the Subaccounts within 7 days after We receive Your Written Request. We reserve the right, however, to suspend or delay the date of any loan from the Subaccounts for any period:

1. when the New York Stock Exchange is closed; or
2. when trading on the New York Stock Exchange is restricted; or
3. when an emergency exists, and as a result:
  - (a) disposal of securities held in the Subaccounts is impractical; or
  - (b) it is impractical to fairly determine the value of the assets of the Subaccounts; or
4. during any other period when the Securities and Exchange Commission, by order, so permits for the protection of security holders.

Rules and regulations of the Securities and Exchange Commission will govern as to whether the conditions set forth in the above items 2 and 3 exist.

For any loan from the Fixed Account, We reserve the right to postpone the payment for up to 6 months unless the loan is used to pay premiums on any policies You have with Us.

# SUBACCOUNTS

## Investments of the Subaccounts

Net Premiums and transfers will be allocated as You specify. Each Subaccount will buy the investment shown under Policy Data or as later added or changed.

## Subaccount Value

The Subaccount value is determined by multiplying the number of Accumulation Units credited to the Subaccount by the appropriate accumulation unit value.

## Subaccount Accumulation Units

The number of Accumulation Units for each of the Subaccounts is found by dividing: (1) the amount allocated to the Subaccount; by (2) the Subaccount's accumulation unit value for the Valuation Period in which We received the premium payment, transfer request, or partial surrender request.

## Subaccount Accumulation Unit Value

The value of an Accumulation Unit for each of the Subaccounts was arbitrarily set at \$1 when the first investments were bought. The value for any later Valuation Period is found as follows: The accumulation unit value for a Subaccount for the last prior Valuation Period is multiplied by such Subaccount's net investment factor for the following Valuation Period. The result is the accumulation unit value. The value of an Accumulation Unit may increase or decrease from one Valuation Period to the next.

## Determination of Net Investment Factor

The net investment factor is an index applied to measure the investment performance of a Subaccount from one Valuation Period to the next. The net investment factor value of an Accumulation Unit may increase or decrease from one Valuation Period to the next.

To find the net investment factor of any such Subaccount for a Valuation Period, we divide (1) by (2), where:

- (1) is the net result of:
  - a. the net asset value per share of the portfolio or fund held in the Subaccount determined at the end of the current Valuation Period; plus
  - b. the per-share amount of any dividend or capital gain distributions made by the investment held in the Subaccount, if the "ex-dividend" date occurs during the current Valuation Period; plus or minus
  - c. a per-share charge or credit for any taxes reserved for the current Valuation Period that We determine to have resulted from the investment operations of the Subaccount; and
- (2) is the net result of:
  - a. the net asset value per share of the portfolio or fund held in the Subaccount, determined at the end of the last prior Valuation Period; plus or minus
  - b. the per-share charge or credit for any taxes reserved for the last prior Valuation Period.

## Change of Investments of the Subaccounts

The investments of the Subaccounts would be changed only if laws or regulations change, the investment became unavailable, or in Our judgment, the investments were no longer suitable for the Subaccounts. If any of these situations occurred, We would have the right to substitute investments other than those shown under Policy Data. When required, We would first seek the approval of the Securities and Exchange Commission and the insurance regulator of the state where this policy is delivered.

### **Transfers Among the Subaccounts and the Fixed Account**

By Written Request or other request acceptable to Us, You may transfer all or part of the value of a Subaccount to one or more of the other Subaccounts or to the Fixed Account.

The amount transferred, however, must be at least: (1) \$250; or (2) the total value of the Subaccount, if less. We reserve the right to limit such transfers to five per policy year. We may suspend or modify this transfer privilege at any time with the necessary approval of the Securities and Exchange Commission.

You may also transfer from the Fixed Account to the Subaccounts once a year, but only on the Policy Anniversary or within 30 days after such Policy Anniversary. If You make this transfer, You cannot transfer from the Subaccounts back into the Fixed Account until the next Policy Anniversary. If We receive Your Written Request within 30 days before the Policy Anniversary date, the transfer from the Fixed Account to the Subaccounts will be effective on the Policy Anniversary date. If We receive Your Written Request within 30 days after the Policy Anniversary date, the transfer from the Fixed Account to the Subaccounts will be effective on the date We receive the request. The minimum transfer amount is \$250 or the Fixed Account value minus Indebtedness, if less. The maximum transfer amount is the Fixed Account Value, minus Indebtedness. We may suspend or modify this transfer privilege at any time with the necessary approval of the Securities and Exchange Commission.

Automated transfers are also allowed. By an automated transfers arrangement, You may transfer: (1) all or part of the value of a Subaccount to one or more of the other Subaccounts or to the Fixed Account; or (2) all or part of the Fixed Account Value, minus Indebtedness, to one or more of the Subaccounts. Only one automated transfer arrangement can be in effect at any time. Policy values may be transferred to one or more of the Subaccounts or to the Fixed Account, but can only be transferred from only one account. The minimum transfer amount is \$50. Twelve automated transfers from the Fixed Account may not exceed an amount that, if continued, would deplete the Fixed Account Value, minus Indebtedness, within twelve months.

### **Subaccount Transfer at the Insured's Attained Insurance Age 120 Anniversary**

On the Insured's Attained Insurance Age 120 Anniversary any policy value in the Subaccounts will be transferred to the Fixed Account. Transfers from the Fixed Account to the Subaccounts are not permitted after the Insured's Attained Insurance Age 120 Anniversary.

# PAYMENT OF POLICY PROCEEDS

## Payment of Proceeds upon Death of the Insured

Upon death of the Insured, 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 per year, 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 upon death of the Insured or upon surrender of the policy under one or more of the payment options shown below or You may 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 in the Option B Table under Policy Data in the Payment of Policy Proceeds Option Tables. 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 amounts of either:

1. upon surrender of the policy, the Cash Surrender Value; or
2. upon death of the Insured, the death benefit minus any Indebtedness, as of the date of the Insured's death.

Monthly payments for years not shown 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. 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 amounts of either:

1. upon surrender of the policy, the Cash Surrender Value; or
2. upon death of the Insured, the death benefit minus any Indebtedness, as of the date of the Insured's death.

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

## 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.



## **FLEXIBLE PREMIUM VARIABLE ADJUSTABLE LIFE INSURANCE POLICY**

- Policy continues until death, surrender, or lapse.
- Death benefit payable at Insured's death.
- Flexible premiums payable as provided herein.
- This policy is nonparticipating. Dividends are not payable.

### **RiverSource Life Insurance Company**

70100 Ameriprise Financial Center  
Minneapolis, MN 55474

## Policy Data

---

Insured:	[ John Doe ]	Issue Age:	[ 35 ]
Risk Classification:	[ Male Standard Nontobacco ]		
Policy Number:	[ 9090-1234567 ]	Policy Date:	[ May 1, 2012 ]
Type of Policy:	Flexible Premium Variable Adjustable Life [ RiverSource VUL 5 ]	Monthly Date:	[ 01 ]
		Initial Specified Amount:	[ \$100,000 ]
Minimum Specified Amount Allowed:	[ Policy Year 1: \$100,000 Years 2 - 5: 75,000 Years 6 - 10: 50,000 Years 11 - 15: 25,000 Thereafter: 1,000 ]	Initial Death Benefit Option:	[ Option 1 ]
		Life Insurance Qualification Test:	[ Cash Value Accumulation Test ]

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

---

## Premium Information

Initial Premium:	[ \$45.84 ]	Scheduled Premium:	[ \$1,100.00 per year payable annually ]
Minimum Initial Premium:	[ \$45.84 per month ]	No-lapse Guarantee Premium:	[ \$86.34 per month ]
Minimum Initial Premium Period:	[ 1 Years ]	No-lapse Guarantee Period:	[ 40 Years ]

Coverage will expire prior to death if no premiums are paid following payment of the initial premium, or subsequent premiums are insufficient to continue coverage. Coverage will expire when the policy values are insufficient to pay the charges assessed on a monthly anniversary. The period for which the policy and coverage will continue In Force will depend on; 1) the amount, timing and frequency of premium payments; 2) changes in the specified amount and death benefit option; 3) changes in the interest rates credited to the Fixed Account and in the investment performance of the Subaccounts; 4) changes in the monthly cost of insurance deductions from the Policy Value for this policy and any riders attached to this policy; 5) changes in the premium expense charge, administrative charge, mortality and expense risk rate and policy fee; and 6) loan and partial surrender activity. The payment of scheduled premiums or unscheduled premiums in any amount or frequency will not guarantee that the policy will remain In Force unless the premiums needed to keep the minimum initial premium or the no-lapse guarantee in effect have been paid. At the end of the minimum initial premium period or the no-lapse guarantee period, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the minimum initial premium or the no-lapse guarantee.

---

---

### Interest and Loan Information

Fixed Account  
Guaranteed Interest Rate: [ 2% per year ]

Guaranteed Loan  
Interest Rate  
All Policy Years: [ 4% per year ]

Guaranteed Interest  
Rate Factor: [ 1.0016515813 ]

---

### Fees and Deductions

Guaranteed Premium Expense Charge  
All Policy Years: [ 4% ]

Guaranteed Policy Fee  
All Policy Years: [ \$15.00 per month ]

Guaranteed Administrative Charge  
[ Policy Years 1-20: \$8.80 per month ]  
[ Policy Years 21+: \$8.80 per month ]

Partial Surrender Fee: [ \$25 or 2% of amount surrendered, ]  
[ whichever is less ]

Guaranteed Mortality and Expense Risk Rate:  
All policy years: [ 0.75% per year ]

---

### Table of Surrender Charges

<u>Policy Year</u>	<u>Beginning of Year</u>
[ 1 ]	[ \$2,093.32 ]
[ 2 ]	[ 2,073.12 ]
[ 3 ]	[ 2,052.92 ]
[ 4 ]	[ 2,032.72 ]
[ 5 ]	[ 2,012.52 ]
[ 6 ]	[ 1,960.77 ]
[ 7 ]	[ 1,561.97 ]
[ 8 ]	[ 1,163.17 ]
[ 9 ]	[ 764.37 ]
[ 10 ]	[ 365.57 ]

This table applies to the initial Specified Amount for the first [ 10 ] policy years. Surrender charges decrease evenly at each Monthly Date between Policy Anniversaries. Additional surrender charges will apply to each increase in specified amount for [ 10 ] years after the effective date of increase.

---

### Policy Value Credit

#### Policy Value Credit Requirements

To receive any available credit the following conditions must be met:

1. the policy has been In Force for at least 10 years; and
2. the sum of the premiums paid, minus partial surrenders and partial surrender fees, minus outstanding Indebtedness equals or exceeds \$500,000.

---

Life Insurance Qualification Test: Cash Value Accumulation Test

**Death Benefit Percentage Table**

<u>Insured's Attained Insurance Age</u>	<u>Death Benefit Percentage</u>	<u>Insured's Attained Insurance Age</u>	<u>Death Benefit Percentage</u>	<u>Insured's Attained Insurance Age</u>	<u>Death Benefit Percentage</u>	<u>Insured's Attained Insurance Age</u>	<u>Death Benefit Percentage</u>
0	16.26	25	6.91	50	2.94	75	1.47
1	15.87	26	6.68	51	2.84	76	1.44
2	15.38	27	6.46	52	2.75	77	1.41
3	14.87	28	6.25	53	2.66	78	1.38
4	14.35	29	6.04	54	2.58	79	1.35
5	13.84	30	5.83	55	2.50	80	1.33
6	13.34	31	5.64	56	2.42	81	1.31
7	12.86	32	5.45	57	2.35	82	1.28
8	12.39	33	5.26	58	2.28	83	1.26
9	11.95	34	5.08	59	2.21	84	1.25
10	11.51	35	4.90	60	2.15	85	1.23
11	11.09	36	4.73	61	2.08	86	1.21
12	10.70	37	4.57	62	2.02	87	1.20
13	10.32	38	4.41	63	1.97	88	1.18
14	9.96	39	4.26	64	1.92	89	1.17
15	9.61	40	4.12	65	1.86	90	1.16
16	9.29	41	3.98	66	1.82	91	1.15
17	8.98	42	3.84	67	1.77	92	1.14
18	8.70	43	3.71	68	1.73	93	1.13
19	8.42	44	3.59	69	1.68	94	1.12
20	8.15	45	3.47	70	1.64	95	1.10
21	7.89	46	3.35	71	1.60	96	1.09
22	7.63	47	3.24	72	1.57	97	1.08
23	7.38	48	3.14	73	1.53	98	1.06
24	7.14	49	3.03	74	1.50	99	1.04
						100-119	1.01

**Schedule of Benefits and Riders**

	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Monthly Cost of Insurance</u>
Flexible Premium Variable Adjustable Life	[ May 1, 2012 ]	See policy form	See policy form
Waiver of Premium Rider for Total Disability	See Policy Data Supplemental Page for information on this rider		
Automatic Increase Benefit Rider:	[ May 1, 2012 ]	[ May 1, 2042 ]	See rider form
Increase Percentage:	[ 5% ]		
Maximum Increase Amount:	[ \$25,000 ]		
Total Increase Limit:	[ \$100,000 ]		
Children Level Term Insurance Rider - 10 Units with Waiver of Monthly Deduction (1 Unit = \$1,000)	[ May 1, 2012 ]	[ May 1, 2042 ]	[ \$.58 per unit ]
Accidental Death Benefit Rider - \$50,000	[ May 1, 2012 ]	[ May 1, 2047 ]	[ \$3.50 ]
Accelerated Benefit Rider for Terminal Illness	[ May 1, 2012 ]	See rider form	See rider form
Overloan Protection Benefit*	[ May 1, 2012 ]	See benefit form	Not applicable
Minimum Age:	[ 75 ]		
Maximum Age:	[ 95 ]		
Minimum Policy Duration:	[ 15 ] Years		
Indebtedness Percentage:	[ 95% ]		
Maximum Exercise Charge:	[ 3% ]		
*When exercised, a one time charge will be assessed, not to exceed the Maximum Exercise Charge shown above.			

**Investment Options****Initial Premium Allocations**

RiverSource Life Insurance Company Fixed Account

20%

**Investments of the Subaccounts:**

AllianceBernstein VPS Large Cap Growth Portfolio (Class B)	0%
American Century VP Value, Class II	0%
BlackRock Global Allocation V.I. Fund (Class III)	0%
Columbia Variable Portfolio – Balanced Fund (Class 3)	0%
Columbia Variable Portfolio – Cash Management Fund (Class 2)	0%
Columbia Variable Portfolio – Diversified Bond Fund (Class 2)	0%
Columbia Variable Portfolio – Diversified Equity Income Fund (Class 2)	0%
Columbia Variable Portfolio – Dynamic Equity Fund (Class 2)	0%
Columbia Variable Portfolio – Emerging Markets Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – Global Bond Fund (Class 2)	0%
Columbia Variable Portfolio – Global Inflation Protected Securities Fund (Class 2)	0%
Columbia Variable Portfolio – High Income Fund, Class 2	0%
Columbia Variable Portfolio – High Yield Bond Fund (Class 2)	10%
Columbia Variable Portfolio – Income Opportunities Fund (Class 2)	50%
Columbia Variable Portfolio – International Opportunity Fund (Class 2)	20%
Columbia Variable Portfolio – Large Cap Growth Fund (Class 2)	0%
Columbia Variable Portfolio – Limited Duration Credit Fund (Class 2)	0%
Columbia Variable Portfolio – Marsico International Opportunities Fund, Class 2	0%
Columbia Variable Portfolio – Mid Cap Growth Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – Mid Cap Value Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – S&P 500 Index Fund (Class 3)	0%
Columbia Variable Portfolio – Select Large-Cap Value Fund (Class 2)	0%
Columbia Variable Portfolio – Select Smaller-Cap Value Fund (Class 2)	0%
Columbia Variable Portfolio – Short Duration U.S. Government Fund (Class 2)	0%
Columbia Variable Portfolio – Strategic Income Fund, Class 2	0%
DWS Alternative Asset Allocation VIP, Class B	0%
Fidelity® VIP Contrafund® Portfolio Service Class 2	0%
Fidelity® VIP Mid Cap Portfolio Service Class 2	0%
FTVIPT Franklin Small Cap Value Securities Fund – Class 2	0%
FTVIPT Mutual Shares Securities Fund – Class 2	0%
Janus Aspen Series Janus Portfolio: Service Shares	0%
Janus Aspen Series Moderate Allocation Portfolio: Service Shares	0%
MFS® Utilities Series – Service Class	0%
Morgan Stanley UIF Mid Cap Growth Portfolio, Class II Shares	0%
Neuberger Berman Advisers Management Trust Socially Responsive Portfolio (Class S)	0%
Oppenheimer Global Securities Fund/VA, Service Shares	0%
Oppenheimer Main Street Small- & Mid-Cap Fund®/VA, Service Shares	0%
PIMCO VIT All Asset Portfolio, Advisor Share Class	0%
PIMCO VIT Global Multi-Asset Portfolio, Advisor Share Class	0%
Variable Portfolio – Aggressive Portfolio (Class 2)	0%
Variable Portfolio – American Century Diversified Bond Fund (Class 2)	0%

**Investment Options**

**Initial Premium Allocations**

**Investments of the Subaccounts:**

Variable Portfolio – American Century Growth Fund (Class 2)	0%
Variable Portfolio – Columbia Wanger International Equities Fund (Class 2)	0%
Variable Portfolio – Columbia Wanger U.S. Equities Fund (Class 2)	0%
Variable Portfolio – Conservative Portfolio (Class 2)	0%
Variable Portfolio – Davis New York Venture Fund (Class 2)	0%
Variable Portfolio – DFA International Value Fund (Class 2)	0%
Variable Portfolio – Eaton Vance Floating-Rate Income Fund (Class 2)	0%
Variable Portfolio – Goldman Sachs Mid Cap Value Fund (Class 2)	0%
Variable Portfolio – Invesco International Growth Fund (Class 2)	0%
Variable Portfolio – J.P. Morgan Core Bond Fund (Class 2)	0%
Variable Portfolio – Jennison Mid Cap Growth Fund (Class 2)	0%
Variable Portfolio – Marsico Growth Fund (Class 2)	0%
Variable Portfolio – MFS Value Fund (Class 2)	0%
Variable Portfolio – Moderate Portfolio (Class 2)	0%
Variable Portfolio – Moderately Aggressive Portfolio (Class 2)	0%
Variable Portfolio – Moderately Conservative Portfolio (Class 2)	0%
Variable Portfolio – Morgan Stanley Global Real Estate Fund (Class 2)	0%
Variable Portfolio – NFJ Dividend Value Fund (Class 2)	0%
Variable Portfolio – Nuveen Winslow Large Cap Growth Fund (Class 2)	0%
Variable Portfolio – Partners Small Cap Growth Fund (Class 2)	0%
Variable Portfolio – Partners Small Cap Value Fund (Class 2)	0%
Variable Portfolio – PIMCO Mortgage-Backed Securities Fund (Class 2)	0%
Variable Portfolio – Pyramis® International Equity Fund (Class 2)	0%
Variable Portfolio – Wells Fargo Short Duration Government Fund (Class 2)	0%
Wells Fargo Advantage VT Opportunity Fund – Class 2	0%
Wells Fargo Advantage VT Small Cap Growth Fund – Class 2	0%

**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**

<u>Number of Years</u>	<u>Monthly Payment/\$1000</u>
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**

<u>Age Payee</u>	<u>Settlement Beginning In Year</u>	<u>5 Years</u>		<u>10 Years</u>		<u>15 Years</u>	
		<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
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 Supplemental Page  
Waiver of Premium Rider for Total Disability**

Effective Date: [May 1, 2012]  
 Expiration Date: [May 1, 2042]  
 Specified Premium: [\$183.09 per month]

**Waiver of Premium Rider for Total Disability  
Monthly Cost of Insurance Rates**

The monthly deduction for the cost of this rider is equal to A x B

A is the WP Rate from the table below, based on the then Attained Insurance Age of the Insured; and B is the greater of 1 or 2 where:

1. is the specified premium shown above; and
2. is the monthly deduction for the policy and any additional riders, except this rider, attached to the policy.

**Waiver of Premium Rate\***

<u>Attained Insurance Age of Insured</u>	<u>Standard Non-tobacco</u>	<u>Standard Tobacco</u>	<u>Attained Insurance Age of Insured</u>	<u>Standard Non-tobacco</u>	<u>Standard Tobacco</u>
20	\$0.03206	\$0.03928	45	\$0.05452	\$0.6835
21	0.03212	0.03936	46	0.5786	0.07276
22	0.03218	0.03943	47	0.06199	0.07822
23	0.03223	0.03950	48	0.06650	0.08418
24	0.03229	0.03958	49	0.07150	0.09078
25	0.03241	0.03973	50	0.07814	0.09935
26	0.03295	0.04049	51	0.08698	0.11091
27	0.03353	0.04129	52	0.09696	0.12393
28	0.03412	0.04212	53	0.10836	0.13867
29	0.03480	0.04306	54	0.12163	0.15571
30	0.03479	0.04300	55	0.13471	0.17218
31	0.03560	0.04409	56	0.15555	0.19873
32	0.03656	0.04536	57	0.17924	0.22876
33	0.03762	0.04675	58	0.20306	0.25845
34	0.03868	0.04818	59	0.22913	0.29056
35	0.04009	0.04962	60	0.10536	0.14176
36	0.04127	0.05118	61	0.10333	0.13937
37	0.04257	0.05288	62	0.10129	0.13697
38	0.04397	0.05474	63	0.09876	0.13407
39	0.04544	0.05669	64	0.09602	0.13098
40	0.04649	0.05796			
41	0.04803	0.06000			
42	0.04947	0.06196			
43	0.05095	0.06397			
44	0.05272	0.06636			

\*For Insureds with a super preferred, preferred, or standard nontobacco risk classification, the above standard nontobacco rates will apply. For Insureds with a preferred or standard tobacco risk classification, the above standard tobacco rates will apply. For Insureds with other than a super preferred, preferred, or standard risk classification, the waiver of premium rate will be adjusted by multiplying the above monthly rates by the appropriate risk factor shown above.

**CSO Mortality Tables**

2001 Commissioner's Standard Ordinary (CSO) Mortality Table; Smoker or Nonsmoker; Male or Female; Age Nearest Birthday

Ages 17 and Under

2001 Commissioner's Standard Ordinary Mortality Table; Male or Female; Age Nearest Birthday.

**Male Rate Table**

**Guaranteed Maximum Monthly Cost of Insurance Rates per \$1,000 for Male Insureds with a Standard Non-Tobacco Risk Classification\***

<u>Attained Age</u>	<u>Standard Non-Tobacco</u>						
0	\$0.0800	30	\$0.0850	60	\$0.7450	90	\$16.9075
1	0.0450	31	0.0825	61	0.8300	91	18.4150
2	0.0325	32	0.0825	62	0.9325	92	20.0150
3	0.0225	33	0.0850	63	1.0475	93	21.7325
4	0.0175	34	0.0875	64	1.1675	94	23.5850
5	0.0175	35	0.0900	65	1.2975	95	25.5725
6	0.0175	36	0.0950	66	1.4275	96	27.4300
7	0.0175	37	0.1000	67	1.5600	97	29.4575
8	0.0175	38	0.1075	68	1.7025	98	31.6725
9	0.0175	39	0.1125	69	1.8500	99	34.0975
10	0.0175	40	0.1200	70	2.0300	100	36.7700
11	0.0225	41	0.1300	71	2.2300	101	38.9500
12	0.0275	42	0.1425	72	2.4950	102	41.3350
13	0.0325	43	0.1575	73	2.7775	103	43.9450
14	0.0375	44	0.1750	74	3.0725	104	46.8125
15	0.0500	45	0.1925	75	3.3975	105	49.9250
16	0.0600	46	0.2125	76	3.7525	106	53.3625
17	0.0700	47	0.2325	77	4.1675	107	57.1725
18	0.0750	48	0.2425	78	4.6525	108	61.4175
19	0.0775	49	0.2575	79	5.2175	109	66.1725
20	0.0775	50	0.2750	80	5.8375	110	71.5275
21	0.0775	51	0.2975	81	6.5500	111	77.6150
22	0.0775	52	0.3300	82	7.2975	112	83.3325
23	0.0800	53	0.3625	83	8.1075	113	83.3325
24	0.0800	54	0.4050	84	9.0150	114	83.3325
25	0.0800	55	0.4575	85	10.0400	115	83.3325
26	0.0850	56	0.5125	86	11.1900	116	83.3325
27	0.0875	57	0.5700	87	12.4650	117	83.3325
28	0.0875	58	0.6200	88	13.8475	118	83.3325
29	0.0850	59	0.6775	89	15.3325	119	83.3325

**Male Rate Table**

**Guaranteed Maximum Monthly Cost of Insurance Rates per \$1,000  
for Male Insureds with a Standard Tobacco Risk Classification\***

<u>Attained Age</u>	<u>Standard Tobacco</u>						
		30	\$0.1500	60	\$1.3675	90	\$19.8800
		31	0.1500	61	1.5050	91	21.3775
		32	0.1500	62	1.6750	92	22.9325
		33	0.1550	63	1.8625	93	24.5700
		34	0.1600	64	2.0550	94	26.3000
		35	0.1650	65	2.2450	95	28.2550
		36	0.1750	66	2.4300	96	30.0200
		37	0.1850	67	2.6075	97	31.9175
		38	0.2000	68	2.7975	98	33.9650
		39	0.2125	69	2.9850	99	36.1825
		40	0.2300	70	3.2125	100	38.5875
		41	0.2525	71	3.4625	101	40.4550
		42	0.2775	72	3.8025	102	42.4650
		43	0.3075	73	4.1475	103	44.6300
		44	0.3425	74	4.4950	104	46.9650
		45	0.3800	75	4.9025	105	50.0725
		46	0.4150	76	5.3375	106	53.5050
		47	0.4550	77	5.8450	107	57.3150
18	\$0.0925	48	0.4775	78	6.4325	108	61.5525
19	0.1000	49	0.5025	79	7.1075	109	66.3050
20	0.1050	50	0.5375	80	7.8325	110	71.6575
21	0.1100	51	0.5800	81	8.6525	111	77.7400
22	0.1150	52	0.6400	82	9.4875	112	83.3325
23	0.1200	53	0.7050	83	10.3725	113	83.3325
24	0.1275	54	0.7900	84	11.3425	114	83.3325
25	0.1350	55	0.8825	85	12.4975	115	83.3325
26	0.1425	56	0.9800	86	13.7800	116	83.3325
27	0.1500	57	1.0800	87	15.1775	117	83.3325
28	0.1500	58	1.1600	88	16.6725	118	83.3325
29	0.1500	59	1.2550	89	18.2450	119	83.3325

\*For Insureds with a super preferred or preferred risk classification, the corresponding standard non-tobacco or standard tobacco guaranteed maximum monthly cost of insurance rates will apply.

\*For Insureds with other than a super preferred, preferred or standard risk classification, the guaranteed monthly cost of insurance rates are calculated by multiplying the monthly rates by the Substandard Class Risk Factor shown under Policy Data.

You may apply for a change in risk classification for Insureds who are at least Attained Insurance Age 18, and no more than Attained Insurance Age 119, subject to Our underwriting rules and requirements at the time the change is requested.

There are no cost of insurance charges on or after Attained Insurance Age 120.

## RiverSource Life Insurance Company

70100 Ameriprise Financial Center  
Minneapolis, MN 55474

1-800-541-2251

# Waiver of Premium Rider for Total Disability

Based on the application for this rider and the payment of its monthly deduction, 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, add to the Policy Value the specified premium as shown under Policy Data, or waive the monthly deduction for the policy if the Insured becomes Totally Disabled and meets the requirements described in this rider.

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 120 Anniversary.

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

The rider benefit provided will be based upon the Insured's Attained Insurance Age. Prior to the Insured's Attained Insurance Age 65 Anniversary, We will add to the Policy Value the specified premium, or waive the monthly deduction if higher. On or after the Insured's Attained Insurance Age 65 Anniversary, We will waive the monthly deduction. The waived premiums or waived monthly deductions will not be deducted from the policy Proceeds.

The addition to the Policy Value of the specified premium, or waiver of the monthly deduction, will also apply to this rider and all other riders attached to the policy unless stated otherwise under Policy Data.

Until Your claim is approved, You must pay the premiums needed so that Your policy does not lapse, as provided in the grace period provision of the policy. We will also take monthly deductions as usual.

If Total Disability begins within the grace period for the policy, payment of premium sufficient to avoid lapse of the policy must be made, before We approve the waiver benefit.

If We approve Your claim, premiums you paid during Total Disability that exceed the amount required to prevent policy lapse will be refunded to You.

Any specified premiums that are eligible to be added to the Policy Value, that were not added to the Policy Value during Total Disability, will be added to the Policy Value. The Policy Value will then be equal to the Policy Value as if the specified premiums were added to Policy Value each Monthly Date they were eligible to be added.

Any monthly deductions that are eligible for waiver and were taken during Total Disability will be restored to the Policy Value as if the monthly deductions were never taken.

For any month that the specified premium is added to the Policy Value or the monthly deduction is waived, the minimum initial premium and any no lapse guarantee premium, as described in the Premiums section of the policy, for that month will be zero.

## 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 also be considered Total Disability even if the Insured performs in an occupation:

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

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

## Rider Exclusions

We will not add to the Policy Value the specified premium or waive any monthly deduction 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.

### **Coverage Under the Policy During Disability**

During a period of Total Disability, You may not:

1. increase the specified amount of the policy; or
2. make changes to the death benefit option; or
3. increase any benefits under the policy or any riders attached to it.

### **Proof of Total Disability**

We must receive proof of Total Disability in Our home office within one year after the Monthly Date of Your request for Us to add to the Policy Value the specified premium, or waive the monthly deduction. 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, We will not add the specified premium to the Policy Value, refund any specified premium, or credit any monthly deduction made more than one year before proof was furnished.

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 additions to the Policy Value of the specified premium, or waiver of the monthly deduction will be made.

### **Waiver of Monthly Deduction for Involuntary Unemployment**

After 90 consecutive days of the Insured collecting unemployment benefits, monthly deductions 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. Monthly deductions that were due and paid during the first 90 consecutive days that the Insured collected unemployment benefits will be restored to the Policy Value. The waiver of monthly deduction 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 monthly deductions are being waived due to involuntary unemployment will terminate the waiver of monthly deduction claim due to involuntary unemployment.

### **Monthly Deduction for the Cost of this Rider**

While this rider is in force, a monthly deduction for the cost of this rider is taken from the Policy Value. The monthly deduction amount for this rider can be determined from the Waiver of Premium Rider for Total Disability Guaranteed Maximum Monthly Cost of Insurance Rates shown under Policy Data.

### **Rider Incontestability**

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

### **Decreases to the Specified Premium**

While this rider is in force, You may decrease the specified premium once per year by Written Request. You may not make any decrease to the specified premium during a period of Total Disability for the Insured. The decrease may only be made after the first year and any decrease will be effective on the Monthly Date on or following Our receipt of Your Written Request.

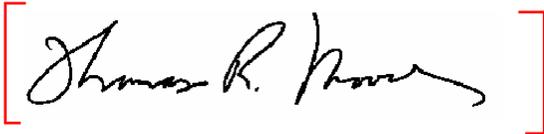
## **Increases to the Specified Premium**

While this rider is in force, You may increase the specified premium if there is an increase in the policy's specified premium amount as described on the Policy Change section of the policy. You may not increase the specified premium during a period of Total Disability for the Insured. Increases are subject to the following rules:

1. You must apply for an increase by Written Request on a form satisfactory to Us.
2. You must furnish satisfactory evidence of insurability of the Insured.
3. Any increase will be subject to Our issue rules and limits at the time of the increase.
4. The minimum increase to the specified premium is \$100.00.
5. Any increase will be effective on the Monthly Date on or next following the date Your application is approved.

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**

A handwritten signature in black ink, enclosed in red square brackets. The signature appears to read "Thomas R. Power".

Secretary

## **Rider Termination**

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

1. the date the policy Terminates; or
2. the date of death of the Insured; or
3. the Monthly Date on or next following the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage terminates; or
4. the Expiration Date for this rider shown under Policy Data.

The effective date of Your request is the date We receive Your Written Request, or a later date if specified in Your request. If We accept a request for termination by other than Written Request, the effective date of Your request is 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.

## RiverSource Life Insurance Company

70100 Ameriprise Financial Center  
Minneapolis, MN 55474

1-800-541-2251

# Waiver of Monthly Deduction Rider for Total Disability

Based on the application for this rider and the payment of its monthly deduction, 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 waive the monthly deductions for the policy if the Insured becomes Totally Disabled and meets the requirements described in this rider.

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, We will waive monthly deductions until the Insured's Attained Insurance Age 120 Anniversary.

If Total Disability begins on or after the Insured's Attained Insurance Age 60 Anniversary, We will waive monthly deductions until the greater of the Insured's Attained Insurance Age 65 Anniversary, or 2 years (24 months) following the date Total Disability begins. The waived monthly deductions will not be deducted from the policy Proceeds.

The waiver of monthly deductions will apply to this rider and all other riders attached to the policy unless stated otherwise under Policy Data.

Until Your claim is approved, You must pay the premiums needed so that Your policy does not lapse, as provided in the grace period provision of the policy. We will also take monthly deductions as usual.

If Total Disability begins within the grace period for the policy, payment of premium sufficient to avoid lapse of the policy must be made, before We approve the waiver benefit.

If We approve Your claim, premiums you paid during Total Disability that exceed the amount required to prevent policy lapse will be refunded to You, if You so request.

If We approve Your claim, monthly deductions taken during Total Disability will be restored to the policy value. The policy value will then be equal to the policy value as if the monthly deductions were never taken.

For any month that the monthly deductions are waived, any minimum initial premium and any no lapse guarantee premium, as described in the Premiums section of the policy, for that month will be zero.

All benefits included under the policy shall continue in force, subject to the policy loan provisions, and if applicable, the investment performance of any segregated asset account included as part of the policy value.

## 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 also be considered Total Disability even if the Insured performs in an occupation:

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

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

## Rider Exclusions

We will not waive any monthly deduction 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.

## Coverage Under the Policy During Disability

During a period of Total Disability, You may not:

1. increase the specified amount of the policy; or
2. make changes to the death benefit option; or
3. increase any benefits under the policy or any riders attached to it.

## Proof of Total Disability

We must receive proof of Total Disability in Our home office within one year after the monthly date of the monthly deduction that You ask Us 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, We will not waive monthly deductions made more than one year before proof was furnished.

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 Monthly Deduction for Involuntary Unemployment

After 90 consecutive days of the Insured collecting unemployment benefits, monthly deductions 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. Monthly deductions that were due and paid during the first 90 consecutive days that the Insured collected unemployment benefits will be restored to the Policy Value. The waiver of monthly deduction 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 monthly deductions are being waived due to involuntary unemployment will terminate the waiver of monthly deduction claim due to involuntary unemployment.

## Monthly Deduction for the Cost of this Rider

While this rider is in force, a monthly deduction for the cost of this rider is taken from the policy value. The monthly deduction amount for this rider can be determined from the Waiver of Monthly Deduction

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

Rider for Total Disability Guaranteed Maximum Monthly Cost of Insurance Rates shown under Policy Data.

## 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

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

1. the date the policy Terminates; or
2. the date of death of the Insured; or
3. the Monthly Date on or next following the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage terminates; or
4. the Expiration Date for this rider shown under Policy Data.

The effective date of Your request is the date We receive Your Written Request, or a later date if specified in Your request. If We accept a request for termination by other than Written Request, the effective date of Your request is 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.

## RiverSource Life Insurance Company

70100 Ameriprise Financial Center  
Minneapolis, MN 55474

1-800-541-2251

# Children's Level Term Insurance Rider

Based on the application for this rider and the payment of its monthly deduction, 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 22<sup>nd</sup> 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 22<sup>nd</sup> 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 22<sup>nd</sup> 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 22<sup>nd</sup> 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 22<sup>nd</sup> Birthday**

To convert the insurance in force on an Insured Child's 22<sup>nd</sup> birthday, a Written Request must be received by Us:

1. within the 31 days following such Insured Child's 22<sup>nd</sup> 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 22<sup>nd</sup> birthday. If conversion is not made, the insurance in force will terminate on such Insured's Child's 22<sup>nd</sup> 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 22<sup>nd</sup> 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.

**Monthly Deduction for the Cost of this Rider**

While this rider is in force, a monthly deduction for the cost of this rider is taken from the Policy Value. The monthly deduction amount for this rider is shown under Policy Data.

**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 monthly deductions taken 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 the policy Terminates; or
2. the date of death of the Insured; or
3. the Monthly Date on or next following the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage terminates; or
4. the Expiration Date for this rider shown under Policy Data.

The effective date of Your request is the date We receive Your Written Request, or a later date if specified in Your request. If We accept a request for termination by other than Written Request, the effective date of Your request is the date We receive Your request, or a later date if specified in Your request

**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.

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**

A handwritten signature in black ink, enclosed in red square brackets. The signature appears to read "Thomas R. Power".

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 its monthly deduction, 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.

#### Monthly Deduction for the Cost of this Rider

While this rider is in force, a monthly deduction for the cost of this rider is taken from the Policy Value. The monthly deduction amount for this rider is shown under Policy Data.

#### 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 the policy Terminates; or
2. the date of death of the Insured; or
3. the Monthly Date on or next following the effective date of Your request, by Written Request, or other requests acceptable to Us, that coverage terminates; or
4. the Expiration Date for this rider shown under Policy Data.

The effective date of Your request is the date We receive Your Written Request, or a later date if specified in Your request. If We accept a request for termination by other than Written Request, the effective date of Your request is 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 any accident that occurs before the termination.

#### 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

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
 Filing Company: RiverSource Life Insurance Company State Tracking Number:  
 Company Tracking Number: VUL 5  
 TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
 Product Name: VUL 5  
 Project Name/Number: VUL 5/132376

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> These variable forms are subject to federal jurisdiction and accordingly the Flesch requirements do not apply.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> Application forms 134851, 133081 and 132263 approved 2/17/10 and application form 134886 with E-signature form 131244 approved 10/28/11		

**Attachments:**  
 134851.pdf  
 133081.pdf  
 134886.pdf  
 131244.pdf  
 132263 - ASR Application.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Life & Annuity - Acturial Memo		
<b>Comments:</b>		
<b>Attachments:</b> Attachment 1 - Corridor Factors - CVAT.pdf Attachment 1 - Corridor Factors - GPT.pdf Attachment 2 - Guaranteed COI.pdf Attachment 3 - Guaranteed Monthly Admin.pdf Attachment 4 - Initial Surrender Charges.pdf Attachment 5-A and 5-B SNFL.pdf Memorandum VUL 5 - April 5.pdf Memorandum ADB on VUL 2012.pdf		

SERFF Tracking Number: AEMN-128285841

State: Arkansas

Filing Company: RiverSource Life Insurance Company

State Tracking Number:

Company Tracking Number: VUL 5

TOI: L061 Individual Life - Variable

Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: VUL 5

Project Name/Number: VUL 5/132376

Memorandum CIR on VUL 2012.pdf

Memorandum WMD on VUL 2012.pdf

Memorandum WP on VUL 2012.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Various Risk Class Data Pages

**Comments:**

**Attachments:**

132376-DP Perm Flat Extra Jane Doe 4--12.pdf

132376-DP Rated Table B John Doe 4-12.pdf

132376-DP Temp Flat Extra ES John Doe 4-12.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachments:**

VUL5 SOV-AR.pdf

VUL5 DP SOV.pdf

VUL5 ADB SOV.pdf

VUL5 CIR SOV.pdf

VUL5 WMD SOV.pdf

VUL5 WOP SOV.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** 132376-AR red line

**Comments:**

**Attachment:**

132376-AR VUL 5 6-7-12 red line prt pdf.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Certification

*SERFF Tracking Number:* AEMN-128285841      *State:* Arkansas  
*Filing Company:* RiverSource Life Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* VUL 5  
*TOI:* L061 Individual Life - Variable      *Sub-TOI:* L061.002 Single Life - Flexible Premium  
*Product Name:* VUL 5  
*Project Name/Number:* VUL 5/132376

**Comments:**

**Attachment:**

Arkansas Compliance Certification prt pdf.pdf

DOC0116134851

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

# Life and Disability Income Insurance Application

3.

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.

4.

© 2010 RiverSource Life insurance Company. All rights reserved.

134851

5. Page 1 of 16

6. A (5/10)

2.



3. Complete Sections B, C and D if applicable.

**Section B Juvenile Insurance** [Complete if insured is under age 15.] 3.

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 \$ \_\_\_\_\_ . \_\_\_\_\_

9.

Signature of Parent or Legal Guardian  Signature of Witness  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 \_\_\_\_\_

3.

**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 \_\_\_\_\_



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.

Company	Policy Number	Type	Amount	ADB Amount	Being Replaced
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> 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.**

**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.



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 \_\_\_\_\_ 8.
- 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

- 10. 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

11.

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 8.
b. Systematic Payment Option (SPO) (Complete Form 200517.)
c. Direct Bill: Quarterly Semiannual Annual
d. Other 7.

7.

4. Life Insurance Beneficiary — Universal Life Insurance

3. 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)



3.

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**

8.

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**

- 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.

12.

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**

Social Benefits Rider \$ [ ] per month with Waiting Period of [ ] days

10.

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. [Empty text box for job duties description]

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.

Table with 7 columns: Company, Policy Number, Type, Insurance Amount/Monthly Income, DI Years Payable, Being Replaced. Includes a 7. marker in the left margin.

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.



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
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> 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.

2.

DOC1116134851

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):

Name (First, Full Middle, Last)	Birth Date (MMDDYYYY)	Sex	Physical/Mental Abnormalities at Birth?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No

7.

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.)

134851

5.

Page 12 of 16

6.

A (5/10) ●



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.

### 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.

# 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).

### 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:

15.

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](http://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](http://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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Insured's Signature (base plan)	Second Insured's Signature
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

9.

Owner's Signature (other than Insured)	Parent/Legal Guardian's Signature (for Insureds under age 15)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**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	Advisor Number
<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>

Comp %	Area Office Number	Phone Number	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	Advisor Number
<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>

Comp %	Area Office Number	Phone Number	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Corporate Office Copy — Submit to Corporate Office

DOC0104133081

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

© 2010 RiverSource Life Insurance Company. All rights reserved.

133081

Page 1 of 4

A (05/10)

**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*

2.



**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)

Interview Date

X



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

# Life and Disability Income Insurance Application



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.



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
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> 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     | <input type="radio"/> Income Protection Plus with 2 Years Occupation Protection (IPP-2) |
| Occupation Classes 4A, 4M, 5A & 5M     | <input type="radio"/> Income Protection Plus with 5 Years Occupation Protection (IPP-5) |
| Occupation Classes 4A & 5A             | <input type="radio"/> Income Protection Plus (IPP)                                      |
| Occupation Classes 4A, 4M, 5A & 5M     | <input type="radio"/> Income Protection with Residual Benefits (IPTr)                   |
| Occupation Classes 3A, 4A, 4M, 5A & 5M | <input type="radio"/> 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> 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?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> 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)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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.

## 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](http://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)

Second Insured's Signature

**X**

**X**

Owner's Signature (other than Insured)

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

**X**

**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 \_\_\_\_\_ Date (MMDDYYYY) \_\_\_\_\_

**X** \_\_\_\_\_

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

*i* If yes, provide the Recommending Advisor Name and ID below if different than Advisor listed above.  
Name \_\_\_\_\_ Advisor's Number \_\_\_\_\_

*w* 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 \_\_\_\_\_ Date (MMDDYYYY) \_\_\_\_\_

**X** \_\_\_\_\_

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...**

Corporate Office Copy — Submit to Corporate Office

**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)

Second Insured's Signature

X

X

Owner's Signature (other than Insured)

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

X

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 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 Date (MMDDYYYY)

Team ID Comp % Phone Ext Area Office Number



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

# Electronic Signature



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

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



# 16. AdvanceSource<sup>SM</sup> Accelerated Benefit Rider Application



3. ⓘ This rider is not available for policies with Death Benefit Option 2

Client ID

## Part 1 Accelerated Benefit Insured (Insured) and Owner Information

1. Insured: Is Insured the Owner?  Yes  No Owner if other than Insured:   
Insured's Name:

## Part 2 Rider Specified Amount and Monthly Benefit Percent

Rider Specified Amount: \$   
Monthly Benefit Percent:  1%  2%  3% If nothing chosen, it will be 1%.

## Part 3 Protection Against Unintended Lapse or Termination

I, the owner, understand that I have the right to designate at least one person other than myself to receive written notice of lapse or termination of the policy while this rider is attached. I understand that such notice will not be sent until 30 days after the rider charge is due and unpaid.  
 1. I elect (complete information below)  
 2. I DO NOT elect to designate a person to receive such notice If nothing chosen, it will be election 2.  
Name   
Home Address:   
City  State  ZIP code

## Part 4 Insurance Coverage Information (Insured)

1. Are you covered by Medicaid?  Yes  No  
2. Do you currently have, or have you had during the last twelve months, another long-term care, accident, sickness, health or medical insurance policy or certificate in force (including a health care service contract or health maintenance organization contract)?  Yes  No  
3. Do you intend to replace any of your long-term care, accident, sickness, health or medical coverage with the coverage applied for?  Yes  No  
4. Do you have any other life insurance policies or annuity contracts currently in force that provide similar long-term care coverage?  Yes  No  
5. Have you ever been denied coverage for a long-term care rider or policy? If yes, provide details:  Yes  No

7. Details for "YES" answers to insurance coverage information (Questions 2-4)

Company	Policy/Certificate No.	Type and Amount	Currently in force? If no, provide date of lapse	Being Replaced?
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

3. Sign on page 3

4. © 2010 RiverSource Life Insurance Company. All rights reserved.





**Part 6 Agreement & Acknowledgement**

16.

I agree as follows: I, the owner, am applying for an acceleration of life insurance death benefits under the AdvanceSource Accelerated Benefit rider that will become part of the life insurance policy. I, the owner, understand that this application will form part of the basis of coverage under the policy and that coverage for this rider will take effect on the Date shown under Policy Data. I understand that this rider covers only the Accelerated Benefit Insured who is the base insured person named in the policy. The statements and answers in this application from the Accelerated Benefit Insured and the owner are true and complete to the best of my(our) knowledge and belief.

**Caution: If any answers from the Accelerated Benefit Insured or the owner on this application are incorrect or untrue, RiverSource Life Insurance Company has the right to deny benefits or rescind your rider.**

17.

**Acknowledgement:** I have received and reviewed the rider Outline of Coverage, the life insurance illustration along with the rider supplemental report and the Long-Term Care Insurance Potential Rate Increase Disclosure. I have also received and reviewed the following forms (if required by law in the state in which this rider is delivered): Replacement Notice and Shopper's Guide to Long-Term Care Insurance.

**Disclosure:** The receipt of Accelerated Benefits may or may not be taxable. You should consult your tax advisor as to the taxation of any Accelerated Benefits.

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 may be subject to state fraud penalties. Refer to the life insurance application for your state's specific fraud disclosure, if applicable.

I acknowledge that this rider has a pre-existing condition limitation. No coverage will be provided for illness, injury, or other pre-existing condition until 6 months after this rider has become effective.

9.

Insured's Signature

Insured's Name (Print)

X

Owner's Signature (if other than Insured)

Date (MMDDYYYY)

X

**Advisor's Report**

15.

List all long-term care, accident, sickness, health or medical insurance policies that you have sold to the applicant:

In force:

Sold in the past five years that are no longer in force:

Company	Policy/Certificate No.	Type and Amount	Company	Policy/Certificate No.	Type and Amount

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. To the best of your knowledge and belief, the information provided in this application regarding replacement of existing insurance is true and accurate.

Advisor's Signature

Advisor Number

X

9.

## Policy Data

---

Insured:	Jane Doe	Issue Age:	35
Risk Classification:	Female Substandard Nontobacco		
Policy Number:	9090-1234567	Policy Date:	May 1, 2012
Type of Policy:	Flexible Premium Variable Adjustable Life RiverSource VUL 5	Monthly Date:	01
		Initial Specified Amount:	\$100,000
Minimum Specified Amount Allowed:	Policy Year 1: \$100,000 Years 2 - 5: 75,000 Years 6 - 10: 50,000 Years 11 - 15: 25,000 Thereafter: 1,000	Initial Death Benefit Option:	Option 1
		Life Insurance Qualification Test:	Guideline Premium Test

**Substandard Risk Classification - Monthly per \$1,000 Flat Extra Rate \$0.42**

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

---

## Premium Information

Initial Premium:	\$67.38	Scheduled Premium:	\$1,125.00 per year payable annually
Minimum Initial Premium:	\$67.38 per month	No-lapse Guarantee Premium:	\$93.64 per month
Minimum Initial Premium Period:	1 Years	No-lapse Guarantee Period:	40 Years

Coverage will expire prior to death if no premiums are paid following payment of the initial premium, or subsequent premiums are insufficient to continue coverage. Coverage will expire when the policy values are insufficient to pay the charges assessed on a monthly anniversary. The period for which the policy and coverage will continue In Force will depend on; 1) the amount, timing and frequency of premium payments; 2) changes in the specified amount and death benefit option; 3) changes in the interest rates credited to the Fixed Account and in the investment performance of the Subaccounts; 4) changes in the monthly cost of insurance deductions from the Policy Value for this policy and any riders attached to this policy; 5) changes in the premium expense charge, administrative charge, mortality and expense risk rate and policy fee; and 6) loan and partial surrender activity. The payment of scheduled premiums or unscheduled premiums in any amount or frequency will not guarantee that the policy will remain In Force unless the premiums needed to keep the minimum initial premium or the no-lapse guarantee in effect have been paid. At the end of the minimum initial premium period or the no-lapse guarantee period, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the minimum initial premium or the no-lapse guarantee.

---

---

**Interest and Loan Information**

Fixed Account  
Guaranteed Interest Rate: [ 2% per year ]

Guaranteed Loan  
Interest Rate  
All Policy Years: [ 5% per year ]

Guaranteed Interest  
Rate Factor: [ 1.0016515813 ]

---

**Fees and Deductions**

Guaranteed Premium Expense Charge  
All Policy Years: [ 4% ]

Guaranteed Policy Fee  
All Policy Years: [ \$15.00 per month ]

Guaranteed Administrative Charge  
[ Policy Years 1-20: \$8.80 per month ]  
[ Policy Years 21+: \$8.80 per month ]

Partial Surrender Fee: [ \$25 or 2% of amount surrendered, whichever is less ]

Guaranteed Mortality and Expense Risk Rate:  
All policy years: [ 0.75% per year ]

---

**Table of Surrender Charges**

<u>Policy Year</u>	<u>Beginning of Year</u>
[ 1 ]	[ \$1,935.67 ]
[ 2 ]	[ 1,919.67 ]
[ 3 ]	[ 1,903.67 ]
[ 4 ]	[ 1,887.67 ]
[ 5 ]	[ 1,871.67 ]
[ 6 ]	[ 1,826.05 ]
[ 7 ]	[ 1,454.65 ]
[ 8 ]	[ 1,083.25 ]
[ 9 ]	[ 711.85 ]
[ 10 ]	[ 340.45 ]

This table applies to the initial Specified Amount for the first [ 10 ] policy years. Surrender charges decrease evenly at each Monthly Date between Policy Anniversaries. Additional surrender charges will apply to each increase in specified amount for [ 10 ] years after the effective date of increase.

---

**Policy Value Credit**

**Policy Value Credit Requirements**

To receive any available credit the following conditions must be met:

1. the policy has been In Force for at least 10 years; and
2. the sum of the premiums paid, minus partial surrenders and partial surrender fees, minus outstanding Indebtedness equals or exceeds \$500,000.

---

---

**Life Insurance Qualification Test: [ Guideline Premium Test ]**

**Death Benefit Percentage Table**

<u>Insured's</u> <u>Attained</u> <u>Insurance</u> <u>Age</u>	<u>Death</u> <u>Benefit</u> <u>Percentage</u>	<u>Insured's</u> <u>Attained</u> <u>Insurance</u> <u>Age</u>	<u>Death</u> <u>Benefit</u> <u>Percentage</u>	<u>Insured's</u> <u>Attained</u> <u>Insurance</u> <u>Age</u>	<u>Death</u> <u>Benefit</u> <u>Percentage</u>
40 or less	250	55	150	70	115
41	243	56	146	71	113
42	236	57	142	72	111
43	229	58	138	73	109
44	222	59	134	74	107
45	215	60	130	75-90	105
46	209	61	128	91	104
47	203	62	126	92	103
48	197	63	124	93	102
49	191	64	122	94	101
50	185	65	120	95-119	100
51	178	66	119		
52	171	67	118		
53	164	68	117		
54	157	69	116		

**Schedule of Benefits and Riders**

	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Monthly Cost of Insurance</u>
Flexible Premium Variable Adjustable Life	[ May 1, 2012 ]	See policy form	See policy form

**Investment Options****Initial Premium Allocations**

RiverSource Life Insurance Company Fixed Account

20%

**Investments of the Subaccounts:**

AllianceBernstein VPS Large Cap Growth Portfolio (Class B)	0%
American Century VP Value, Class II	0%
BlackRock Global Allocation V.I. Fund (Class III)	0%
Columbia Variable Portfolio – Balanced Fund (Class 3)	0%
Columbia Variable Portfolio – Cash Management Fund (Class 2)	0%
Columbia Variable Portfolio – Diversified Bond Fund (Class 2)	0%
Columbia Variable Portfolio – Diversified Equity Income Fund (Class 2)	0%
Columbia Variable Portfolio – Dynamic Equity Fund (Class 2)	0%
Columbia Variable Portfolio – Emerging Markets Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – Global Bond Fund (Class 2)	0%
Columbia Variable Portfolio – Global Inflation Protected Securities Fund (Class 2)	0%
Columbia Variable Portfolio – High Income Fund, Class 2	0%
Columbia Variable Portfolio – High Yield Bond Fund (Class 2)	10%
Columbia Variable Portfolio – Income Opportunities Fund (Class 2)	50%
Columbia Variable Portfolio – International Opportunity Fund (Class 2)	20%
Columbia Variable Portfolio – Large Cap Growth Fund (Class 2)	0%
Columbia Variable Portfolio – Limited Duration Credit Fund (Class 2)	0%
Columbia Variable Portfolio – Marsico International Opportunities Fund, Class 2	0%
Columbia Variable Portfolio – Mid Cap Growth Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – Mid Cap Value Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – S&P 500 Index Fund (Class 3)	0%
Columbia Variable Portfolio – Select Large-Cap Value Fund (Class 2)	0%
Columbia Variable Portfolio – Select Smaller-Cap Value Fund (Class 2)	0%
Columbia Variable Portfolio – Short Duration U.S. Government Fund (Class 2)	0%
Columbia Variable Portfolio – Strategic Income Fund, Class 2	0%
DWS Alternative Asset Allocation VIP, Class B	0%
Fidelity® VIP Contrafund® Portfolio Service Class 2	0%
Fidelity® VIP Mid Cap Portfolio Service Class 2	0%
FTVIPT Franklin Small Cap Value Securities Fund – Class 2	0%
FTVIPT Mutual Shares Securities Fund – Class 2	0%
Janus Aspen Series Janus Portfolio: Service Shares	0%
Janus Aspen Series Moderate Allocation Portfolio: Service Shares	0%
MFS® Utilities Series – Service Class	0%
Morgan Stanley UIF Mid Cap Growth Portfolio, Class II Shares	0%
Neuberger Berman Advisers Management Trust Socially Responsive Portfolio (Class S)	0%
Oppenheimer Global Securities Fund/VA, Service Shares	0%
Oppenheimer Main Street Small- & Mid-Cap Fund®/VA, Service Shares	0%
PIMCO VIT All Asset Portfolio, Advisor Share Class	0%
PIMCO VIT Global Multi-Asset Portfolio, Advisor Share Class	0%
Variable Portfolio – Aggressive Portfolio (Class 2)	0%
Variable Portfolio – American Century Diversified Bond Fund (Class 2)	0%

**Investment Options**

**Initial Premium Allocations**

**Investments of the Subaccounts:**

Variable Portfolio – American Century Growth Fund (Class 2)	0%
Variable Portfolio – Columbia Wanger International Equities Fund (Class 2)	0%
Variable Portfolio – Columbia Wanger U.S. Equities Fund (Class 2)	0%
Variable Portfolio – Conservative Portfolio (Class 2)	0%
Variable Portfolio – Davis New York Venture Fund (Class 2)	0%
Variable Portfolio – DFA International Value Fund (Class 2)	0%
Variable Portfolio – Eaton Vance Floating-Rate Income Fund (Class 2)	0%
Variable Portfolio – Goldman Sachs Mid Cap Value Fund (Class 2)	0%
Variable Portfolio – Invesco International Growth Fund (Class 2)	0%
Variable Portfolio – J.P. Morgan Core Bond Fund (Class 2)	0%
Variable Portfolio – Jennison Mid Cap Growth Fund (Class 2)	0%
Variable Portfolio – Marsico Growth Fund (Class 2)	0%
Variable Portfolio – MFS Value Fund (Class 2)	0%
Variable Portfolio – Moderate Portfolio (Class 2)	0%
Variable Portfolio – Moderately Aggressive Portfolio (Class 2)	0%
Variable Portfolio – Moderately Conservative Portfolio (Class 2)	0%
Variable Portfolio – Morgan Stanley Global Real Estate Fund (Class 2)	0%
Variable Portfolio – NFJ Dividend Value Fund (Class 2)	0%
Variable Portfolio – Nuveen Winslow Large Cap Growth Fund (Class 2)	0%
Variable Portfolio – Partners Small Cap Growth Fund (Class 2)	0%
Variable Portfolio – Partners Small Cap Value Fund (Class 2)	0%
Variable Portfolio – PIMCO Mortgage-Backed Securities Fund (Class 2)	0%
Variable Portfolio – Pyramis® International Equity Fund (Class 2)	0%
Variable Portfolio – Wells Fargo Short Duration Government Fund (Class 2)	0%
Wells Fargo Advantage VT Opportunity Fund – Class 2	0%
Wells Fargo Advantage VT Small Cap Growth Fund – Class 2	0%

**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**

<u>Number of Years</u>	<u>Monthly Payment/\$1000</u>
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**

<u>Age Payee</u>	<u>Settlement Beginning In Year</u>	<u>5 Years</u>		<u>10 Years</u>		<u>15 Years</u>	
		<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
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.

---

**CSO Mortality Tables**

2001 Commissioner's Standard Ordinary (CSO) Mortality Table; Smoker or Nonsmoker; Male or Female; Age Nearest Birthday

Ages 17 and Under

2001 Commissioner's Standard Ordinary Mortality Table; Male or Female; Age Nearest Birthday.

**Female Rate Table**

**Guaranteed Maximum Monthly Cost of Insurance Rates per \$1,000 for  
Female Insureds with a Standard Non-Tobacco Risk Classification\***

<u>Attained Age</u>	<u>Standard Non-Tobacco</u>						
0	\$0.0400	30	\$0.0525	60	\$0.6175	90	\$10.6550
1	0.0275	31	0.0550	61	0.6700	91	11.1375
2	0.0200	32	0.0600	62	0.7275	92	12.0925
3	0.0150	33	0.0625	63	0.7875	93	13.5250
4	0.0150	34	0.0675	64	0.8525	94	15.3700
5	0.0150	35	0.0725	65	0.9250	95	17.7000
6	0.0150	36	0.0775	66	1.0025	96	19.9725
7	0.0175	37	0.0850	67	1.0900	97	22.3725
8	0.0175	38	0.0875	68	1.1875	98	22.7900
9	0.0175	39	0.0925	69	1.2950	99	24.2025
10	0.0175	40	0.1000	70	1.4125	100	26.4925
11	0.0175	41	0.1050	71	1.5475	101	29.0025
12	0.0225	42	0.1125	72	1.6975	102	31.8875
13	0.0250	43	0.1200	73	1.8625	103	35.1425
14	0.0275	44	0.1300	74	2.0450	104	38.8725
15	0.0275	45	0.1425	75	2.2475	105	43.0900
16	0.0325	46	0.1550	76	2.4675	106	47.6400
17	0.0325	47	0.1725	77	2.7125	107	52.5625
18	0.0350	48	0.1900	78	2.9825	108	57.8150
19	0.0375	49	0.2100	79	3.2775	109	63.6500
20	0.0375	50	0.2325	80	3.6050	110	70.0650
21	0.0375	51	0.2600	81	4.0550	111	76.7250
22	0.0400	52	0.2875	82	4.5625	112	83.3325
23	0.0400	53	0.3200	83	5.0725	113	83.3325
24	0.0400	54	0.3525	84	5.6400	114	83.3325
25	0.0400	55	0.3900	85	6.2825	115	83.3325
26	0.0425	56	0.4325	86	6.8675	116	83.3325
27	0.0475	57	0.4750	87	7.7600	117	83.3325
28	0.0475	58	0.5225	88	8.7000	118	83.3325
29	0.0500	59	0.5700	89	9.7125	119	83.3325

**Female Rate Table**

**Guaranteed Maximum Monthly Cost of Insurance Rates per \$1,000  
for Female Insureds with a Standard Tobacco Risk Classification\***

<u>Attained Age</u>	<u>Standard Tobacco</u>						
		30	\$0.0850	60	\$1.1700	90	\$13.7450
		31	0.0925	61	1.2650	91	13.1375
		32	0.0975	62	1.3700	92	14.6825
		33	0.1050	63	1.4750	93	15.9125
		34	0.1150	64	1.5875	94	17.5025
		35	0.1275	65	1.7100	95	19.9650
		36	0.1375	66	1.8400	96	22.2775
		37	0.1475	67	1.9850	97	24.6625
		38	0.1550	68	2.1475	98	24.7800
		39	0.1650	69	2.3225	99	35.9700
		40	0.1750	70	2.5175	100	28.0525
		41	0.1875	71	2.7425	101	30.3350
		42	0.2025	72	2.9900	102	32.9150
		43	0.2175	73	3.2575	103	35.7700
		44	0.2375	74	3.5525	104	38.9750
		45	0.2600	75	3.8475	105	43.1950
		46	0.2850	76	4.1725	106	47.7400
		47	0.3175	77	4.5250	107	52.6600
18	\$0.0400	48	0.3550	78	4.9025	108	57.9100
19	0.0450	49	0.4000	79	5.3150	109	63.7450
20	0.0475	50	0.4500	80	5.7600	110	70.1575
21	0.0500	51	0.5025	81	6.3925	111	76.8175
22	0.0525	52	0.5600	82	7.0825	112	83.3325
23	0.0550	53	0.6200	83	7.7600	113	83.3325
24	0.0600	54	0.6875	84	8.4925	114	83.3325
25	0.0625	55	0.7575	85	9.2375	115	83.3325
26	0.0675	56	0.8350	86	9.8650	116	83.3325
27	0.0725	57	0.9150	87	10.8650	117	83.3325
28	0.0750	58	0.9925	88	11.8775	118	83.3325
29	0.0825	59	1.0800	89	12.9050	119	83.3325

\*For Insureds with a super preferred or preferred risk classification, the corresponding standard non-tobacco or standard tobacco guaranteed maximum monthly cost of insurance rates will apply.

\*For Insureds with other than a super preferred, preferred or standard risk classification, the guaranteed monthly cost of insurance rates are calculated by multiplying the monthly rates by the Substandard Class Risk Factor shown under Policy Data.

You may apply for a change in risk classification for Insureds who are at least Attained Insurance Age 18, and no more than Attained Insurance Age 119, subject to Our underwriting rules and requirements at the time the change is requested.

There are no cost of insurance charges on or after Attained Insurance Age 120.

## Policy Data

---

Insured:	[ John Doe ]	Issue Age:	[ 35 ]
Risk Classification:	[ Male Substandard Nontobacco ]		
Policy Number:	[ 9090-1234567 ]	Policy Date:	[ May 1, 2012 ]
Type of Policy:	Flexible Premium Variable Adjustable Life [ RiverSource VUL 5 ]	Monthly Date:	[ 01 ]
		Initial Specified Amount:	[ \$100,000 ]
Minimum Specified Amount Allowed:	[ Policy Year 1: \$100,000 Years 2 - 5: 75,000 Years 6 - 10: 50,000 Years 11 - 15: 25,000 Thereafter: 1,000 ]	Initial Death Benefit Option:	[ Option 2 ]
		Life Insurance Qualification Test:	[ Guideline Premium Test ]

[ **Substandard Risk Classification - Substandard Class Risk Factor = 1.50** ]

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

---

## Premium Information

Initial Premium:	[ \$33.29 ]	Scheduled Premium:	[ \$1,025.00 per year payable annually ]
Minimum Initial Premium:	[ \$33.29 per month ]	No-lapse Guarantee Premium:	[ \$85.11 per month ]
Minimum Initial Premium Period:	[ 1 Years ]	No-lapse Guarantee Period:	[ 40 Years ]

Coverage will expire prior to death if no premiums are paid following payment of the initial premium, or subsequent premiums are insufficient to continue coverage. Coverage will expire when the policy values are insufficient to pay the charges assessed on a monthly anniversary. The period for which the policy and coverage will continue In Force will depend on; 1) the amount, timing and frequency of premium payments; 2) changes in the specified amount and death benefit option; 3) changes in the interest rates credited to the Fixed Account and in the investment performance of the Subaccounts; 4) changes in the monthly cost of insurance deductions from the Policy Value for this policy and any riders attached to this policy; 5) changes in the premium expense charge, administrative charge, mortality and expense risk rate and policy fee; and 6) loan and partial surrender activity. The payment of scheduled premiums or unscheduled premiums in any amount or frequency will not guarantee that the policy will remain In Force unless the premiums needed to keep the minimum initial premium or the no-lapse guarantee in effect have been paid. At the end of the minimum initial premium period or the no-lapse guarantee period, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the minimum initial premium or the no-lapse guarantee.

---

---

**Interest and Loan Information**

Fixed Account  
Guaranteed Interest Rate: [ 2% per year ]

Guaranteed Loan  
Interest Rate  
All Policy Years: [ 5% per year ]

Guaranteed Interest  
Rate Factor: [ 1.0016515813 ]

---

**Fees and Deductions**

Guaranteed Premium Expense Charge  
All Policy Years: [ 4% ]

Guaranteed Policy Fee  
All Policy Years: [ \$15.00 per month ]

Guaranteed Administrative Charge  
[ Policy Years 1-20: \$8.80 per month ]  
[ Policy Years 21+: \$8.80 per month ]

Partial Surrender Fee: [ \$25 or 2% of amount surrendered, whichever is less ]

Guaranteed Mortality and Expense Risk Rate:  
All policy years: [ 0.75% per year ]

---

**Table of Surrender Charges**

<u>Policy Year</u>	<u>Beginning of Year</u>
[ 1 ]	[ \$2,093.32 ]
[ 2 ]	[ 2,073.12 ]
[ 3 ]	[ 2,052.92 ]
[ 4 ]	[ 2,032.72 ]
[ 5 ]	[ 2,012.52 ]
[ 6 ]	[ 1,960.77 ]
[ 7 ]	[ 1,561.97 ]
[ 8 ]	[ 1,163.17 ]
[ 9 ]	[ 764.37 ]
[ 10 ]	[ 365.57 ]

This table applies to the initial Specified Amount for the first [ 10 ] policy years. Surrender charges decrease evenly at each Monthly Date between Policy Anniversaries. Additional surrender charges will apply to each increase in specified amount for [ 10 ] years after the effective date of increase.

---

**Policy Value Credit**

**Policy Value Credit Requirements**

To receive any available credit the following conditions must be met:

1. the policy has been In Force for at least 10 years; and
  2. the sum of the premiums paid, minus partial surrenders and partial surrender fees, minus outstanding Indebtedness equals or exceeds \$500,000.
-

---

**Life Insurance Qualification Test: [ Guideline Premium Test ]**

**Death Benefit Percentage Table**

<u>Insured's</u> <u>Attained</u> <u>Insurance</u> <u>Age</u>	<u>Death</u> <u>Benefit</u> <u>Percentage</u>	<u>Insured's</u> <u>Attained</u> <u>Insurance</u> <u>Age</u>	<u>Death</u> <u>Benefit</u> <u>Percentage</u>	<u>Insured's</u> <u>Attained</u> <u>Insurance</u> <u>Age</u>	<u>Death</u> <u>Benefit</u> <u>Percentage</u>
40 or less	250	55	150	70	115
41	243	56	146	71	113
42	236	57	142	72	111
43	229	58	138	73	109
44	222	59	134	74	107
45	215	60	130	75-90	105
46	209	61	128	91	104
47	203	62	126	92	103
48	197	63	124	93	102
49	191	64	122	94	101
50	185	65	120	95-119	100
51	178	66	119		
52	171	67	118		
53	164	68	117		
54	157	69	116		

**Schedule of Benefits and Riders**

	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Monthly Cost of Insurance</u>
Flexible Premium Variable Adjustable Life	[ May 1, 2012 ]	See policy form	See policy form

**Investment Options****Initial Premium Allocations**

RiverSource Life Insurance Company Fixed Account

20%

**Investments of the Subaccounts:**

AllianceBernstein VPS Large Cap Growth Portfolio (Class B)	0%
American Century VP Value, Class II	0%
BlackRock Global Allocation V.I. Fund (Class III)	0%
Columbia Variable Portfolio – Balanced Fund (Class 3)	0%
Columbia Variable Portfolio – Cash Management Fund (Class 2)	0%
Columbia Variable Portfolio – Diversified Bond Fund (Class 2)	0%
Columbia Variable Portfolio – Diversified Equity Income Fund (Class 2)	0%
Columbia Variable Portfolio – Dynamic Equity Fund (Class 2)	0%
Columbia Variable Portfolio – Emerging Markets Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – Global Bond Fund (Class 2)	0%
Columbia Variable Portfolio – Global Inflation Protected Securities Fund (Class 2)	0%
Columbia Variable Portfolio – High Income Fund, Class 2	0%
Columbia Variable Portfolio – High Yield Bond Fund (Class 2)	10%
Columbia Variable Portfolio – Income Opportunities Fund (Class 2)	50%
Columbia Variable Portfolio – International Opportunity Fund (Class 2)	20%
Columbia Variable Portfolio – Large Cap Growth Fund (Class 2)	0%
Columbia Variable Portfolio – Limited Duration Credit Fund (Class 2)	0%
Columbia Variable Portfolio – Marsico International Opportunities Fund, Class 2	0%
Columbia Variable Portfolio – Mid Cap Growth Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – Mid Cap Value Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – S&P 500 Index Fund (Class 3)	0%
Columbia Variable Portfolio – Select Large-Cap Value Fund (Class 2)	0%
Columbia Variable Portfolio – Select Smaller-Cap Value Fund (Class 2)	0%
Columbia Variable Portfolio – Short Duration U.S. Government Fund (Class 2)	0%
Columbia Variable Portfolio – Strategic Income Fund, Class 2	0%
DWS Alternative Asset Allocation VIP, Class B	0%
Fidelity® VIP Contrafund® Portfolio Service Class 2	0%
Fidelity® VIP Mid Cap Portfolio Service Class 2	0%
FTVIPT Franklin Small Cap Value Securities Fund – Class 2	0%
FTVIPT Mutual Shares Securities Fund – Class 2	0%
Janus Aspen Series Janus Portfolio: Service Shares	0%
Janus Aspen Series Moderate Allocation Portfolio: Service Shares	0%
MFS® Utilities Series – Service Class	0%
Morgan Stanley UIF Mid Cap Growth Portfolio, Class II Shares	0%
Neuberger Berman Advisers Management Trust Socially Responsive Portfolio (Class S)	0%
Oppenheimer Global Securities Fund/VA, Service Shares	0%
Oppenheimer Main Street Small- & Mid-Cap Fund®/VA, Service Shares	0%
PIMCO VIT All Asset Portfolio, Advisor Share Class	0%
PIMCO VIT Global Multi-Asset Portfolio, Advisor Share Class	0%
Variable Portfolio – Aggressive Portfolio (Class 2)	0%
Variable Portfolio – American Century Diversified Bond Fund (Class 2)	0%

**Investment Options**

**Initial Premium Allocations**

**Investments of the Subaccounts:**

Variable Portfolio – American Century Growth Fund (Class 2)	0%
Variable Portfolio – Columbia Wanger International Equities Fund (Class 2)	0%
Variable Portfolio – Columbia Wanger U.S. Equities Fund (Class 2)	0%
Variable Portfolio – Conservative Portfolio (Class 2)	0%
Variable Portfolio – Davis New York Venture Fund (Class 2)	0%
Variable Portfolio – DFA International Value Fund (Class 2)	0%
Variable Portfolio – Eaton Vance Floating-Rate Income Fund (Class 2)	0%
Variable Portfolio – Goldman Sachs Mid Cap Value Fund (Class 2)	0%
Variable Portfolio – Invesco International Growth Fund (Class 2)	0%
Variable Portfolio – J.P. Morgan Core Bond Fund (Class 2)	0%
Variable Portfolio – Jennison Mid Cap Growth Fund (Class 2)	0%
Variable Portfolio – Marsico Growth Fund (Class 2)	0%
Variable Portfolio – MFS Value Fund (Class 2)	0%
Variable Portfolio – Moderate Portfolio (Class 2)	0%
Variable Portfolio – Moderately Aggressive Portfolio (Class 2)	0%
Variable Portfolio – Moderately Conservative Portfolio (Class 2)	0%
Variable Portfolio – Morgan Stanley Global Real Estate Fund (Class 2)	0%
Variable Portfolio – NFJ Dividend Value Fund (Class 2)	0%
Variable Portfolio – Nuveen Winslow Large Cap Growth Fund (Class 2)	0%
Variable Portfolio – Partners Small Cap Growth Fund (Class 2)	0%
Variable Portfolio – Partners Small Cap Value Fund (Class 2)	0%
Variable Portfolio – PIMCO Mortgage-Backed Securities Fund (Class 2)	0%
Variable Portfolio – Pyramis® International Equity Fund (Class 2)	0%
Variable Portfolio – Wells Fargo Short Duration Government Fund (Class 2)	0%
Wells Fargo Advantage VT Opportunity Fund – Class 2	0%
Wells Fargo Advantage VT Small Cap Growth Fund – Class 2	0%

**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**

<u>Number of Years</u>	<u>Monthly Payment/\$1000</u>
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**

<u>Age Payee</u>	<u>Settlement Beginning In Year</u>	<u>5 Years</u>		<u>10 Years</u>		<u>15 Years</u>	
		<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
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.

---

**CSO Mortality Tables**

2001 Commissioner's Standard Ordinary (CSO) Mortality Table; Smoker or Nonsmoker; Male or Female; Age Nearest Birthday

Ages 17 and Under

2001 Commissioner's Standard Ordinary Mortality Table; Male or Female; Age Nearest Birthday.

**Male Rate Table**

**Guaranteed Maximum Monthly Cost of Insurance Rates per \$1,000 for Male Insureds with a Standard Non-Tobacco Risk Classification\***

<u>Attained Age</u>	<u>Standard Non-Tobacco</u>						
0	\$0.0800	30	\$0.0850	60	\$0.7450	90	\$16.9075
1	0.0450	31	0.0825	61	0.8300	91	18.4150
2	0.0325	32	0.0825	62	0.9325	92	20.0150
3	0.0225	33	0.0850	63	1.0475	93	21.7325
4	0.0175	34	0.0875	64	1.1675	94	23.5850
5	0.0175	35	0.0900	65	1.2975	95	25.5725
6	0.0175	36	0.0950	66	1.4275	96	27.4300
7	0.0175	37	0.1000	67	1.5600	97	29.4575
8	0.0175	38	0.1075	68	1.7025	98	31.6725
9	0.0175	39	0.1125	69	1.8500	99	34.0975
10	0.0175	40	0.1200	70	2.0300	100	36.7700
11	0.0225	41	0.1300	71	2.2300	101	38.9500
12	0.0275	42	0.1425	72	2.4950	102	41.3350
13	0.0325	43	0.1575	73	2.7775	103	43.9450
14	0.0375	44	0.1750	74	3.0725	104	46.8125
15	0.0500	45	0.1925	75	3.3975	105	49.9250
16	0.0600	46	0.2125	76	3.7525	106	53.3625
17	0.0700	47	0.2325	77	4.1675	107	57.1725
18	0.0750	48	0.2425	78	4.6525	108	61.4175
19	0.0775	49	0.2575	79	5.2175	109	66.1725
20	0.0775	50	0.2750	80	5.8375	110	71.5275
21	0.0775	51	0.2975	81	6.5500	111	77.6150
22	0.0775	52	0.3300	82	7.2975	112	83.3325
23	0.0800	53	0.3625	83	8.1075	113	83.3325
24	0.0800	54	0.4050	84	9.0150	114	83.3325
25	0.0800	55	0.4575	85	10.0400	115	83.3325
26	0.0850	56	0.5125	86	11.1900	116	83.3325
27	0.0875	57	0.5700	87	12.4650	117	83.3325
28	0.0875	58	0.6200	88	13.8475	118	83.3325
29	0.0850	59	0.6775	89	15.3325	119	83.3325

**Male Rate Table**

**Guaranteed Maximum Monthly Cost of Insurance Rates per \$1,000  
for Male Insureds with a Standard Tobacco Risk Classification\***

<u>Attained Age</u>	<u>Standard Tobacco</u>						
		30	\$0.1500	60	\$1.3675	90	\$19.8800
		31	0.1500	61	1.5050	91	21.3775
		32	0.1500	62	1.6750	92	22.9325
		33	0.1550	63	1.8625	93	24.5700
		34	0.1600	64	2.0550	94	26.3000
		35	0.1650	65	2.2450	95	28.2550
		36	0.1750	66	2.4300	96	30.0200
		37	0.1850	67	2.6075	97	31.9175
		38	0.2000	68	2.7975	98	33.9650
		39	0.2125	69	2.9850	99	36.1825
		40	0.2300	70	3.2125	100	38.5875
		41	0.2525	71	3.4625	101	40.4550
		42	0.2775	72	3.8025	102	42.4650
		43	0.3075	73	4.1475	103	44.6300
		44	0.3425	74	4.4950	104	46.9650
		45	0.3800	75	4.9025	105	50.0725
		46	0.4150	76	5.3375	106	53.5050
		47	0.4550	77	5.8450	107	57.3150
18	\$0.0925	48	0.4775	78	6.4325	108	61.5525
19	0.1000	49	0.5025	79	7.1075	109	66.3050
20	0.1050	50	0.5375	80	7.8325	110	71.6575
21	0.1100	51	0.5800	81	8.6525	111	77.7400
22	0.1150	52	0.6400	82	9.4875	112	83.3325
23	0.1200	53	0.7050	83	10.3725	113	83.3325
24	0.1275	54	0.7900	84	11.3425	114	83.3325
25	0.1350	55	0.8825	85	12.4975	115	83.3325
26	0.1425	56	0.9800	86	13.7800	116	83.3325
27	0.1500	57	1.0800	87	15.1775	117	83.3325
28	0.1500	58	1.1600	88	16.6725	118	83.3325
29	0.1500	59	1.2550	89	18.2450	119	83.3325

\*For Insureds with a super preferred or preferred risk classification, the corresponding standard non-tobacco or standard tobacco guaranteed maximum monthly cost of insurance rates will apply.

\*For Insureds with other than a super preferred, preferred or standard risk classification, the guaranteed monthly cost of insurance rates are calculated by multiplying the monthly rates by the Substandard Class Risk Factor shown under Policy Data.

You may apply for a change in risk classification for Insureds who are at least Attained Insurance Age 18, and no more than Attained Insurance Age 119, subject to Our underwriting rules and requirements at the time the change is requested.

There are no cost of insurance charges on or after Attained Insurance Age 120.

## Policy Data

---

Insured:	[ John Doe ]	Issue Age:	[ 35 ]
Risk Classification:	[ Male Substandard Nontobacco ]		
Policy Number:	[ 9090-1234567 ]	Policy Date:	[ May 1, 2012 ]
Type of Policy:	[ Flexible Premium Variable Adjustable Life RiverSource VUL 5 Estate Series ]	Monthly Date:	[ 01 ]
		Initial Specified Amount:	[ \$100,000 ]
Minimum Specified Amount Allowed:	[ Policy Year 1: \$100,000 Years 2 - 5: 75,000 Years 6 - 10: 50,000 Years 11 - 15: 25,000 Thereafter: 1,000 ]	Initial Death Benefit Option:	[ Option 1 ]
		Life Insurance Qualification Test:	[ Guideline Premium Test ]

[ **Substandard Risk Classification - Monthly per \$1,000 flat Extra Rate \$0.42 for 3 years** ]

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

---

## Premium Information

Initial Premium:	[ \$73.00 ]	Scheduled Premium:	[ \$900.00 per year payable annually ]
Minimum Initial Premium:	[ \$73.00 per month ]	No-lapse Guarantee Premium:	[ \$73.12 per month ]
Minimum Initial Premium Period:	[ 1 Years ]	No-lapse Guarantee Period:	[ 40 Years ]

Coverage will expire prior to death if no premiums are paid following payment of the initial premium, or subsequent premiums are insufficient to continue coverage. Coverage will expire when the policy values are insufficient to pay the charges assessed on a monthly anniversary. The period for which the policy and coverage will continue In Force will depend on; 1) the amount, timing and frequency of premium payments; 2) changes in the specified amount and death benefit option; 3) changes in the interest rates credited to the Fixed Account and in the investment performance of the Subaccounts; 4) changes in the monthly cost of insurance deductions from the Policy Value for this policy and any riders attached to this policy; 5) changes in the premium expense charge, administrative charge, mortality and expense risk rate and policy fee; and 6) loan and partial surrender activity. The payment of scheduled premiums or unscheduled premiums in any amount or frequency will not guarantee that the policy will remain In Force unless the premiums needed to keep the minimum initial premium or the no-lapse guarantee in effect have been paid. At the end of the minimum initial premium period or the no-lapse guarantee period, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the minimum initial premium or the no-lapse guarantee.

---

### Interest and Loan Information

Fixed Account  
Guaranteed Interest Rate: [ 2% per year ]

Guaranteed Loan  
Interest Rate  
All Policy Years: [ 4% per year ]

Guaranteed Interest  
Rate Factor: [ 1.0016515813 ]

---

### Fees and Deductions

Guaranteed Premium Expense Charge  
All Policy Years: [ 4% ]

Guaranteed Policy Fee  
All Policy Years: [ \$15.00 per month ]

Guaranteed Administrative Charge  
[ Policy Years 1-20: \$8.80 per month ]  
[ Policy Years 21+: \$8.80 per month ]

Partial Surrender Fee: [ \$25 or 2% of amount surrendered, whichever is less ]

Guaranteed Mortality and Expense Risk Rate:  
All policy years: [ 0.75% per year ]

---

### Table of Surrender Charges

<u>Policy Year</u>	<u>Beginning of Year</u>
1	\$2,093.32
2	2,073.12
3	2,052.92
4	2,032.72
5	2,012.52
6	1,960.77
7	1,561.97
8	1,163.17
9	764.37
10	365.57

This table applies to the initial Specified Amount for the first [ 10 ] policy years. Surrender charges decrease evenly at each Monthly Date between Policy Anniversaries. Additional surrender charges will apply to each increase in specified amount for [ 10 ] years after the effective date of increase.

---

### Policy Value Credit

#### Policy Value Credit Requirements

To receive any available credit the following conditions must be met:

1. the policy has been In Force for at least 10 years; and
2. the sum of the premiums paid, minus partial surrenders and partial surrender fees, minus outstanding Indebtedness equals or exceeds \$500,000.

---

**Life Insurance Qualification Test: [ Guideline Premium Test ]**

**Death Benefit Percentage Table**

<u>Insured's</u> <u>Attained</u> <u>Insurance</u> <u>Age</u>	<u>Death</u> <u>Benefit</u> <u>Percentage</u>	<u>Insured's</u> <u>Attained</u> <u>Insurance</u> <u>Age</u>	<u>Death</u> <u>Benefit</u> <u>Percentage</u>	<u>Insured's</u> <u>Attained</u> <u>Insurance</u> <u>Age</u>	<u>Death</u> <u>Benefit</u> <u>Percentage</u>
40 or less	250	55	150	70	115
41	243	56	146	71	113
42	236	57	142	72	111
43	229	58	138	73	109
44	222	59	134	74	107
45	215	60	130	75-90	105
46	209	61	128	91	104
47	203	62	126	92	103
48	197	63	124	93	102
49	191	64	122	94	101
50	185	65	120	95-119	100
51	178	66	119		
52	171	67	118		
53	164	68	117		
54	157	69	116		

**Schedule of Benefits and Riders**

	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Monthly Cost of Insurance</u>
Flexible Premium Variable Adjustable Life	[ May 1, 2012 ]	See policy form	See policy form
Waiver of Monthly Deduction Rider for Total Disability	See Policy Data Supplemental Page for information on this rider		

**Investment Options****Initial Premium Allocations**

RiverSource Life Insurance Company Fixed Account

20%

**Investments of the Subaccounts:**

AllianceBernstein VPS Large Cap Growth Portfolio (Class B)	0%
American Century VP Value, Class II	0%
BlackRock Global Allocation V.I. Fund (Class III)	0%
Columbia Variable Portfolio – Balanced Fund (Class 3)	0%
Columbia Variable Portfolio – Cash Management Fund (Class 2)	0%
Columbia Variable Portfolio – Diversified Bond Fund (Class 2)	0%
Columbia Variable Portfolio – Diversified Equity Income Fund (Class 2)	0%
Columbia Variable Portfolio – Dynamic Equity Fund (Class 2)	0%
Columbia Variable Portfolio – Emerging Markets Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – Global Bond Fund (Class 2)	0%
Columbia Variable Portfolio – Global Inflation Protected Securities Fund (Class 2)	0%
Columbia Variable Portfolio – High Income Fund, Class 2	0%
Columbia Variable Portfolio – High Yield Bond Fund (Class 2)	10%
Columbia Variable Portfolio – Income Opportunities Fund (Class 2)	50%
Columbia Variable Portfolio – International Opportunity Fund (Class 2)	20%
Columbia Variable Portfolio – Large Cap Growth Fund (Class 2)	0%
Columbia Variable Portfolio – Limited Duration Credit Fund (Class 2)	0%
Columbia Variable Portfolio – Marsico International Opportunities Fund, Class 2	0%
Columbia Variable Portfolio – Mid Cap Growth Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – Mid Cap Value Opportunity Fund (Class 2)	0%
Columbia Variable Portfolio – S&P 500 Index Fund (Class 3)	0%
Columbia Variable Portfolio – Select Large-Cap Value Fund (Class 2)	0%
Columbia Variable Portfolio – Select Smaller-Cap Value Fund (Class 2)	0%
Columbia Variable Portfolio – Short Duration U.S. Government Fund (Class 2)	0%
Columbia Variable Portfolio – Strategic Income Fund, Class 2	0%
DWS Alternative Asset Allocation VIP, Class B	0%
Fidelity® VIP Contrafund® Portfolio Service Class 2	0%
Fidelity® VIP Mid Cap Portfolio Service Class 2	0%
FTV IPT Franklin Small Cap Value Securities Fund – Class 2	0%
FTV IPT Mutual Shares Securities Fund – Class 2	0%
Janus Aspen Series Janus Portfolio: Service Shares	0%
Janus Aspen Series Moderate Allocation Portfolio: Service Shares	0%
MFS® Utilities Series – Service Class	0%
Morgan Stanley UIF Mid Cap Growth Portfolio, Class II Shares	0%
Neuberger Berman Advisers Management Trust Socially Responsive Portfolio (Class S)	0%
Oppenheimer Global Securities Fund/VA, Service Shares	0%
Oppenheimer Main Street Small- & Mid-Cap Fund®/VA, Service Shares	0%
PIMCO VIT All Asset Portfolio, Advisor Share Class	0%
PIMCO VIT Global Multi-Asset Portfolio, Advisor Share Class	0%
Variable Portfolio – Aggressive Portfolio (Class 2)	0%
Variable Portfolio – American Century Diversified Bond Fund (Class 2)	0%

**Investment Options****Initial Premium Allocations****Investments of the Subaccounts:**

Variable Portfolio – American Century Growth Fund (Class 2)	0%
Variable Portfolio – Columbia Wanger International Equities Fund (Class 2)	0%
Variable Portfolio – Columbia Wanger U.S. Equities Fund (Class 2)	0%
Variable Portfolio – Conservative Portfolio (Class 2)	0%
Variable Portfolio – Davis New York Venture Fund (Class 2)	0%
Variable Portfolio – DFA International Value Fund (Class 2)	0%
Variable Portfolio – Eaton Vance Floating-Rate Income Fund (Class 2)	0%
Variable Portfolio – Goldman Sachs Mid Cap Value Fund (Class 2)	0%
Variable Portfolio – Invesco International Growth Fund (Class 2)	0%
Variable Portfolio – J.P. Morgan Core Bond Fund (Class 2)	0%
Variable Portfolio – Jennison Mid Cap Growth Fund (Class 2)	0%
Variable Portfolio – Marsico Growth Fund (Class 2)	0%
Variable Portfolio – MFS Value Fund (Class 2)	0%
Variable Portfolio – Moderate Portfolio (Class 2)	0%
Variable Portfolio – Moderately Aggressive Portfolio (Class 2)	0%
Variable Portfolio – Moderately Conservative Portfolio (Class 2)	0%
Variable Portfolio – Morgan Stanley Global Real Estate Fund (Class 2)	0%
Variable Portfolio – NFJ Dividend Value Fund (Class 2)	0%
Variable Portfolio – Nuveen Winslow Large Cap Growth Fund (Class 2)	0%
Variable Portfolio – Partners Small Cap Growth Fund (Class 2)	0%
Variable Portfolio – Partners Small Cap Value Fund (Class 2)	0%
Variable Portfolio – PIMCO Mortgage-Backed Securities Fund (Class 2)	0%
Variable Portfolio – Pyramis® International Equity Fund (Class 2)	0%
Variable Portfolio – Wells Fargo Short Duration Government Fund (Class 2)	0%
Wells Fargo Advantage VT Opportunity Fund – Class 2	0%
Wells Fargo Advantage VT Small Cap Growth Fund – Class 2	0%

**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**

<u>Number of Years</u>	<u>Monthly Payment/\$1000</u>
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**

<u>Age Payee</u>	<u>Settlement Beginning In Year</u>	<u>5 Years</u>		<u>10 Years</u>		<u>15 Years</u>	
		<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
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 Supplemental Page  
Waiver of Monthly Deduction Rider for Total Disability**

Effective Date: [ May 1, 2012 ]  
 Expiration Date: [ May 1, 2042 ]  
 Risk Factor: [ 2.0 ]

**Waiver of Monthly Deduction Rider for Total Disability  
Monthly Cost of Insurance Rates**

The monthly deduction for the cost of this rider is equal to the sum of A + B described below.

A is the result of  $\frac{1 \times (2-3)}{1000}$ , where:

- 1) is the WMD Rate from the table below, based on the then Attained Insurance Age of the insured;
- 2) is the base policy's death benefit, divided by the guaranteed interest rate factor shown under Policy Data;
- 3) is the base policy's value at the beginning of the policy month. At this point, the policy value has been reduced by the monthly deduction except for the part of the monthly deduction that pays for the cost of insurance and for the cost of this rider.

B is the monthly cost of this rider for any additional riders attached to the policy.

**Waiver of Monthly Deduction Rate\***

<u>Attained Insurance Age of Insured</u>	<u>Substandard Non-tobacco</u>	<u>Standard Tobacco</u>	<u>Attained Insurance Age of Insured</u>	<u>Standard Non-tobacco</u>	<u>Standard Tobacco</u>
20	\$0.00619	\$0.01041	45	\$0.03234	\$0.05507
21	0.00696	0.01117	46	0.03377	0.06262
22	0.00772	0.01068	47	0.03576	0.07505
23	0.00709	0.01023	48	0.04003	0.09077
24	0.00686	0.01041	49	0.04569	0.10781
25	0.00699	0.01030	50	0.05349	0.12712
26	0.00731	0.01077	51	0.06246	0.15030
27	0.00772	0.01180	52	0.07439	0.17476
28	0.00809	0.01243	53	0.08677	0.20503
29	0.00833	0.01348	54	0.09941	0.23733
30	0.00924	0.01479	55	0.11221	0.27287
31	0.01020	0.01573	56	0.12840	0.31107
32	0.01084	0.01685	57	0.14535	0.35196
33	0.01160	0.01833	58	0.15860	0.38638
34	0.01242	0.02024	59	0.17401	0.41338
35	0.01458	0.02309	60	0.05991	0.14756
36	0.01660	0.02552	61	0.06005	0.14547
37	0.01851	0.02821	62	0.05111	0.12310
38	0.02025	0.0.161	63	0.05623	0.13774
39	0.02191	0.03534	64	0.06207	0.15235
40	0.02404	0.04096			
41	0.02604	0.04455			
42	0.002794	0.04679			
43	0.02972	0.04817			
44	0.03068	0.04987			

\*For Insureds with a super preferred, preferred, or standard nontobacco risk classification, the above standard nontobacco rates will apply. For Insureds with a preferred or standard tobacco risk classification, the above standard tobacco rates will apply. For Insureds with other than a super preferred, preferred, or standard risk classification, the waiver of premium rate will be adjusted by multiplying the above monthly rates by the appropriate risk factor shown above.

**CSO Mortality Tables**

2001 Commissioner's Standard Ordinary (CSO) Mortality Table; Smoker or Nonsmoker; Male or Female; Age Nearest Birthday

Ages 17 and Under

2001 Commissioner's Standard Ordinary Mortality Table; Male or Female; Age Nearest Birthday.

**Male Rate Table**

**Guaranteed Maximum Monthly Cost of Insurance Rates per \$1,000 for Male Insureds with a Standard Non-Tobacco Risk Classification\***

<u>Attained Age</u>	<u>Standard Non-Tobacco</u>						
0	\$0.0800	30	\$0.0850	60	\$0.7450	90	\$16.9075
1	0.0450	31	0.0825	61	0.8300	91	18.4150
2	0.0325	32	0.0825	62	0.9325	92	20.0150
3	0.0225	33	0.0850	63	1.0475	93	21.7325
4	0.0175	34	0.0875	64	1.1675	94	23.5850
5	0.0175	35	0.0900	65	1.2975	95	25.5725
6	0.0175	36	0.0950	66	1.4275	96	27.4300
7	0.0175	37	0.1000	67	1.5600	97	29.4575
8	0.0175	38	0.1075	68	1.7025	98	31.6725
9	0.0175	39	0.1125	69	1.8500	99	34.0975
10	0.0175	40	0.1200	70	2.0300	100	36.7700
11	0.0225	41	0.1300	71	2.2300	101	38.9500
12	0.0275	42	0.1425	72	2.4950	102	41.3350
13	0.0325	43	0.1575	73	2.7775	103	43.9450
14	0.0375	44	0.1750	74	3.0725	104	46.8125
15	0.0500	45	0.1925	75	3.3975	105	49.9250
16	0.0600	46	0.2125	76	3.7525	106	53.3625
17	0.0700	47	0.2325	77	4.1675	107	57.1725
18	0.0750	48	0.2425	78	4.6525	108	61.4175
19	0.0775	49	0.2575	79	5.2175	109	66.1725
20	0.0775	50	0.2750	80	5.8375	110	71.5275
21	0.0775	51	0.2975	81	6.5500	111	77.6150
22	0.0775	52	0.3300	82	7.2975	112	83.3325
23	0.0800	53	0.3625	83	8.1075	113	83.3325
24	0.0800	54	0.4050	84	9.0150	114	83.3325
25	0.0800	55	0.4575	85	10.0400	115	83.3325
26	0.0850	56	0.5125	86	11.1900	116	83.3325
27	0.0875	57	0.5700	87	12.4650	117	83.3325
28	0.0875	58	0.6200	88	13.8475	118	83.3325
29	0.0850	59	0.6775	89	15.3325	119	83.3325

**Male Rate Table**

**Guaranteed Maximum Monthly Cost of Insurance Rates per \$1,000  
for Male Insureds with a Standard Tobacco Risk Classification\***

<u>Attained Age</u>	<u>Standard Tobacco</u>						
		30	\$0.1500	60	\$1.3675	90	\$19.8800
		31	0.1500	61	1.5050	91	21.3775
		32	0.1500	62	1.6750	92	22.9325
		33	0.1550	63	1.8625	93	24.5700
		34	0.1600	64	2.0550	94	26.3000
		35	0.1650	65	2.2450	95	28.2550
		36	0.1750	66	2.4300	96	30.0200
		37	0.1850	67	2.6075	97	31.9175
		38	0.2000	68	2.7975	98	33.9650
		39	0.2125	69	2.9850	99	36.1825
		40	0.2300	70	3.2125	100	38.5875
		41	0.2525	71	3.4625	101	40.4550
		42	0.2775	72	3.8025	102	42.4650
		43	0.3075	73	4.1475	103	44.6300
		44	0.3425	74	4.4950	104	46.9650
		45	0.3800	75	4.9025	105	50.0725
		46	0.4150	76	5.3375	106	53.5050
		47	0.4550	77	5.8450	107	57.3150
18	\$0.0925	48	0.4775	78	6.4325	108	61.5525
19	0.1000	49	0.5025	79	7.1075	109	66.3050
20	0.1050	50	0.5375	80	7.8325	110	71.6575
21	0.1100	51	0.5800	81	8.6525	111	77.7400
22	0.1150	52	0.6400	82	9.4875	112	83.3325
23	0.1200	53	0.7050	83	10.3725	113	83.3325
24	0.1275	54	0.7900	84	11.3425	114	83.3325
25	0.1350	55	0.8825	85	12.4975	115	83.3325
26	0.1425	56	0.9800	86	13.7800	116	83.3325
27	0.1500	57	1.0800	87	15.1775	117	83.3325
28	0.1500	58	1.1600	88	16.6725	118	83.3325
29	0.1500	59	1.2550	89	18.2450	119	83.3325

\*For Insureds with a super preferred or preferred risk classification, the corresponding standard non-tobacco or standard tobacco guaranteed maximum monthly cost of insurance rates will apply.

\*For Insureds with other than a super preferred, preferred or standard risk classification, the guaranteed monthly cost of insurance rates are calculated by multiplying the monthly rates by the Substandard Class Risk Factor shown under Policy Data.

You may apply for a change in risk classification for Insureds who are at least Attained Insurance Age 18, and no more than Attained Insurance Age 119, subject to Our underwriting rules and requirements at the time the change is requested.

There are no cost of insurance charges on or after Attained Insurance Age 120.

**RiverSource Life Insurance Company  
Statement of Variability**

**Form: 132376-AR, Flexible Premium Variable Adjustable 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.

<b>Page No.</b>	<b>Field</b>	<b>Scope of Variation</b>
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	Insured	Will insert name of insured.
1	Policy Number	Will insert policy number.
1	Policy Date	Will insert the policy date.
1	Issue Age	Variability is age 0 to 85.
1	Initial Specified Amount	Minimum amount is \$1,000 with a maximum dependent upon the agreement of our reinsurers. Estate Series policies are those with an initial amount of \$1,000,000 or more.
1	Initial Death Benefit Option	Chosen by the policy owner on the application. Range is 1-3.
1	Signatures	Will insert the signature and title 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 2012 and beyond.
Policy Back	Address	Will insert the company home office address.

**RiverSource Life Insurance Company  
Statement of Variability**

**Form: 132376-DP, Flexible Premium Variable Adjustable 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.

<b>Page No.</b>	<b>Field</b>	<b>Scope of Variation</b>
3	Insured	Will insert the name of the insured.
3	Issue Age	Variability is 0-85.
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 Note - Insured's age 17 and under may only receive a risk classification of Standard Nontobacco or Substandard Nontobacco.
3	Policy Number	Will insert policy number.
3	Policy Date	Will insert the policy date.
3	Type of Policy	Will insert the current marketing name, which may vary over time. Currently the wording "Estate Series" will generate for any policy issued at \$1,000,000 or more.
3	Monthly Date	The day of the month, derived from the policy date.
3	Initial Specified Amount	Minimum amount of \$1,000, with a maximum dependent upon the agreement of our reinsurers. Estate Series policies are those with an initial amount of \$1,000,000 or more.
3	Minimum Specified Amount Allowed	Minimum amount of \$1,000, with a maximum dependent upon the agreement of our reinsurers. This relates to the initial amount, and also to any increases in amounts as follows: Policy Year 1: 80-100% of issue amount Policy Years 2-5: 60-90% of issue amount Policy Years 6-10: 40-70% of issue amount Policy Years 11-15: 10-50% of issue amount

3	Initial Death Benefit Option	Chosen by the policy owner on the application. Options are 1, 2 and 3.
3	Life Insurance Qualification Test	Once available, chosen by the policy owner on the application. Options are Guideline Premium Test or Cash Value Accumulation Test.
3	Rating Information	This field will generate information only if the Insured is rated. Wording will be Substandard Risk Classification - and then type of rating. Insured's may have a table rating and/or a permanent flat extra rating, and/or temporary flat extra rating.
3	Table Rating	Substandard Class Risk factor (amount inserted here in format of xxx.xx). Range of 1.25 - 701.
3	Permanent Flat Extra	Flat Extra Rate \$ (monthly amount inserted here). Range of 0.01 to 10.00 per thousand per month.
3	Temporary Flat Extra	Flat Extra Rate \$ (monthly amount inserted here) for (number of years) years. Range of 0.01 to 10.00 per thousand per month for amount, range of 1-50 for years.
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	Initial Premium	Will insert the amount needed to keep the policy in force for one month.
3	Scheduled Premium	This amount will vary by individual policy at time of application. Policy owner chooses the amount at time of application based on the minimum and maximum allowed.
3	Minimum Initial Premium	This amount will vary by individual policy at the time of application and is based on the length of the guarantee period, issue age, sex, and risk classification of the insured.
3	No-lapse Guarantee Premium	This amount will vary by individual policy at the time of application and is based on the length of the guarantee period, issue age, sex, and risk classification of the insured.
3	Minimum Initial Premium Period	Currently 1 year for all policies. Range of 1-10. The change would only apply to new issues going forward.
3	No-lapse Guarantee Period	Range of 1-120 years, based on issue age of insured. The change would only apply to new issues going forward.
3	Page	Will insert proper alpha character on each page, range beginning with 3, then subsequent pages will add A-Z as required for individual policy.
3	Fixed Account Guaranteed Interest Rate	Range of 1% - 5%. Variable only intended for a future change after an actuarial pricing evaluation. Any change would be filed with a new actuarial memorandum. The change would only apply to new issues going forward.
3	Guaranteed Loan Interest Rate All Policy Years	Range of 1% - 8%. Variable only intended for a future change after an actuarial pricing evaluation. Change would only apply to new issues going forward.

3	Guaranteed Interest Rate Factor	A factor calculated from the guaranteed interest rate. This would change if the guaranteed interest rate changed. Change would only apply to new issues going forward.
3	Guaranteed Premium Expense Charge All Policy Years	This charge 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 0% to 15% of premium payment. Any change to this amount will be based on changes in administrative expenses, selling expenses, and overall competitive environment.
3	Guaranteed Policy Fee All Policy Years	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 \$25 per month. 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	Guaranteed Administrative Charge	Varies by policy, based on Insured's issue age, risk classification and sex. This charge will be applied to all applicants in a uniform and nondiscriminatory manner and will be applied monthly from the Policy Date for the duration of the policy prior to the Insured's Attained Insurance Age 120 Anniversary. Range for charge is \$0.01 to \$6.00 per \$1000 per month. The range for the number of breakpoints is 1 - 4. Range for breakpoint years is 1 - 120. Change would only apply to new issues going forward.
3	Partial Surrender Fee	This charge will reduce the policy value at time of partial surrender. Range is from \$0 up to \$50.00 or 0.0% up to 5% of surrendered amount. Any change to this amount will be based on changes in administrative expenses, lapse rates, and overall competitive environment. Change would apply to new issues on a going forward basis only.
3	Guaranteed Mortality and Expense Risk Rate All Policy Years	Range 0% - .90%
3	Table of Surrender Charges	Varies by policy, based on Insured's age, sex, risk classification and specified amount. Range for the policy years is 1-20, including brackets in wording under the table. Charges vary from 0 to the Standard Non-Forfeiture Law (SNFL) maximum. Any change to the guaranteed policy fee, guaranteed premium expense charge and guaranteed administrative charge may result in a change to these values due to SNFL calculations. These values may also change due to changes in actual administrative expenses, selling expenses, lapse rates, and overall competitive environment. Change would only apply to new issues going forward.

3	Policy Value Credit Requirements	<p>Variability for first sentence is either: To receive any available credit one of the following conditions must be met: Or To receive any available credit the following condition(s) must be met:</p> <p>There are five possible conditions, any combination of which may be used, depending on the conditions in effect at time of sale. The variability for those conditions are:</p> <ul style="list-style-type: none"> <li>-The Insured's Attained Insurance Age is at least XX. Range of 0 to 80.</li> <li>-The Policy has been In Force for at least XX years. Range of 0 to 30 years.</li> <li>-The sum of the premiums paid, minus partial surrenders and partial surrender fees, minus outstanding Indebtedness equals or exceeds \$XX, Range of 0 to 1,000,000.</li> <li>-The policy value minus Indebtedness equals or exceeds \$XX. Range of 0 to 1,000,000.</li> <li>-not applicable</li> </ul> <p>A change in a combination of conditions or to a value within a range would only apply to new issues going forward.</p>
3	Life Insurance Qualification Test	Variability is either Cash Value Accumulation Test or Guideline Premium Test, once the Cash Value Accumulation Test is available. Variability is dependent on option chosen by the policy owner on the application.
3	Death Benefit Percentage Table	Will be based on which compliance test elected, specified within the IRS code. Change would only apply to new issues going forward.
3	Schedule of Benefits and Riders	Will always generate the base policy information, as well as any approved and available benefit, or rider elected by the policy owner. The Effective Date of each rider is displayed.
3	Automatic Increase Benefit Rider	<p>Increase Percentage - range of 1%-15%</p> <p>Maximum Increase Amount - range of \$5,000 - \$50,000</p> <p>Total Increase Limit - range of \$50,000 - \$1,000,000</p>
3	Children Level Term Insurance Rider	Number of units is displayed – currently 1-10. Range of 1-20. Monthly cost of insurance range of \$0.29 - \$1.16
3	Accidental Death Benefit Rider	Benefit amount is displayed - range of \$1,000 - \$500,000
3	Overloan Protection Benefit	<p>Will generate if the policy is issued with the benefit. Variable fields are as follows;</p> <p>Minimum Age - range of 50-90</p> <p>Maximum Age - range of 80-120</p> <p>Minimum Policy Duration - range of 5-30</p> <p>Indebtedness Percentage - range of 80-99%</p> <p>Maximum Exercise Charge - range of 0-10%</p> <p>Change would only apply to new issues going forward.</p>

3	Investments of the Subaccounts	The Fixed account and subaccount investment options available will display with the corresponding Initial Premium Allocations.
3	Option A Interest Rate	Range of 1% - 5%. Change would only apply to new issues going forward.
3	Option C Table	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.
3	Policy Data Supplemental Page(s)	Will generate the applicable supplemental policy data page(s) for any rider which was elected by policy owner.
3	Effective Date	Will insert the effective date of the rider.
3	Expiration Date	Will insert the expiration date of the rider.
3	Specified Premium for Waiver of Premium	Will insert the amount to waive elected by policy owner at time of application for rider.
3	Risk Factor (may be applicable to either Waiver of Premium or Waiver of Monthly Deduction)	This information and the rate will only generate if the applicable rider is rated.
3	Waiver of Monthly Deduction Rate	Will generate the correct table based upon issued risk classification. Variability is for a male table, female table, or a unisex table.
3	Waiver of Premium Rate	Will generate the correct table based upon issued risk classification. Variability is for a male table, female table, or a unisex table.
3	CSO Mortality Table	Will generate the proper table based upon the issued policy. Variability is for a male table, female table, or a unisex table.
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: 132380, 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.

<b>Page No.</b>	<b>Field</b>	<b>Scope of Variation</b>
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 2012 and beyond.
2	Signature	Will insert the signature and title of current company Corporate Secretary.

**RiverSource Life Insurance Company  
Statement of Variability**

**Form: 132379, 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.

<b>Page No.</b>	<b>Field</b>	<b>Scope of Variation</b>
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 2012 and beyond.
3	Signature	Will insert the signature and title of current company Corporate Secretary.

**RiverSource Life Insurance Company  
Statement of Variability**

**Form: 132378, Waiver of Monthly Deduction Rider for Total Disability**

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.

<b>Page No.</b>	<b>Field</b>	<b>Scope of Variation</b>
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 2012 and beyond.
3	Signature	Will insert the signature and title of current company Corporate Secretary.

**RiverSource Life Insurance Company  
Statement of Variability**

**Form: 132377, Waiver of Premium for Total Disability 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.

<b>Page No.</b>	<b>Field</b>	<b>Scope of Variation</b>
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 2012 and beyond.
4	Signature	Will insert the signature and title of current company Corporate Secretary.

**RiverSource Life Insurance Company**

70100 Ameriprise Financial Center  
Minneapolis, MN 55474



1-800-541-2251

**FLEXIBLE PREMIUM VARIABLE ADJUSTABLE LIFE INSURANCE POLICY**

- Policy continues until death, surrender, or lapse.
- Death benefit payable at Insured's death.
- Flexible premiums payable as provided herein.
- This policy is nonparticipating. Dividends are not payable.

Insured: John Doe

Policy Number: 9090-1234567

Policy Date: May 1, 2012

Issue Age: 35

Initial Specified Amount: 100,000

Initial Death Benefit Option: Option 1

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

**NOTICE OF YOUR RIGHT TO EXAMINE THIS POLICY**

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

In consideration of Your application and payment of the initial premium We issue this policy and We promise to pay the death benefit less Indebtedness described in this policy to the beneficiary if We receive proof satisfactory to Us that the Insured died while this policy was In Force.

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

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

President:

John R. Weimer

**The amount and duration of the death benefit of this policy may increase or decrease as described herein depending on the investment experience of the Subaccounts.**

Secretary:

Thomas R. Power

**The Policy Value of this policy may increase or decrease daily depending on the investment experience of the Subaccounts. There is no guaranteed minimum Policy Value.**

# GUIDE TO POLICY PROVISIONS

<b>Policy Data</b>	Premium Information; Interest and Loan Information; Fees and Deductions; Table of Surrender Charges; Policy Value Credit; Life Insurance Qualification Test; Schedule of Benefits and Riders; Investment Options; Initial Premium Allocations; Payment of Policy Proceeds Option Tables; CSO Mortality Table / Page 3
<b>DEFINITIONS</b>	Important words and meanings / Page 4
<b>THE INSURANCE CONTRACT</b>	Entire Contract; Policy Incontestability; Suicide Exclusion; Misstatement of Insured's Age or Sex; Voting Rights; Policy Termination; Tax Treatment of this Policy; <del>Conformity with Interstate Insurance Product Regulation Commission Standards</del> / Page 6
<b>OWNER AND BENEFICIARY</b>	Your Rights as Owner of this Policy; Successor Owner; Changing Ownership of this Policy; Proceeds Paid to the Beneficiary upon Death of the Insured; Change of Beneficiary by Owner; Assigning this Policy as Collateral / Page 8
<b>PREMIUMS</b>	Premium Payments; Initial Premium; Scheduled Premium; Unscheduled Premium Payments; Restrictions of Premium Payments; Premium Processing; Grace Period; Minimum Initial Premium Guarantee; No-Lapse Guarantee; Reinstatement / Page 9
<b>DEATH BENEFITS</b>	Death Benefit Prior to or on the Insured's Attained Insurance Age 120 Anniversary; Death Benefit Options; Death Benefit After the Insured's Attained Insurance Age 120 Anniversary; Proceeds Payable at Insured's Death; Life Insurance Qualification Test; Disclosure / Page 13
<b>POLICY CHANGE</b>	Request to Change Benefits; Rules for Changing the Specified Amount; Decreases of the Specified Amount; Increases of the Specified Amount; Changes to the Death Benefit Option / Page 14
<b>POLICY VALUES</b>	Policy Value; Fixed Account Value; Variable Account Value; Monthly Deduction; Policy Fee; Administrative Charge; Cost of Insurance; Mortality and Expense Risk Charge; Basis Used for Policy Values; Policy Value Credit; Receiving Information About the Values of this Policy / Page 15
<b>POLICY SURRENDER</b>	Policy Surrender; Partial Surrender; Rules for a Partial Surrender; Payment of a Surrender / Page 18
<b>POLICY LOANS</b>	Borrowing Money on this Policy; Maximum Loan Value of this Policy; Interest Rate for a Policy Loan; Loan Repayment; Failure to Repay a Loan; Payment of a Loan / Page 19
<b>SUBACCOUNTS</b>	Investments of the Subaccounts; Subaccount Value; Subaccount Accumulation Units; Subaccount Accumulation Unit Value; Determination of Net Investment Factor; Change of Investments of the Subaccounts; Transfers Among the Subaccounts and the Fixed Account; Subaccount Transfer at the Insured's Attained Insurance Age 120 Anniversary / Page 20
<b>PAYMENT OF POLICY PROCEEDS</b>	Payment of Proceeds upon Death of the Insured; Payment Options Other Than a Single Sum; Option A – Interest Payments; Option B – Payments for a Specified Period; Option C – Lifetime Income; Beneficiary Request of Payment Option / Page 22

# DEFINITIONS

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

## **Accumulation Unit**

An accounting unit used to calculate the Variable Account Value. It is a measure of the net investment results of each of the Subaccounts.

## **Age Anniversary**

An Age Anniversary is the Policy Anniversary on which the Insured becomes a certain 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.

## **Cash Surrender Value**

The policy Proceeds if the policy is surrendered in full. It is the Policy Value minus any Indebtedness, minus surrender charges shown under Policy Data.

## **Fixed Account**

Our general investment account. It is made up of Our assets other than those held in any segregated asset account.

## **Fixed Account Value**

The portion of the Policy Value that is allocated to the Fixed Account including Indebtedness

## **Indebtedness**

All existing loans on this policy plus policy loan interest which has either been accrued or added to the policy loan.

## **In Force**

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

## **Insurance Age**

The Insurance Age of the Insured on the Policy Date is the issue age shown under Policy Data. It is the age We determine from the date of birth listed on the application, and is the age on the birthday nearest to the application date.

## **Insured**

The person whose life is insured by this policy.

## **Monthly Date**

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

## **Net Premium**

The portion of a premium paid that is credited to the policy as described in the Policy Values section. It is the premium paid minus the premium expense charge. We reserve the right to change the current premium expense charge based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed premium expense charge shown under Policy Data.

## **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 and policy months are determined. Your Policy Date is shown under Policy Data.

## **Policy Value**

The Fixed Account Value plus the Variable Account Value.

**Proceeds**

Proceeds means the amount payable under this policy as follows:

1. upon death of the Insured, Proceeds will be the death benefit minus any Indebtedness, as of the date of the Insured's death;
2. upon surrender of the policy, the Proceeds will be the Cash Surrender Value.

**Pro-Rata Basis**

Method for allocating amounts to the Fixed Account and to each of the Subaccounts. It is proportionate to the value (minus any Indebtedness in the Fixed Account) that each bears to the total Policy Value, minus Indebtedness.

**Specified Amount**

An amount used to determine the death benefit and the Proceeds payable upon death of the Insured. The initial Specified Amount is shown under Policy Data.

**Subaccounts**

Each Subaccount is a separate investment division of the Variable Account and invests in a particular portfolio or fund as shown under Policy Data.

**Terminate**

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

**Valuation Date**

Any day on which the New York Stock Exchange is open for trading, or any other day on which there is a sufficient degree of trading in the investments of the Subaccounts such that the current value might be materially affected.

**Valuation Period**

The interval of time commencing at the close of business on each Valuation Date and ending at the close of business on the next Valuation Date.

**Variable Account Value**

The sum of the values of the Subaccounts under this policy.

**Variable Account**

RiverSource Variable Life Separate Account established under Minnesota law as a segregated asset account of Ours. We have allocated to the Variable Account a part of Our assets for this and certain other policies. Such assets remain Our property. They cannot be charged, however, with liabilities from any other business in which We may take part.

**We, Our, Us**

RiverSource Life Insurance Company

**Written Request**

A request in writing signed by You, and acceptable 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 attached application, and any attached supplemental applications, endorsements and 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. None of Our representatives or other persons has the authority to change or waive any of Our rights or requirements under this policy.

In issuing this policy, We have relied upon the application. The statements made in the application are considered, in the absence of fraud, representations and not warranties. No statements made in connection with the application will be used by Us to void the policy or to deny a claim unless that statement is part of the application.

After the Policy Date, applications for an increase of the Specified Amount will be attached to and made a part of this policy and will form part of the entire contract.

Any statement concerning tobacco status will be attached to and made a part of this policy and will form part of the entire contract.

## Policy Incontestability

After this policy has been In Force during the Insured's lifetime for two 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 and We may deny a claim.

Any increase in Specified Amount which requires proof of insurability will be incontestable only after such amount has been In Force during the Insured's lifetime for two years from the effective date of such amount.

If within two years from the effective date of the Insured's reclassification as nontobacco We find that the Insured's tobacco status has been misstated, and it is discovered on or after the death of the Insured, the Proceeds payable upon death will be:

1. the Policy Value on the date of death; plus
2. the amount of insurance that the cost of insurance on the Insured, which was deducted from the Policy Value for the policy month during which such death occurred, would have purchased using the cost of insurance rates for the correct tobacco status; minus
3. any Indebtedness on the date of death.

If within two years from the effective date of the Insured's reclassification as nontobacco We find that the Insured's tobacco status has been misstated, and it is discovered before the death of the Insured:

1. the Specified Amount will be adjusted to the amount it would have been had the cost of insurance, on the Monthly Date immediately preceding the date the misstatement is discovered, been based on the Insured's correct tobacco status. The adjustment will take effect on the Monthly Date on or next following the date such misstatement is discovered; and
2. the monthly deduction will then be based on the Insured's correct tobacco status beginning on the Monthly Date on or next following the date such misstatement is discovered.

## Suicide Exclusion

Suicide by the Insured, whether sane or insane, within two years from the Policy Date is not covered by this policy. In this event the only amount payable by Us to the beneficiary will be the premiums which You have paid, minus any Indebtedness and partial surrenders.

If the Insured commits suicide whether sane or insane within two years from the effective date of:

1. any increase in Specified Amount which requires proof of insurability; or
2. any rider attached to this policy;

then the amount payable by Us with respect to the increased coverage or rider benefit will be limited to the monthly deductions for such additional Specified Amount or rider on the life of the Insured.

## Misstatement of Insured's Age or Sex

If the Insured's age or sex has been misstated, and it is discovered on or after the death of the Insured, the Proceeds payable upon death will be:

1. the Policy Value on the date of death; plus
2. the amount of insurance that the cost of the insurance on the Insured, which was deducted from the Policy Value for the policy month during which such death occurred, would have purchased had the cost of the insurance been calculated using the cost of insurance rates for the correct age and sex; minus
3. any Indebtedness on the date of death.

If the Insured's age or sex has been misstated and it is discovered before the death of the Insured:

1. the Specified Amount will be adjusted to the amount it would have been had the cost of insurance, on the Monthly Date immediately preceding the date the misstatement is discovered, been based on the Insured's correct age and sex. The adjustment will take effect beginning on the Monthly Date on or next following the date such misstatement is discovered; and
2. the monthly deduction will then be based on the Insured's correct age and sex beginning on the Monthly Date on or next following the date such misstatement is discovered.

## Voting Rights

All policy owners with Variable Account Values will have voting rights. So long as federal law requires, You may have the right to vote at shareholder meetings. If You have voting rights, We will send You a notice of the time and place of any such meetings. The notice will explain matters to be voted upon and how many votes You will have.

## Policy Termination

This policy will Terminate on the earliest of the following:

1. the date You request, by Written Request or other requests acceptable to Us, that coverage ends; or

2. the date You surrender the policy in full; or
3. the end of the grace period; or
4. the date of death of the Insured.

Your Written Request to Terminate coverage will be effective as of the date We receive Your Written Request, or a later date if specified in 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.

## Tax Treatment of this Policy

This policy is intended to qualify for treatment as a life insurance policy under Sections 72, 101, 7702, and other relevant sections of the Internal Revenue Code as they now exist or may later be amended. We reserve the right to endorse this policy to comply with:

1. future changes in the Internal Revenue Code;
2. any regulations or rulings issued under the Internal Revenue Code; and
3. any other requirements imposed by the Internal Revenue Service;

with respect to remaining qualified for treatment as a life insurance policy under these Internal Revenue Code sections.

If endorsed, We will provide the owner with a copy of any such endorsement.

We reserve the right to decline any change that would cause this policy to lose its ability to be tested for federal income tax purposes under the CSO mortality tables shown under Policy Data.

## ~~Conformity with Interstate Insurance Product Regulation Commission Standards~~

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

# 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 provided 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.

## **Proceeds Paid to Beneficiary upon Death of the Insured**

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. Only those beneficiaries who are living at the Insured's death may share in the Proceeds. If no beneficiary survives the Insured, 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.

If an irrevocable beneficiary is on record, such beneficiary cannot be changed without the written consent of the irrevocable beneficiary.

## **Assigning this 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

## Premium Payments

There are three types of premium payments that apply to this policy:

1. the initial premium;
2. scheduled premiums; and
3. unscheduled premiums.

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. A check or draft given for all or part of a premium, unless paid upon its presentation to the bank or person drawn on, shall not be considered payment.

We reserve the right to require evidence of insurability or limit the amount of any premium payment that would result in more than a dollar for dollar increase in the death benefit.

## Initial Premium

The initial premium is the premium due on or before the Policy Date. The initial premium payment must be received by Us before the policy can become effective, and no insurance will take effect until this amount is paid.

## Scheduled Premium

The scheduled premium is the premium shown under Policy Data. It is payable at the stated interval which You selected in the application. However, no scheduled premium may be paid on or after the Insured's Attained Insurance Age 120 Anniversary except amounts required to keep the policy In Force under the grace period provision.

The scheduled premium will serve only as an indication of Your preference as to the probable future amount and frequency of payments. You may change the amount or frequency at any time by Written Request or other requests acceptable to Us. We reserve the right to limit the amount of any increase in scheduled premium if there is Indebtedness on this policy.

Scheduled premiums may be paid annually, semi-annually, or quarterly. Payment at any other interval must be approved by Us. Any scheduled premium payment must be at least \$25.

## Unscheduled Premium Payments

You can make additional premium payments of at least \$25 at any time prior to the Insured's Attained Insurance Age 120 Anniversary. After that, We will only accept amounts required to keep the policy In Force under the grace period provision. We reserve the right to limit the number and amount of unscheduled premium payments if there is Indebtedness on this policy.

## Restrictions of Premium Payments

This policy is intended to qualify for treatment as a life insurance policy under Sections 72, 101, 7702, and other relevant sections of the Internal Revenue Code as they now exist or may later be amended.

We reserve the right to refuse premiums and return them with interest, unless the premium is necessary to continue coverage, if such premiums would disqualify this policy from:

1. treatment as a life insurance policy under Internal Revenue Code Sections 72, 101, and 7702; or
2. favorable tax treatment under Internal Revenue Code Sections 72 and 101.

## Premium Processing

The Net Premium is allocated to the Fixed Account and the Subaccounts according to Your premium allocation percentages in effect. You may choose any whole percentage for the Fixed Account and each Subaccount from 0% to 100%. The sum of Your premium allocation percentages must equal 100%. You may change the premium allocation percentages at any time by Written Request or other requests acceptable to Us.

Net Premiums received before the Policy Date will initially be allocated to the Fixed Account. On the Policy Date, the Policy Value will be transferred to the Subaccounts or remain in the Fixed Account in accordance with Your premium allocation percentages. For any premium received on or after the Policy Date, the Net Premium will be allocated in accordance with Your premium allocation percentages in effect.

## Grace Period

If on a Monthly Date the Cash Surrender Value is less than the monthly deduction for the policy month following such Monthly Date, and neither the no-lapse guarantee nor the minimum initial premium guarantee is in effect, a grace period of 61 days will begin.

The grace period will give You time to make a premium payment or loan repayment sufficient to continue Your coverage. At least 30 days prior to Termination, We will mail to Your last known address, and to any assignee of record, a notice as to the payment needed.

The premium payment or loan repayment needed will be the lesser of:

1. an amount so that the Cash Surrender Value is sufficient to pay any overdue monthly deductions, plus the next three monthly deductions; or
2. the amount needed to keep the minimum initial premium guarantee in effect, if it is eligible to be kept in effect, during the grace period and for three months after the end of the grace period; or
3. the amount needed to keep the no-lapse guarantee in effect, if it is eligible to be kept in effect, during the grace period and for three months after the end of the grace period.

If the premium payment or loan repayment is not paid within the grace period, all coverage under this policy will Terminate without value at the end of the 61 day grace period. This type of Termination is known as lapse. The end of the grace period is the date of lapse.

Any payment sent by U.S. mail must be postmarked within the grace period to keep the policy In Force.

If the Insured's death occurs during the grace period and benefits become payable under the policy, the lesser of the following will be deducted from the Proceeds:

1. any overdue monthly deductions; or
2. the premium required to keep the minimum initial premium guarantee in effect, if it is eligible to be kept in effect; or
3. the premium required to keep the no-lapse guarantee in effect, if it is eligible to be kept in effect.

If either the minimum initial premium guarantee or no-lapse guarantee is in effect as described in the next two provisions, the policy will not enter the grace period.

## Minimum Initial Premium Guarantee

To allow You the opportunity to increase Your Policy Value gradually so that the Cash Surrender Value is sufficient to pay the monthly deduction, a minimum initial premium guarantee will be in effect during the minimum initial premium period shown under Policy Data if:

1. on a Monthly Date, the Policy Value minus Indebtedness equals or exceeds the monthly deduction for the policy month following such Monthly Date; and
2. the sum of all premiums paid, minus any partial surrenders, and minus Indebtedness equals or exceeds the minimum initial premium shown under Policy Data times the number of months since the Policy Date, including the current month.

To keep the minimum initial premium guarantee in effect, premiums may be paid at any interval as long as the sum of premiums paid at all times is at least equal to the total required minimum initial premiums.

If on a Monthly Date sufficient premiums have not been paid to maintain the minimum initial premium guarantee, the minimum initial premium guarantee will no longer be in effect. Therefore, Your policy will enter the grace period if the no-lapse guarantee is not in effect and the Cash Surrender Value is insufficient to pay the monthly deduction on a Monthly Date.

If on a Monthly Date sufficient premiums have not been paid to maintain the minimum initial premium guarantee, You will have 61 days to pay a premium sufficient to maintain the minimum initial premium guarantee. If You do not pay such a premium within the 61 day period, the minimum initial premium guarantee will no longer be in effect and it cannot be reinstated.

The minimum initial premium will change if:

1. the Specified Amount is increased or decreased;
2. the death benefit option is changed; or
3. riders are added, changed or terminated.

The new minimum initial premium will apply from the date of the change.

Although Your policy will remain In Force, if You pay only the premium needed to keep the minimum initial premium guarantee in effect, You may be foregoing the advantage of building up Policy Value.

If the minimum initial premium guarantee terminates before the end of the no-lapse

guarantee period, and the no-lapse guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of an additional premium.

At the end of the minimum initial premium period, if the no-lapse guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the minimum initial premium guarantee.

### **No-Lapse Guarantee**

The no-lapse guarantee provides that during the no-lapse guarantee period shown under Policy Data, this policy will not Terminate even if the Cash Surrender Value is insufficient to pay the monthly deduction on a Monthly Date. Sufficient premium as described below must be paid to keep the no-lapse guarantee in effect.

The no-lapse guarantee will remain in effect if, on each Monthly Date:

(a) equals or exceeds (b)

where:

- (a) is the sum of all premiums paid, minus any partial surrenders and partial surrender fees, and minus any Indebtedness; and
- (b) is the no-lapse guarantee premium, shown under Policy Data, times the number of months since the Policy Date, including the current month.

To keep the no-lapse guarantee in effect, premiums may be paid at any interval as long as the sum of premiums paid at all times is at least equal to the total required no-lapse guarantee premiums.

While this policy is kept In Force by the no-lapse guarantee, any monthly deduction amounts that exceed the Policy Value, minus any Indebtedness, will be waived.

If on a Monthly Date sufficient premiums have not been paid to maintain the no-lapse guarantee, the no-lapse guarantee provision will no longer be in effect. Therefore, Your policy will enter the grace period if the minimum initial premium guarantee is not in effect and the Cash Surrender Value is insufficient to pay the monthly deduction on a Monthly Date.

The no-lapse guarantee, however, can be reinstated within two years from the date it was last in effect. The amount needed to reinstate the no-lapse guarantee is an amount equal to:

$$(a) + (b) + (c) - (d)$$

where:

- (a) is the sum of premiums required for the no-lapse guarantee to the date of reinstatement assuming a no-lapse guarantee was always in effect since the Policy Date;
- (b) is any partial surrenders and partial surrender fees that have been taken to the date of reinstatement;
- (c) is any Indebtedness on the date of reinstatement;
- (d) is the total of all premiums paid to the date of reinstatement.

The no-lapse guarantee premium will change if:

1. the Specified Amount is increased or decreased;
2. the death benefit option is changed; or
3. riders are added, changed or terminated.

The new no-lapse guarantee premium will apply from the date of the change.

Although Your policy will remain In Force, if You pay only the premium needed to keep the no-lapse guarantee in effect, You may be foregoing the advantage of building up Policy Value.

If the no-lapse guarantee terminates before the end of the no-lapse guarantee period and the minimum initial premium guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of an additional premium.

At the end of the no-lapse guarantee period, if the minimum initial premium guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the no-lapse guarantee.

## Reinstatement

This policy may be reinstated within three years after the end of the grace period, unless it was surrendered for cash. To do this, We will require all of the following:

1. your Written Request on a form satisfactory to Us to reinstate the policy;
2. evidence of insurability of the Insured satisfactory to Us;
3. payment of the required reinstatement premium or loan repayment amount;
4. payment or reinstatement of any Indebtedness.

If the policy is within the no-lapse guarantee period, and the no-lapse guarantee is no longer in effect but it can be reinstated, the required repayment amount to reinstate the policy is an amount equal to the lesser of:

1. An amount equal to  $(a) + (b) + (c) - (d) - (e)$

where:

- (a) is the sum of required premiums for the no-lapse guarantee to the date of reinstatement assuming a no-lapse guarantee was always in effect since the Policy Date;
  - (b) is any partial surrenders and partial surrender fees that have been taken to the date of reinstatement;
  - (c) is any Indebtedness on the policy at the end of the grace period;
  - (d) is any Indebtedness repaid on the date of the reinstatement; and
  - (e) is the total of all premiums paid to the date of reinstatement; or
2. An amount equal to  $(a) + (b) + (c) + (d) - (e) - (f)$

Where:

- (a) is the surrender charge which will be reinstated;
- (b) is an amount equal to the monthly deductions not taken during the grace period;
- (c) is an amount equal to the next 3 monthly deductions that will be taken after reinstatement;
- (d) is any Indebtedness on the policy at the end of the grace period;

- (e) is any Indebtedness repaid on the date of the reinstatement; and
- (f) is the Policy Value as of the last day of the grace period.

If the policy is within the no-lapse guarantee period, but the no-lapse guarantee is no longer in effect and it cannot be reinstated or the policy is beyond the No-Lapse Guarantee Period, the required repayment amount to reinstate the policy is an amount equal to;

$$(a) + (b) + (c) + (d) - (e) - (f)$$

where:

- (a) is the surrender charge which will be reinstated;
- (b) is an amount equal to the monthly deductions not taken during the grace period;
- (c) is an amount equal to the next 3 monthly deductions that will be taken after reinstatement;
- (d) is any Indebtedness on the policy at the end of the grace period;
- (e) is any Indebtedness repaid on the date of the reinstatement; and
- (f) is the Policy Value as of the last day of the grace period.

The Policy Value on the date of reinstatement will be equal to:

1. the Policy Value as of the last day of the grace period; plus
2. the required reinstatement premium; plus
3. any premium in excess of the required reinstatement premium; minus
4. the monthly deductions not collected during the 61 day grace period.

Surrender charges will return to what they would have been if the policy had not lapsed. Any Indebtedness on the policy at the end of the grace period will be reinstated unless it is repaid prior to the reinstatement.

The incontestability period will start over from the effective date of reinstatement and we may contest the truth of statements or representations made in the reinstatement application.

# DEATH BENEFITS

## Death Benefit Prior to or on Insured's Attained Insurance Age 120 Anniversary

The death benefit upon death of the Insured prior to or on the Insured's Attained Insurance Age 120 Anniversary will be the greater of:

1. the amount based on the death benefit option in effect as of the date of the Insured's death; or
2. the Policy Value multiplied by the death benefit percentage found in the death benefit percentage table shown under Policy Data.

## Death Benefit Options

The initial death benefit option is shown under Policy Data. While this policy is In Force, You may change the option as explained in the Policy Change section, or as limited by any attached riders or endorsements.

### Option 1

The amount under this option will be the Specified Amount.

### Option 2

The amount under this option will be the Specified Amount plus the Policy Value of this policy.

The initial Specified Amount is shown under Policy Data. Such amount may be changed as explained in the Policy Change section.

## Death Benefit After the Insured's Attained Insurance Age 120 Anniversary

The death benefit upon death of the Insured after the Insured's Attained Insurance Age 120 Anniversary will be the greater of:

1. the death benefit on the Insured's Attained Insurance Age 120 Anniversary, minus any partial surrenders and partial surrender fees occurring after the Insured's Attained Insurance Age 120 Anniversary; or
2. the Policy Value on the date of death.

## Proceeds Payable at Insured's Death

The Proceeds payable upon death will be:

1. the death benefit provided by this policy; minus
2. the amount required to continue coverage to the date of death without the policy entering the grace period (if death occurs during the grace period); minus
3. any Indebtedness as of the date of death.

## Life Insurance Qualification Test

The life insurance qualification test is used to determine if a policy will qualify as life insurance under applicable tax laws. The life insurance qualification test and death benefit percentage table for this test is shown under Policy Data. The test may not be changed after the Policy Date.

## Disclosure

Under current federal tax law in effect as of the Policy Date, keeping the policy In Force on or after the Insured's Attained Insurance Age 100 Anniversary raises certain tax issues to which there are currently no clear answers. They include, but are not limited to, the following:

1. the policy may no longer qualify as life insurance for federal income tax purposes; and
2. if the Internal Revenue Service takes the position that the policy does not qualify for life insurance for federal income tax purposes on or after the Insured's Attained Insurance Age 100 Anniversary, You could be taxed on any gain in the policy on or after the Insured's Attained Insurance Age 100 Anniversary.

We strongly urge You to consult with Your own tax advisor about the income tax consequences on or after the Insured's Attained Insurance Age 100 Anniversary. We accept no responsibility for any tax consequences incurred on or after the Insured's Attained Insurance Age 100 Anniversary.

# POLICY CHANGE

## **Request to Change Benefits**

While this policy is In Force, You may request to decrease or increase the Specified Amount. You may also request certain changes to the death benefit option. Such changes are subject to the rules below.

## **Rules for Changing the Specified Amount**

You may change the Specified Amount once per year by Written Request. Decreases may only be made after the first policy year. The rules are as follows:

### **Decreases of the Specified Amount**

1. any decrease will be effective on the Monthly Date on or next following Our receipt of Your Written Request. Any such decrease will be applied in the following order:
  - (a) against the initial Specified Amount shown under Policy Data; then
  - (b) against the increases successively following the initial Specified Amount
2. the Specified Amount that remains In Force after a requested decrease may not be less than the minimum Specified Amount allowed as shown under Policy Data.
3. we reserve the right to decline to make any Specified Amount decrease that We determine would cause this policy to fail to qualify as life insurance under applicable tax laws.

### **Increases of the Specified Amount**

The following rules apply to any increase in Specified Amount other than that resulting solely from a change in death benefit option:

1. You must apply for an increase by Written Request on a form satisfactory to Us prior to the Insured's Attained Insurance Age 86 Anniversary.

2. You must furnish satisfactory evidence of insurability of the Insured.
3. Any increase will be subject to Our issue rules and limits at the time of increase.
4. The minimum increase in the Specified Amount is \$10,000.
5. Any increase will be effective on the Monthly Date on or next following the date Your application is approved.
6. An additional administrative charge will apply to the amount of any increase in the Specified Amount.
7. A new schedule of surrender charges will apply to the amount of any increase in the Specified Amount.

## **Changes to the Death Benefit Option**

Prior to the Insured's Attained Insurance Age 120 Anniversary, You may change the death benefit option once per year by Written Request. The change in option will be effective on the Monthly Date on or next following the date We approve Your request.

If the death benefit option is 2, it may be changed to option 1. The new Specified Amount will be the option 2 death benefit as of the effective date of the change.

If the death benefit option is 1, it may be changed to option 2. The new Specified Amount will be the option 1 death benefit minus the Policy Value as of the effective date of the change.

The death benefit after a change may not be less than the minimum Specified Amount allowed as shown under Policy Data.

We reserve the right to decline to make any death benefit option change that We determine would cause this policy to fail to qualify as life insurance under applicable tax laws.

# POLICY VALUES

## Policy Value

On a given date the Policy Value equals the Fixed Account Value plus the Variable Account Value.

## Fixed Account Value

On the Policy Date, the Fixed Account value equals:

1. the portion of the initial Net Premiums allocated to the Fixed Account, plus any interest credited on such portion before the Policy Date; minus
2. the portion of the monthly deduction taken from the Fixed Account for the first policy month.

On any subsequent date, the Fixed Account value will be calculated as:

$$(a) + (b) + (c) + (d) - (e) - (f) - (g)$$

where:

- (a) is the Fixed Account value on the preceding Monthly Date plus interest from the preceding Monthly Date to the date of calculation;
- (b) is the portion of Net Premiums allocated to the Fixed Account and received since the preceding Monthly Date, plus interest from the date such Net Premiums were received to the date of calculation;
- (c) the amount of any transfers from the Subaccounts to the Fixed Account, including transfers due to loans taken or interest charged on Indebtedness, since the preceding Monthly Date, plus interest from the effective dates of such transfers to the date of calculation;
- (d) is any applicable policy value credit allocated to the Fixed Account since the preceding Monthly Date, plus interest from the effective dates of such credits to the date of calculation;
- (e) is the amount of any transfers from the Fixed Account, including loan repayment transfers, to the Subaccounts since the preceding Monthly Date, plus interest from the effective dates of such transfers to the date of calculation;
- (f) is the amount of any partial surrender and partial surrender fees taken from the Fixed Account since the preceding Monthly Date, plus interest from the effective dates of such partial surrenders to the date of calculation; and
- (g) if the date of calculation is a Monthly Date, the portion of the monthly deduction taken from the Fixed Account.

The interest rate applied in the calculation of the Fixed Account Value is the Fixed Account guaranteed interest rate shown under Policy Data. Interest in excess of the Fixed Account guaranteed rate may be applied in the calculation of the Fixed Account Value. Any change in excess interest rates will be determined by Us based on Our expectations as to future investment earnings.

Interest in excess of the Fixed Account guaranteed interest rate shown under Policy Data will not be applied to the portion of the Policy Value which equals any Indebtedness due Us. Interest in excess of the Fixed Account guaranteed interest rate is nonforfeitable, except indirectly due to any applicable surrender charge.

## Variable Account Value

The Variable Account Value is the sum of the values of the Subaccounts.

On the Policy Date, the value of each Subaccount equals:

1. the portion of the initial Net Premiums allocated to the Subaccount, plus any fixed interest credited on such portion before the Policy Date; minus
2. the portion of the monthly deduction taken from the Subaccount for the first policy month.

On any subsequent date, the value of each Subaccount is calculated as:

$$(a) + (b) + (c) + (d) - (e) - (f) - (g)$$

where:

- (a) is the value of the Subaccount on the preceding Valuation Date, multiplied by the net investment factor for the current Valuation Period;
- (b) is the portion of Net Premiums allocated to the Subaccount and received during the current Valuation Period;
- (c) is the amount of any transfers from other Subaccounts or the Fixed Account, including loan repayment transfers, to the Subaccount during the current Valuation Period;
- (d) is any applicable policy value credit allocated to the Subaccount during the current Valuation Period;
- (e) is the amount of any transfers from the Subaccount to other Subaccounts or the Fixed Account, including transfers due to loans taken or interest charged on Indebtedness, during the current Valuation Period;

- (f) is the amount of any partial surrender and partial surrender fees taken from the Subaccount during the current Valuation Period; and
- (g) is the portion of any monthly deduction during the current Valuation Period allocated to the Subaccount for the policy month following the Monthly Date.

**Monthly Deduction**

A monthly deduction is made on each Monthly Date prior to the Insured's Attained Insurance Age 120 Anniversary for the policy fee, administrative charge, cost of insurance, mortality and expense risk charge, and cost of any riders for the policy month following such Monthly Date.

The monthly deduction for a policy month will be calculated as:

$$(a) + (b) + (c) + (d) + (e)$$

where:

- (a) is the policy fee;
- (b) is the administrative charge;
- (c) is the cost of insurance for the policy month;
- (d) is the mortality and expense risk charge; and
- (e) is the cost of any policy riders for the policy month.

The monthly deduction will be taken from the Fixed Account and the Subaccounts according to the monthly deduction allocation percentages specified in Your application for this policy. You may choose any whole percentages for the Fixed Account and each Subaccount from 0% to 100%. By Written Request or other requests acceptable to Us You may change the percentages. Any change will be effective for monthly deductions taken thereafter.

The monthly deductions will be taken from the Fixed Account and the Subaccounts on a Pro-Rata Basis if: 1) the value in the Fixed Account or in any Subaccount is insufficient to pay the portion of the monthly deduction so allocated; or 2) You do not specify the monthly deduction allocation percentages for the Fixed Account and each Subaccount.

**Policy Fee**

There is a monthly policy fee deducted each month prior to the Insured's Attained Insurance Age 120 Anniversary. We reserve the right to change the policy fee based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed policy fee shown under Policy Data.

**Administrative Charge**

There is a monthly administrative charge deducted each month prior to the Insured's Attained Insurance Age 120 Anniversary. We reserve the right to change the administrative charge based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed administrative charge shown under Policy Data.

**Cost of Insurance**

The cost of insurance for the policy month is calculated as:

$$\frac{(a + d) \times (b - c)}{1000}$$

where:

- (a) is the monthly cost of insurance rate described below;
- (b) is the death benefit divided by the Guaranteed Interest Rate Factor shown under Policy Data;
- (c) is the Policy Value at the beginning of the policy month. At this point, the Policy Value has been reduced by the monthly deduction except for the part of the monthly deduction that pays for the cost of insurance; and
- (d) is the flat extra rate, shown under Policy Data.

If there have been increases in the Specified Amount, the Policy Value is allocated on a proportional basis to the initial Specified Amount and each subsequent increase.

See the Decreases of the Specified Amount provision of the POLICY CHANGE section for how decreases impact the initial Specified Amount and each subsequent increase.

## Cost of Insurance Rate

The cost of insurance rate used in the cost of insurance calculation is based on the sex, Insurance Age, years since issue, and risk classification of the Insured.

The cost of insurance rate used in the cost of insurance calculation for any increase in Specified Amount is based on the sex, Attained Insurance Age at the time of increase, years since increase, and risk classification of the Insured at the time of increase.

We may change cost of insurance rates from time to time. Any change in the cost of insurance rate will apply to all individuals of the same risk classification as the Insured. Cost of insurance rates will be determined by Us based on Our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions.

The cost of insurance rates will not exceed the guaranteed Maximum Monthly Cost of Insurance Rates shown under Policy Data and are based on the CSO Mortality Tables shown under Policy Data.

## Mortality and Expense Risk Charge

The mortality and expense risk charge compensates us for assuming the mortality and expense risks under the policy. It is equal to

$\frac{(a) \times (b)}{12}$  where:

- (a) is the Variable Account Value; and
- (b) is the guaranteed mortality and expense risk rate shown under Policy Data.

At this point, the Variable Account Value has not been reduced by any part of the monthly deduction.

We reserve the right to change the mortality and expense risk rate based on Our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed mortality and expense risk rate shown under Policy Data.

## Basis Used for Policy Values

We provide Cash Surrender Values that are at least equal to those required using Actuarial

Guideline XXIV of the NAIC Variable Life Insurance Regulation, model number 270. ~~We have filed with the HPRC a detailed statement of the basis of the charges for this policy and of Our method of computing the charges, values, and benefits of this policy.~~

## Policy Value Credit

We may periodically apply a policy value credit to Your Policy Value. The requirements that must be met to receive any policy value credit are shown under Policy Data.

The amount of the policy value credit is determined by multiplying the policy value credit percentage times the Policy Value minus any Indebtedness at the time the calculation is made.

We reserve the right to calculate and apply any policy value credit annually, quarterly or monthly.

Any policy value credit will be allocated according to Your premium allocation percentages in effect. Any policy value credit is nonforfeitable, except indirectly due to any applicable surrender charge.

We reserve the right to change the policy value credit percentage based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never be less than zero.

## Receiving Information about the Values of this Policy

At least once a year, without charge, We will send to Your last known address a report that shows:

1. the Policy Value at the end of the previous and current report periods;
2. the current death benefit;
3. the premiums paid;
4. all charges since the last report;
5. Indebtedness on this policy;
6. the current Cash Surrender Value;
7. a notice if the policy's Cash Surrender Value will not maintain the insurance In Force for the next year unless further premium payments are made; ~~and~~
8. ~~any other information required by the HPRC.~~

At any time and without charge, We will provide a projection of future death benefits and Policy Values upon Written Request by You.

# POLICY SURRENDER

**Inserted:** at any time before the Insured's death

## Policy Surrender

You may surrender this policy for its Cash Surrender Value at any time by Written Request, or other requests acceptable to Us. Upon surrender for the full Cash Surrender Value, this policy will Terminate.

The Cash Surrender Value of this policy is:

1. the Policy Value at the time of surrender; minus
2. any Indebtedness on this policy; minus
3. any applicable surrender charges shown under Policy Data.

## Partial Surrender

Subject to the rules below, You may partially surrender this policy by Written Request, or other requests acceptable to Us for an amount less than the Cash Surrender Value. A partial surrender fee will be applied as shown under Policy Data.

If death benefit option 1 is in effect, both the Specified Amount and the Policy Value will be reduced by the amount of the partial surrender and partial surrender fee. If death benefit option 2 is in effect, the Policy Value will be reduced by the amount of the partial surrender and partial surrender fee.

Various provisions of this policy may be affected by partial surrenders, including the minimum initial premium guarantee and the no-lapse guarantee as described in the Premiums section.

## Rules for a Partial Surrender

The following rules shall apply to any partial surrender:

1. partial surrenders may not be made in the first policy year;
2. the minimum amount that may be surrendered is \$500;
3. the partial surrender amount cannot exceed 90% of the full cash surrender value;
4. partial surrenders may not be made if the death benefit that remains In Force is less than the minimum Specified Amount allowed as shown under Policy Data.

We reserve the right to decline a request for a partial surrender that We determine would cause this policy to fail to qualify as life insurance under applicable tax laws.

If you do not specify the percentages for allocation of the partial surrender from the Fixed Account and each Subaccount, the surrender will be made from the Fixed Account and the Subaccounts on a Pro-Rata Basis.

## Payment of a Surrender

We will normally pay the portion of any surrendered amount from the Subaccounts within 7 days after We receive Your Written Request. We reserve the right, however, to suspend or delay the date of any surrender payment from the Subaccounts for any period:

1. when the New York Stock Exchange is closed; or
2. when trading on the New York Stock Exchange is restricted; or
3. when an emergency exists, and as a result:
  - (a) disposal of securities held in the Subaccounts is impractical; or
  - (b) it is impractical to fairly determine the value of the assets of the Subaccounts; or
4. during any other period when the Securities and Exchange Commission, by order, so permits for the protection of security holders.

Rules and regulations of the Securities and Exchange Commission will govern as to whether the conditions set forth in the above items 2 and 3 exist.

For any surrender request from the Fixed Account, We reserve the right to postpone the payment for up to 6 months. If We postpone payment more than 30 days, We will also pay You interest. The interest paid will be at the guaranteed interest rate shown under Policy Data, based on the amount surrendered for the period We postpone the payment.

**Inserted:** at any time before the Insured's death

# POLICY LOANS

## Borrowing Money on this Policy

By Written Request or other requests acceptable to Us, You may obtain a loan from Us whenever this policy has a Cash Surrender Value. This policy is the only security required for Your loan. A loan must be for at least \$500. We will pay interest on the Policy Value loaned at the guaranteed interest rate shown under Policy Data.

Various provisions of this policy may be affected by loans, including the minimum initial premium guarantee and the no-lapse guarantee as described in the Premiums section.

If You do not specify the percentages for allocation of the loan from the Fixed Account and each Subaccount, the loan will be made from the Fixed Account and the Subaccounts on a Pro-Rata Basis.

The amount of any loan and loan interest from the Subaccounts will be transferred from the Subaccounts to the Fixed Account.

## Maximum Loan Value of this Policy

You can borrow an amount up to 90% of the available loan value. The maximum loan value is the Policy Value minus surrender charges, minus any existing Indebtedness. We calculate the Policy Value as of the date of the loan. In determining the maximum loan value, We reserve the right to subtract monthly deductions and loan interest for three months.

## Interest Rate for a Policy Loan

Loan interest is charged daily and payable at the end of the policy year. If interest is not paid when it is due, it will be added to Your Indebtedness and charged the same interest rate as Your loan. The additional loan interest will be taken from the Fixed Account and Subaccounts on a Pro-Rata Basis.

We reserve the right to change the loan interest rate based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed loan interest rate shown under Policy Data.

## Loan Repayment

Your loan can be repaid in full or in part at any time before the Insured's death and while this policy is In Force. A loan that exists at the end of the grace period may not be repaid unless this policy is reinstated.

Repayments should be clearly marked as "loan repayments"; otherwise, they will be credited to this policy as premiums. Loan repayments must be in amounts of at least \$25.

Loan repayments will be allocated according to Your premium allocation percentages in effect.

## Failure to Repay a Loan

Failure to repay a loan or to pay loan interest will not Terminate this policy unless the Cash Surrender Value is insufficient to cover the monthly deduction as provided in the Grace Period provision. This would happen if Indebtedness exceeded the Policy Value minus surrender charges.

## Payment of a Loan

We will normally pay the portion of any loan amount from the Subaccounts within 7 days after We receive Your Written Request. We reserve the right, however, to suspend or delay the date of any loan from the Subaccounts for any period:

1. when the New York Stock Exchange is closed; or
2. when trading on the New York Stock Exchange is restricted; or
3. when an emergency exists, and as a result:
  - (a) disposal of securities held in the Subaccounts is impractical; or
  - (b) it is impractical to fairly determine the value of the assets of the Subaccounts; or
4. during any other period when the Securities and Exchange Commission, by order, so permits for the protection of security holders.

Rules and regulations of the Securities and Exchange Commission will govern as to whether the conditions set forth in the above items 2 and 3 exist.

For any loan from the Fixed Account, We reserve the right to postpone the payment for up to 6 months unless the loan is used to pay premiums on any policies You have with Us.

# SUBACCOUNTS

## Investments of the Subaccounts

Net Premiums and transfers will be allocated as You specify. Each Subaccount will buy the investment shown under Policy Data or as later added or changed.

## Subaccount Value

The Subaccount value is determined by multiplying the number of Accumulation Units credited to the Subaccount by the appropriate accumulation unit value.

## Subaccount Accumulation Units

The number of Accumulation Units for each of the Subaccounts is found by dividing: (1) the amount allocated to the Subaccount; by (2) the Subaccount's accumulation unit value for the Valuation Period in which We received the premium payment, transfer request, or partial surrender request.

## Subaccount Accumulation Unit Value

The value of an Accumulation Unit for each of the Subaccounts was arbitrarily set at \$1 when the first investments were bought. The value for any later Valuation Period is found as follows: The accumulation unit value for a Subaccount for the last prior Valuation Period is multiplied by such Subaccount's net investment factor for the following Valuation Period. The result is the accumulation unit value. The value of an Accumulation Unit may increase or decrease from one Valuation Period to the next.

## Determination of Net Investment Factor

The net investment factor is an index applied to measure the investment performance of a Subaccount from one Valuation Period to the next. The net investment factor value of an Accumulation Unit may increase or decrease from one Valuation Period to the next.

To find the net investment factor of any such Subaccount for a Valuation Period, we divide (1) by (2), where:

- (1) is the net result of:
  - a. the net asset value per share of the portfolio or fund held in the Subaccount determined at the end of the current Valuation Period; plus
  - b. the per-share amount of any dividend or capital gain distributions made by the investment held in the Subaccount, if the "ex-dividend" date occurs during the current Valuation Period; plus or minus
  - c. a per-share charge or credit for any taxes reserved for the current Valuation Period that We determine to have resulted from the investment operations of the Subaccount; and
- (2) is the net result of:
  - a. the net asset value per share of the portfolio or fund held in the Subaccount, determined at the end of the last prior Valuation Period; plus or minus
  - b. the per-share charge or credit for any taxes reserved for the last prior Valuation Period.

## Change of Investments of the Subaccounts

The investments of the Subaccounts would be changed only if laws or regulations change, the investment became unavailable, or in Our judgment, the investments were no longer suitable for the Subaccounts. If any of these situations occurred, We would have the right to substitute investments other than those shown under Policy Data. When required, We would first seek the approval of the Securities and Exchange Commission and the insurance regulator of the state where this policy is delivered.

### **Transfers Among the Subaccounts and the Fixed Account**

By Written Request or other request acceptable to Us, You may transfer all or part of the value of a Subaccount to one or more of the other Subaccounts or to the Fixed Account.

The amount transferred, however, must be at least: (1) \$250; or (2) the total value of the Subaccount, if less. We reserve the right to limit such transfers to five per policy year. We may suspend or modify this transfer privilege at any time with the necessary approval of the Securities and Exchange Commission.

You may also transfer from the Fixed Account to the Subaccounts once a year, but only on the Policy Anniversary or within 30 days after such Policy Anniversary. If You make this transfer, You cannot transfer from the Subaccounts back into the Fixed Account until the next Policy Anniversary. If We receive Your Written Request within 30 days before the Policy Anniversary date, the transfer from the Fixed Account to the Subaccounts will be effective on the Policy Anniversary date. If We receive Your Written Request within 30 days after the Policy Anniversary date, the transfer from the Fixed Account to the Subaccounts will be effective on the date We receive the request. The minimum transfer amount is \$250 or the Fixed Account value minus Indebtedness, if less. The maximum transfer amount is the Fixed Account Value, minus Indebtedness. We may suspend or modify this transfer privilege at any time with the necessary approval of the Securities and Exchange Commission.

Automated transfers are also allowed. By an automated transfers arrangement, You may transfer: (1) all or part of the value of a Subaccount to one or more of the other Subaccounts or to the Fixed Account; or (2) all or part of the Fixed Account Value, minus Indebtedness, to one or more of the Subaccounts. Only one automated transfer arrangement can be in effect at any time. Policy values may be transferred to one or more of the Subaccounts or to the Fixed Account, but can only be transferred from only one account. The minimum transfer amount is \$50. Twelve automated transfers from the Fixed Account may not exceed an amount that, if continued, would deplete the Fixed Account Value, minus Indebtedness, within twelve months.

### **Subaccount Transfer at the Insured's Attained Insurance Age 120 Anniversary**

On the Insured's Attained Insurance Age 120 Anniversary any policy value in the Subaccounts will be transferred to the Fixed Account. Transfers from the Fixed Account to the Subaccounts are not permitted after the Insured's Attained Insurance Age 120 Anniversary.

# PAYMENT OF POLICY PROCEEDS

## Payment of Proceeds upon Death of the Insured

Upon death of the Insured, 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 per year, 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 upon death of the Insured or upon surrender of the policy under one or more of the payment options shown below or You may 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 in the Option B Table under Policy Data in the Payment of Policy Proceeds Option Tables. 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 amounts of either:

1. upon surrender of the policy, the Cash Surrender Value; or
2. upon death of the Insured, the death benefit minus any Indebtedness, as of the date of the Insured's death.

Monthly payments for years not shown 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. 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 amounts of either:

1. upon surrender of the policy, the Cash Surrender Value; or
2. upon death of the Insured, the death benefit minus any Indebtedness, as of the date of the Insured's death.

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

## 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.



## **FLEXIBLE PREMIUM VARIABLE ADJUSTABLE LIFE INSURANCE POLICY**

- Policy continues until death, surrender, or lapse.
- Death benefit payable at Insured's death.
- Flexible premiums payable as provided herein.
- This policy is nonparticipating. Dividends are not payable.

### **RiverSource Life Insurance Company**

70100 Ameriprise Financial Center  
Minneapolis, MN 55474

## Arkansas Compliance Certification

Company: RiverSource Life Insurance Company

Form: 132376-AR  
132376-DP  
132377  
132378  
132379  
132380

I certify, on behalf of RiverSource Life Insurance Company, the following requirements have been reviewed and the forms and company practices are in compliance with the following;

### **1. Ark. Code Ann. 23-79-138 Information to Accompany Policies**

An information notice including; (1) the complete address and telephone number of the policyholder's service office of the company, (2) the name, address, and telephone number of the agent soliciting the policy, if applicable, and (3) the address and telephone number of the Arkansas State Insurance Department is provided to the policy owner.

### **2. Regulation 49 Life and Health Guaranty Notices**

The Company provides a Life and Health Guaranty Notice to each policy owner.

### **3. Regulation 19 Unfair Sex Discrimination in the Sale of Insurance**

The Company certifies it meets the provisions of this rule as well as all applicable requirements of the Department.

### **4. Regulation 33 Variable Life Insurance**

The Company certifies it meets the provisions of this rule, in particular Articles VI, VII, IX and XI.



Signature

6/7/12

Date

Cheryl Meyer, Assistant Secretary, RiverSource Life Insurance Company  
Name/Title

SERFF Tracking Number: AEMN-128285841 State: Arkansas  
 Filing Company: RiverSource Life Insurance Company State Tracking Number:  
 Company Tracking Number: VUL 5  
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: VUL 5  
 Project Name/Number: VUL 5/132376

## 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)
04/19/2012	Form	Flexible Premium Variable Adjustable Life Insurance Policy	05/10/2012	132376-AR VUL 5 4-30-12 prt pdf.pdf (Superseded)

**RiverSource Life Insurance Company**

70100 Ameriprise Financial Center  
Minneapolis, MN 55474



1-800-541-2251

**FLEXIBLE PREMIUM VARIABLE ADJUSTABLE  
LIFE INSURANCE POLICY**

- Policy continues until death, surrender, or lapse.
- Death benefit payable at Insured's death.
- Flexible premiums payable as provided herein.
- This policy is nonparticipating. Dividends are not payable.

Insured: John Doe

Policy Number: 9090-1234567

Policy Date: May 1, 2012

Issue Age: 35

Initial Specified Amount: 100,000

Initial Death Benefit Option: Option 1

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

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

In consideration of Your application and payment of the initial premium We issue this policy and We promise to pay the death benefit less Indebtedness described in this policy to the beneficiary if We receive proof satisfactory to Us that the Insured died while this policy was In Force.

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

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

President:

**The amount and duration of the death benefit of this policy may increase or decrease as described herein depending on the investment experience of the Subaccounts.**

Secretary:

**The Policy Value of this policy may increase or decrease daily depending on the investment experience of the Subaccounts. There is no guaranteed minimum Policy Value.**

# GUIDE TO POLICY PROVISIONS

<b>Policy Data</b>	Premium Information; Interest and Loan Information; Fees and Deductions; Table of Surrender Charges; Policy Value Credit; Life Insurance Qualification Test; Schedule of Benefits and Riders; Investment Options; Initial Premium Allocations; Payment of Policy Proceeds Option Tables; CSO Mortality Table / Page 3
<b>DEFINITIONS</b>	Important words and meanings / Page 4
<b>THE INSURANCE CONTRACT</b>	Entire Contract; Policy Incontestability; Suicide Exclusion; Misstatement of Insured's Age or Sex; Voting Rights; Policy Termination; Tax Treatment of this Policy; Conformity with Interstate Insurance Product Regulation Commission Standards / Page 6
<b>OWNER AND BENEFICIARY</b>	Your Rights as Owner of this Policy; Successor Owner; Changing Ownership of this Policy; Proceeds Paid to the Beneficiary upon Death of the Insured; Change of Beneficiary by Owner; Assigning this Policy as Collateral / Page 8
<b>PREMIUMS</b>	Premium Payments; Initial Premium; Scheduled Premium; Unscheduled Premium Payments; Restrictions of Premium Payments; Premium Processing; Grace Period; Minimum Initial Premium Guarantee; No-Lapse Guarantee; Reinstatement / Page 9
<b>DEATH BENEFITS</b>	Death Benefit Prior to or on the Insured's Attained Insurance Age 120 Anniversary; Death Benefit Options; Death Benefit After the Insured's Attained Insurance Age 120 Anniversary; Proceeds Payable at Insured's Death; Life Insurance Qualification Test; Disclosure / Page 13
<b>POLICY CHANGE</b>	Request to Change Benefits; Rules for Changing the Specified Amount; Decreases of the Specified Amount; Increases of the Specified Amount; Changes to the Death Benefit Option / Page 14
<b>POLICY VALUES</b>	Policy Value; Fixed Account Value; Variable Account Value; Monthly Deduction; Policy Fee; Administrative Charge; Cost of Insurance; Mortality and Expense Risk Charge; Basis Used for Policy Values; Policy Value Credit; Receiving Information About the Values of this Policy / Page 15
<b>POLICY SURRENDER</b>	Policy Surrender; Partial Surrender; Rules for a Partial Surrender; Payment of a Surrender / Page 18
<b>POLICY LOANS</b>	Borrowing Money on this Policy; Maximum Loan Value of this Policy; Interest Rate for a Policy Loan; Loan Repayment; Failure to Repay a Loan; Payment of a Loan / Page 19
<b>SUBACCOUNTS</b>	Investments of the Subaccounts; Subaccount Value; Subaccount Accumulation Units; Subaccount Accumulation Unit Value; Determination of Net Investment Factor; Change of Investments of the Subaccounts; Transfers Among the Subaccounts and the Fixed Account; Subaccount Transfer at the Insured's Attained Insurance Age 120 Anniversary / Page 20
<b>PAYMENT OF POLICY PROCEEDS</b>	Payment of Proceeds upon Death of the Insured; Payment Options Other Than a Single Sum; Option A – Interest Payments; Option B – Payments for a Specified Period; Option C – Lifetime Income; Beneficiary Request of Payment Option / Page 22

# DEFINITIONS

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

## **Accumulation Unit**

An accounting unit used to calculate the Variable Account Value. It is a measure of the net investment results of each of the Subaccounts.

## **Age Anniversary**

An Age Anniversary is the Policy Anniversary on which the Insured becomes a certain 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.

## **Cash Surrender Value**

The policy Proceeds if the policy is surrendered in full. It is the Policy Value minus any Indebtedness, minus surrender charges shown under Policy Data.

## **Fixed Account**

Our general investment account. It is made up of Our assets other than those held in any segregated asset account.

## **Fixed Account Value**

The portion of the Policy Value that is allocated to the Fixed Account including Indebtedness

## **Indebtedness**

All existing loans on this policy plus policy loan interest which has either been accrued or added to the policy loan.

## **In Force**

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

## **Insurance Age**

The Insurance Age of the Insured on the Policy Date is the issue age shown under Policy Data. It is the age We determine from the date of birth listed on the application, and is the age on the birthday nearest to the application date.

## **Insured**

The person whose life is insured by this policy.

## **Monthly Date**

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

## **Net Premium**

The portion of a premium paid that is credited to the policy as described in the Policy Values section. It is the premium paid minus the premium expense charge. We reserve the right to change the current premium expense charge based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed premium expense charge shown under Policy Data.

## **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 and policy months are determined. Your Policy Date is shown under Policy Data.

## **Policy Value**

The Fixed Account Value plus the Variable Account Value.

**Proceeds**

Proceeds means the amount payable under this policy as follows:

1. upon death of the Insured, Proceeds will be the death benefit minus any Indebtedness, as of the date of the Insured's death;
2. upon surrender of the policy, the Proceeds will be the Cash Surrender Value.

**Pro-Rata Basis**

Method for allocating amounts to the Fixed Account and to each of the Subaccounts. It is proportionate to the value (minus any Indebtedness in the Fixed Account) that each bears to the total Policy Value, minus Indebtedness.

**Specified Amount**

An amount used to determine the death benefit and the Proceeds payable upon death of the Insured. The initial Specified Amount is shown under Policy Data.

**Subaccounts**

Each Subaccount is a separate investment division of the Variable Account and invests in a particular portfolio or fund as shown under Policy Data.

**Terminate**

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

**Valuation Date**

Any day on which the New York Stock Exchange is open for trading, or any other day on which there is a sufficient degree of trading in the investments of the Subaccounts such that the current value might be materially affected.

**Valuation Period**

The interval of time commencing at the close of business on each Valuation Date and ending at the close of business on the next Valuation Date.

**Variable Account Value**

The sum of the values of the Subaccounts under this policy.

**Variable Account**

RiverSource Variable Life Separate Account established under Minnesota law as a segregated asset account of Ours. We have allocated to the Variable Account a part of Our assets for this and certain other policies. Such assets remain Our property. They cannot be charged, however, with liabilities from any other business in which We may take part.

**We, Our, Us**

RiverSource Life Insurance Company

**Written Request**

A request in writing signed by You, and acceptable 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 attached application, and any attached supplemental applications, endorsements and 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. None of Our representatives or other persons has the authority to change or waive any of Our rights or requirements under this policy.

In issuing this policy, We have relied upon the application. The statements made in the application are considered, in the absence of fraud, representations and not warranties. No statements made in connection with the application will be used by Us to void the policy or to deny a claim unless that statement is part of the application.

After the Policy Date, applications for an increase of the Specified Amount will be attached to and made a part of this policy and will form part of the entire contract.

Any statement concerning tobacco status will be attached to and made a part of this policy and will form part of the entire contract.

## Policy Incontestability

After this policy has been In Force during the Insured's lifetime for two 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 and We may deny a claim.

Any increase in Specified Amount which requires proof of insurability will be incontestable only after such amount has been In Force during the Insured's lifetime for two years from the effective date of such amount.

If within two years from the effective date of the Insured's reclassification as nontobacco We find that the Insured's tobacco status has been misstated, and it is discovered on or after the death of the Insured, the Proceeds payable upon death will be:

1. the Policy Value on the date of death; plus
2. the amount of insurance that the cost of insurance on the Insured, which was deducted from the Policy Value for the policy month during which such death occurred, would have purchased using the cost of insurance rates for the correct tobacco status; minus
3. any Indebtedness on the date of death.

If within two years from the effective date of the Insured's reclassification as nontobacco We find that the Insured's tobacco status has been misstated, and it is discovered before the death of the Insured:

1. the Specified Amount will be adjusted to the amount it would have been had the cost of insurance, on the Monthly Date immediately preceding the date the misstatement is discovered, been based on the Insured's correct tobacco status. The adjustment will take effect on the Monthly Date on or next following the date such misstatement is discovered; and
2. the monthly deduction will then be based on the Insured's correct tobacco status beginning on the Monthly Date on or next following the date such misstatement is discovered.

## Suicide Exclusion

Suicide by the Insured, whether sane or insane, within two years from the Policy Date is not covered by this policy. In this event the only amount payable by Us to the beneficiary will be the premiums which You have paid, minus any Indebtedness and partial surrenders.

If the Insured commits suicide whether sane or insane within two years from the effective date of:

1. any increase in Specified Amount which requires proof of insurability; or
2. any rider attached to this policy;

then the amount payable by Us with respect to the increased coverage or rider benefit will be limited to the monthly deductions for such additional Specified Amount or rider on the life of the Insured.

## Misstatement of Insured's Age or Sex

If the Insured's age or sex has been misstated, and it is discovered on or after the death of the Insured, the Proceeds payable upon death will be:

1. the Policy Value on the date of death; plus
2. the amount of insurance that the cost of the insurance on the Insured, which was deducted from the Policy Value for the policy month during which such death occurred, would have purchased had the cost of the insurance been calculated using the cost of insurance rates for the correct age and sex; minus
3. any Indebtedness on the date of death.

If the Insured's age or sex has been misstated and it is discovered before the death of the Insured:

1. the Specified Amount will be adjusted to the amount it would have been had the cost of insurance, on the Monthly Date immediately preceding the date the misstatement is discovered, been based on the Insured's correct age and sex. The adjustment will take effect beginning on the Monthly Date on or next following the date such misstatement is discovered; and
2. the monthly deduction will then be based on the Insured's correct age and sex beginning on the Monthly Date on or next following the date such misstatement is discovered.

## Voting Rights

All policy owners with Variable Account Values will have voting rights. So long as federal law requires, You may have the right to vote at shareholder meetings. If You have voting rights, We will send You a notice of the time and place of any such meetings. The notice will explain matters to be voted upon and how many votes You will have.

## Policy Termination

This policy will Terminate on the earliest of the following:

1. the date You request, by Written Request or other requests acceptable to Us, that coverage ends; or

2. the date You surrender the policy in full; or
3. the end of the grace period; or
4. the date of death of the Insured.

Your Written Request to Terminate coverage will be effective as of the date We receive Your Written Request, or a later date if specified in 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.

## Tax Treatment of this Policy

This policy is intended to qualify for treatment as a life insurance policy under Sections 72, 101, 7702, and other relevant sections of the Internal Revenue Code as they now exist or may later be amended. We reserve the right to endorse this policy to comply with:

1. future changes in the Internal Revenue Code;
2. any regulations or rulings issued under the Internal Revenue Code; and
3. any other requirements imposed by the Internal Revenue Service;

with respect to remaining qualified for treatment as a life insurance policy under these Internal Revenue Code sections.

If endorsed, We will provide the owner with a copy of any such endorsement.

We reserve the right to decline any change that would cause this policy to lose its ability to be tested for federal income tax purposes under the CSO mortality tables shown under Policy Data.

## Conformity with Interstate Insurance Product Regulation Commission Standards

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

# 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 provided 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.

## **Proceeds Paid to Beneficiary upon Death of the Insured**

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. Only those beneficiaries who are living at the Insured's death may share in the Proceeds. If no beneficiary survives the Insured, 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.

If an irrevocable beneficiary is on record, such beneficiary cannot be changed without the written consent of the irrevocable beneficiary.

## **Assigning this 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

## Premium Payments

There are three types of premium payments that apply to this policy:

1. the initial premium;
2. scheduled premiums; and
3. unscheduled premiums.

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. A check or draft given for all or part of a premium, unless paid upon its presentation to the bank or person drawn on, shall not be considered payment.

We reserve the right to require evidence of insurability or limit the amount of any premium payment that would result in more than a dollar for dollar increase in the death benefit.

## Initial Premium

The initial premium is the premium due on or before the Policy Date. The initial premium payment must be received by Us before the policy can become effective, and no insurance will take effect until this amount is paid.

## Scheduled Premium

The scheduled premium is the premium shown under Policy Data. It is payable at the stated interval which You selected in the application. However, no scheduled premium may be paid on or after the Insured's Attained Insurance Age 120 Anniversary except amounts required to keep the policy In Force under the grace period provision.

The scheduled premium will serve only as an indication of Your preference as to the probable future amount and frequency of payments. You may change the amount or frequency at any time by Written Request or other requests acceptable to Us. We reserve the right to limit the amount of any increase in scheduled premium if there is Indebtedness on this policy.

Scheduled premiums may be paid annually, semi-annually, or quarterly. Payment at any other interval must be approved by Us. Any scheduled premium payment must be at least \$25.

## Unscheduled Premium Payments

You can make additional premium payments of at least \$25 at any time prior to the Insured's Attained Insurance Age 120 Anniversary. After that, We will only accept amounts required to keep the policy In Force under the grace period provision. We reserve the right to limit the number and amount of unscheduled premium payments if there is Indebtedness on this policy.

## Restrictions of Premium Payments

This policy is intended to qualify for treatment as a life insurance policy under Sections 72, 101, 7702, and other relevant sections of the Internal Revenue Code as they now exist or may later be amended.

We reserve the right to refuse premiums and return them with interest, unless the premium is necessary to continue coverage, if such premiums would disqualify this policy from:

1. treatment as a life insurance policy under Internal Revenue Code Sections 72, 101, and 7702; or
2. favorable tax treatment under Internal Revenue Code Sections 72 and 101.

## Premium Processing

The Net Premium is allocated to the Fixed Account and the Subaccounts according to Your premium allocation percentages in effect. You may choose any whole percentage for the Fixed Account and each Subaccount from 0% to 100%. The sum of Your premium allocation percentages must equal 100%. You may change the premium allocation percentages at any time by Written Request or other requests acceptable to Us.

Net Premiums received before the Policy Date will initially be allocated to the Fixed Account. On the Policy Date, the Policy Value will be transferred to the Subaccounts or remain in the Fixed Account in accordance with Your premium allocation percentages. For any premium received on or after the Policy Date, the Net Premium will be allocated in accordance with Your premium allocation percentages in effect.

## Grace Period

If on a Monthly Date the Cash Surrender Value is less than the monthly deduction for the policy month following such Monthly Date, and neither the no-lapse guarantee nor the minimum initial premium guarantee is in effect, a grace period of 61 days will begin.

The grace period will give You time to make a premium payment or loan repayment sufficient to continue Your coverage. At least 30 days prior to Termination, We will mail to Your last known address, and to any assignee of record, a notice as to the payment needed.

The premium payment or loan repayment needed will be the lesser of:

1. an amount so that the Cash Surrender Value is sufficient to pay any overdue monthly deductions, plus the next three monthly deductions; or
2. the amount needed to keep the minimum initial premium guarantee in effect, if it is eligible to be kept in effect, during the grace period and for three months after the end of the grace period; or
3. the amount needed to keep the no-lapse guarantee in effect, if it is eligible to be kept in effect, during the grace period and for three months after the end of the grace period.

If the premium payment or loan repayment is not paid within the grace period, all coverage under this policy will Terminate without value at the end of the 61 day grace period. This type of Termination is known as lapse. The end of the grace period is the date of lapse.

Any payment sent by U.S. mail must be postmarked within the grace period to keep the policy In Force.

If the Insured's death occurs during the grace period and benefits become payable under the policy, the lesser of the following will be deducted from the Proceeds:

1. any overdue monthly deductions; or
2. the premium required to keep the minimum initial premium guarantee in effect, if it is eligible to be kept in effect; or
3. the premium required to keep the no-lapse guarantee in effect, if it is eligible to be kept in effect.

If either the minimum initial premium guarantee or no-lapse guarantee is in effect as described in the next two provisions, the policy will not enter the grace period.

## Minimum Initial Premium Guarantee

To allow You the opportunity to increase Your Policy Value gradually so that the Cash Surrender Value is sufficient to pay the monthly deduction, a minimum initial premium guarantee will be in effect during the minimum initial premium period shown under Policy Data if:

1. on a Monthly Date, the Policy Value minus Indebtedness equals or exceeds the monthly deduction for the policy month following such Monthly Date; and
2. the sum of all premiums paid, minus any partial surrenders, and minus Indebtedness equals or exceeds the minimum initial premium shown under Policy Data times the number of months since the Policy Date, including the current month.

To keep the minimum initial premium guarantee in effect, premiums may be paid at any interval as long as the sum of premiums paid at all times is at least equal to the total required minimum initial premiums.

If on a Monthly Date sufficient premiums have not been paid to maintain the minimum initial premium guarantee, the minimum initial premium guarantee will no longer be in effect. Therefore, Your policy will enter the grace period if the no-lapse guarantee is not in effect and the Cash Surrender Value is insufficient to pay the monthly deduction on a Monthly Date.

If on a Monthly Date sufficient premiums have not been paid to maintain the minimum initial premium guarantee, You will have 61 days to pay a premium sufficient to maintain the minimum initial premium guarantee. If You do not pay such a premium within the 61 day period, the minimum initial premium guarantee will no longer be in effect and it cannot be reinstated.

The minimum initial premium will change if:

1. the Specified Amount is increased or decreased;
2. the death benefit option is changed; or
3. riders are added, changed or terminated.

The new minimum initial premium will apply from the date of the change.

Although Your policy will remain In Force, if You pay only the premium needed to keep the minimum initial premium guarantee in effect, You may be foregoing the advantage of building up Policy Value.

If the minimum initial premium guarantee terminates before the end of the no-lapse

guarantee period, and the no-lapse guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of an additional premium.

At the end of the minimum initial premium period, if the no-lapse guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the minimum initial premium guarantee.

### No-Lapse Guarantee

The no-lapse guarantee provides that during the no-lapse guarantee period shown under Policy Data, this policy will not Terminate even if the Cash Surrender Value is insufficient to pay the monthly deduction on a Monthly Date. Sufficient premium as described below must be paid to keep the no-lapse guarantee in effect.

The no-lapse guarantee will remain in effect if, on each Monthly Date:

(a) equals or exceeds (b)

where:

- (a) is the sum of all premiums paid, minus any partial surrenders and partial surrender fees, and minus any Indebtedness; and
- (b) is the no-lapse guarantee premium, shown under Policy Data, times the number of months since the Policy Date, including the current month.

To keep the no-lapse guarantee in effect, premiums may be paid at any interval as long as the sum of premiums paid at all times is at least equal to the total required no-lapse guarantee premiums.

While this policy is kept In Force by the no-lapse guarantee, any monthly deduction amounts that exceed the Policy Value, minus any Indebtedness, will be waived.

If on a Monthly Date sufficient premiums have not been paid to maintain the no-lapse guarantee, the no-lapse guarantee provision will no longer be in effect. Therefore, Your policy will enter the grace period if the minimum initial premium guarantee is not in effect and the Cash Surrender Value is insufficient to pay the monthly deduction on a Monthly Date.

The no-lapse guarantee, however, can be reinstated within two years from the date it was last in effect. The amount needed to reinstate the no-lapse guarantee is an amount equal to:

$$(a) + (b) + (c) - (d)$$

where:

- (a) is the sum of premiums required for the no-lapse guarantee to the date of reinstatement assuming a no-lapse guarantee was always in effect since the Policy Date;
- (b) is any partial surrenders and partial surrender fees that have been taken to the date of reinstatement;
- (c) is any Indebtedness on the date of reinstatement;
- (d) is the total of all premiums paid to the date of reinstatement.

The no-lapse guarantee premium will change if:

1. the Specified Amount is increased or decreased;
2. the death benefit option is changed; or
3. riders are added, changed or terminated.

The new no-lapse guarantee premium will apply from the date of the change.

Although Your policy will remain In Force, if You pay only the premium needed to keep the no-lapse guarantee in effect, You may be foregoing the advantage of building up Policy Value.

If the no-lapse guarantee terminates before the end of the no-lapse guarantee period and the minimum initial premium guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of an additional premium.

At the end of the no-lapse guarantee period, if the minimum initial premium guarantee is not in effect, the Cash Surrender Value may not be sufficient to keep this policy In Force without payment of additional premium. The premium required to keep this policy In Force may be higher than the premiums required for the no-lapse guarantee.

## Reinstatement

This policy may be reinstated within three years after the end of the grace period, unless it was surrendered for cash. To do this, We will require all of the following:

1. your Written Request on a form satisfactory to Us to reinstate the policy;
2. evidence of insurability of the Insured satisfactory to Us;
3. payment of the required reinstatement premium or loan repayment amount;
4. payment or reinstatement of any Indebtedness.

If the policy is within the no-lapse guarantee period, and the no-lapse guarantee is no longer in effect but it can be reinstated, the required repayment amount to reinstate the policy is an amount equal to the lesser of:

1. An amount equal to  $(a) + (b) + (c) - (d) - (e)$

where:

- (a) is the sum of required premiums for the no-lapse guarantee to the date of reinstatement assuming a no-lapse guarantee was always in effect since the Policy Date;
- (b) is any partial surrenders and partial surrender fees that have been taken to the date of reinstatement;
- (c) is any Indebtedness on the policy at the end of the grace period;
- (d) is any Indebtedness repaid on the date of the reinstatement; and
- (e) is the total of all premiums paid to the date of reinstatement; or

2. An amount equal to  $(a) + (b) + (c) + (d) - (e) - (f)$

Where:

- (a) is the surrender charge which will be reinstated;
- (b) is an amount equal to the monthly deductions not taken during the grace period;
- (c) is an amount equal to the next 3 monthly deductions that will be taken after reinstatement;
- (d) is any Indebtedness on the policy at the end of the grace period;

- (e) is any Indebtedness repaid on the date of the reinstatement; and
- (f) is the Policy Value as of the last day of the grace period.

If the policy is within the no-lapse guarantee period, but the no-lapse guarantee is no longer in effect and it cannot be reinstated or the policy is beyond the No-Lapse Guarantee Period, the required repayment amount to reinstate the policy is an amount equal to;

$$(a) + (b) + (c) + (d) - (e) - (f)$$

where:

- (a) is the surrender charge which will be reinstated;
- (b) is an amount equal to the monthly deductions not taken during the grace period;
- (c) is an amount equal to the next 3 monthly deductions that will be taken after reinstatement;
- (d) is any Indebtedness on the policy at the end of the grace period;
- (e) is any Indebtedness repaid on the date of the reinstatement; and
- (f) is the Policy Value as of the last day of the grace period.

The Policy Value on the date of reinstatement will be equal to:

1. the Policy Value as of the last day of the grace period; plus
2. the required reinstatement premium; plus
3. any premium in excess of the required reinstatement premium; minus
4. the monthly deductions not collected during the 61 day grace period.

Surrender charges will return to what they would have been if the policy had not lapsed. Any Indebtedness on the policy at the end of the grace period will be reinstated unless it is repaid prior to the reinstatement.

The incontestability period will start over from the effective date of reinstatement and we may contest the truth of statements or representations made in the reinstatement application.

# DEATH BENEFITS

## Death Benefit Prior to or on Insured's Attained Insurance Age 120 Anniversary

The death benefit upon death of the Insured prior to or on the Insured's Attained Insurance Age 120 Anniversary will be the greater of:

1. the amount based on the death benefit option in effect as of the date of the Insured's death; or
2. the Policy Value multiplied by the death benefit percentage found in the death benefit percentage table shown under Policy Data.

## Death Benefit Options

The initial death benefit option is shown under Policy Data. While this policy is In Force, You may change the option as explained in the Policy Change section, or as limited by any attached riders or endorsements.

### Option 1

The amount under this option will be the Specified Amount.

### Option 2

The amount under this option will be the Specified Amount plus the Policy Value of this policy.

The initial Specified Amount is shown under Policy Data. Such amount may be changed as explained in the Policy Change section.

## Death Benefit After the Insured's Attained Insurance Age 120 Anniversary

The death benefit upon death of the Insured after the Insured's Attained Insurance Age 120 Anniversary will be the greater of:

1. the death benefit on the Insured's Attained Insurance Age 120 Anniversary, minus any partial surrenders and partial surrender fees occurring after the Insured's Attained Insurance Age 120 Anniversary; or
2. the Policy Value on the date of death.

## Proceeds Payable at Insured's Death

The Proceeds payable upon death will be:

1. the death benefit provided by this policy; minus
2. the amount required to continue coverage to the date of death without the policy entering the grace period (if death occurs during the grace period); minus
3. any Indebtedness as of the date of death.

## Life Insurance Qualification Test

The life insurance qualification test is used to determine if a policy will qualify as life insurance under applicable tax laws. The life insurance qualification test and death benefit percentage table for this test is shown under Policy Data. The test may not be changed after the Policy Date.

## Disclosure

Under current federal tax law in effect as of the Policy Date, keeping the policy In Force on or after the Insured's Attained Insurance Age 100 Anniversary raises certain tax issues to which there are currently no clear answers. They include, but are not limited to, the following:

1. the policy may no longer qualify as life insurance for federal income tax purposes; and
2. if the Internal Revenue Service takes the position that the policy does not qualify for life insurance for federal income tax purposes on or after the Insured's Attained Insurance Age 100 Anniversary, You could be taxed on any gain in the policy on or after the Insured's Attained Insurance Age 100 Anniversary.

We strongly urge You to consult with Your own tax advisor about the income tax consequences on or after the Insured's Attained Insurance Age 100 Anniversary. We accept no responsibility for any tax consequences incurred on or after the Insured's Attained Insurance Age 100 Anniversary.

# POLICY CHANGE

## **Request to Change Benefits**

While this policy is In Force, You may request to decrease or increase the Specified Amount. You may also request certain changes to the death benefit option. Such changes are subject to the rules below.

## **Rules for Changing the Specified Amount**

You may change the Specified Amount once per year by Written Request. Decreases may only be made after the first policy year. The rules are as follows:

### **Decreases of the Specified Amount**

1. any decrease will be effective on the Monthly Date on or next following Our receipt of Your Written Request. Any such decrease will be applied in the following order:
  - (a) against the initial Specified Amount shown under Policy Data; then
  - (b) against the increases successively following the initial Specified Amount
2. the Specified Amount that remains In Force after a requested decrease may not be less than the minimum Specified Amount allowed as shown under Policy Data.
3. we reserve the right to decline to make any Specified Amount decrease that We determine would cause this policy to fail to qualify as life insurance under applicable tax laws.

### **Increases of the Specified Amount**

The following rules apply to any increase in Specified Amount other than that resulting solely from a change in death benefit option:

1. You must apply for an increase by Written Request on a form satisfactory to Us prior to the Insured's Attained Insurance Age 86 Anniversary.

2. You must furnish satisfactory evidence of insurability of the Insured.
3. Any increase will be subject to Our issue rules and limits at the time of increase.
4. The minimum increase in the Specified Amount is \$10,000.
5. Any increase will be effective on the Monthly Date on or next following the date Your application is approved.
6. An additional administrative charge will apply to the amount of any increase in the Specified Amount.
7. A new schedule of surrender charges will apply to the amount of any increase in the Specified Amount.

## **Changes to the Death Benefit Option**

Prior to the Insured's Attained Insurance Age 120 Anniversary, You may change the death benefit option once per year by Written Request. The change in option will be effective on the Monthly Date on or next following the date We approve Your request.

If the death benefit option is 2, it may be changed to option 1. The new Specified Amount will be the option 2 death benefit as of the effective date of the change.

If the death benefit option is 1, it may be changed to option 2. The new Specified Amount will be the option 1 death benefit minus the Policy Value as of the effective date of the change.

The death benefit after a change may not be less than the minimum Specified Amount allowed as shown under Policy Data.

We reserve the right to decline to make any death benefit option change that We determine would cause this policy to fail to qualify as life insurance under applicable tax laws.

# POLICY VALUES

## Policy Value

On a given date the Policy Value equals the Fixed Account Value plus the Variable Account Value.

## Fixed Account Value

On the Policy Date, the Fixed Account value equals:

1. the portion of the initial Net Premiums allocated to the Fixed Account, plus any interest credited on such portion before the Policy Date; minus
2. the portion of the monthly deduction taken from the Fixed Account for the first policy month.

On any subsequent date, the Fixed Account value will be calculated as:

$$(a) + (b) + (c) + (d) - (e) - (f) - (g)$$

where:

- (a) is the Fixed Account value on the preceding Monthly Date plus interest from the preceding Monthly Date to the date of calculation;
- (b) is the portion of Net Premiums allocated to the Fixed Account and received since the preceding Monthly Date, plus interest from the date such Net Premiums were received to the date of calculation;
- (c) the amount of any transfers from the Subaccounts to the Fixed Account, including transfers due to loans taken or interest charged on Indebtedness, since the preceding Monthly Date, plus interest from the effective dates of such transfers to the date of calculation;
- (d) is any applicable policy value credit allocated to the Fixed Account since the preceding Monthly Date, plus interest from the effective dates of such credits to the date of calculation;
- (e) is the amount of any transfers from the Fixed Account, including loan repayment transfers, to the Subaccounts since the preceding Monthly Date, plus interest from the effective dates of such transfers to the date of calculation;
- (f) is the amount of any partial surrender and partial surrender fees taken from the Fixed Account since the preceding Monthly Date, plus interest from the effective dates of such partial surrenders to the date of calculation; and
- (g) if the date of calculation is a Monthly Date, the portion of the monthly deduction taken from the Fixed Account.

The interest rate applied in the calculation of the Fixed Account Value is the Fixed Account guaranteed interest rate shown under Policy Data. Interest in excess of the Fixed Account guaranteed rate may be applied in the calculation of the Fixed Account Value. Any change in excess interest rates will be determined by Us based on Our expectations as to future investment earnings.

Interest in excess of the Fixed Account guaranteed interest rate shown under Policy Data will not be applied to the portion of the Policy Value which equals any Indebtedness due Us. Interest in excess of the Fixed Account guaranteed interest rate is nonforfeitable, except indirectly due to any applicable surrender charge.

## Variable Account Value

The Variable Account Value is the sum of the values of the Subaccounts.

On the Policy Date, the value of each Subaccount equals:

1. the portion of the initial Net Premiums allocated to the Subaccount, plus any fixed interest credited on such portion before the Policy Date; minus
2. the portion of the monthly deduction taken from the Subaccount for the first policy month.

On any subsequent date, the value of each Subaccount is calculated as:

$$(a) + (b) + (c) + (d) - (e) - (f) - (g)$$

where:

- (a) is the value of the Subaccount on the preceding Valuation Date, multiplied by the net investment factor for the current Valuation Period;
- (b) is the portion of Net Premiums allocated to the Subaccount and received during the current Valuation Period;
- (c) is the amount of any transfers from other Subaccounts or the Fixed Account, including loan repayment transfers, to the Subaccount during the current Valuation Period;
- (d) is any applicable policy value credit allocated to the Subaccount during the current Valuation Period;
- (e) is the amount of any transfers from the Subaccount to other Subaccounts or the Fixed Account, including transfers due to loans taken or interest charged on Indebtedness, during the current Valuation Period;

- (f) is the amount of any partial surrender and partial surrender fees taken from the Subaccount during the current Valuation Period; and
- (g) is the portion of any monthly deduction during the current Valuation Period allocated to the Subaccount for the policy month following the Monthly Date.

**Monthly Deduction**

A monthly deduction is made on each Monthly Date prior to the Insured's Attained Insurance Age 120 Anniversary for the policy fee, administrative charge, cost of insurance, mortality and expense risk charge, and cost of any riders for the policy month following such Monthly Date.

The monthly deduction for a policy month will be calculated as:

$$(a) + (b) + (c) + (d) + (e)$$

where:

- (a) is the policy fee;
- (b) is the administrative charge;
- (c) is the cost of insurance for the policy month;
- (d) is the mortality and expense risk charge; and
- (e) is the cost of any policy riders for the policy month.

The monthly deduction will be taken from the Fixed Account and the Subaccounts according to the monthly deduction allocation percentages specified in Your application for this policy. You may choose any whole percentages for the Fixed Account and each Subaccount from 0% to 100%. By Written Request or other requests acceptable to Us You may change the percentages. Any change will be effective for monthly deductions taken thereafter.

The monthly deductions will be taken from the Fixed Account and the Subaccounts on a Pro-Rata Basis if: 1) the value in the Fixed Account or in any Subaccount is insufficient to pay the portion of the monthly deduction so allocated; or 2) You do not specify the monthly deduction allocation percentages for the Fixed Account and each Subaccount.

**Policy Fee**

There is a monthly policy fee deducted each month prior to the Insured's Attained Insurance Age 120 Anniversary. We reserve the right to change the policy fee based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed policy fee shown under Policy Data.

**Administrative Charge**

There is a monthly administrative charge deducted each month prior to the Insured's Attained Insurance Age 120 Anniversary. We reserve the right to change the administrative charge based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed administrative charge shown under Policy Data.

**Cost of Insurance**

The cost of insurance for the policy month is calculated as:

$$\frac{(a + d) \times (b - c)}{1000}$$

where:

- (a) is the monthly cost of insurance rate described below;
- (b) is the death benefit divided by the Guaranteed Interest Rate Factor shown under Policy Data;
- (c) is the Policy Value at the beginning of the policy month. At this point, the Policy Value has been reduced by the monthly deduction except for the part of the monthly deduction that pays for the cost of insurance; and
- (d) is the flat extra rate, shown under Policy Data.

If there have been increases in the Specified Amount, the Policy Value is allocated on a proportional basis to the initial Specified Amount and each subsequent increase.

See the Decreases of the Specified Amount provision of the POLICY CHANGE section for how decreases impact the initial Specified Amount and each subsequent increase.

## Cost of Insurance Rate

The cost of insurance rate used in the cost of insurance calculation is based on the sex, Insurance Age, years since issue, and risk classification of the Insured.

The cost of insurance rate used in the cost of insurance calculation for any increase in Specified Amount is based on the sex, Attained Insurance Age at the time of increase, years since increase, and risk classification of the Insured at the time of increase.

We may change cost of insurance rates from time to time. Any change in the cost of insurance rate will apply to all individuals of the same risk classification as the Insured. Cost of insurance rates will be determined by Us based on Our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions.

The cost of insurance rates will not exceed the guaranteed Maximum Monthly Cost of Insurance Rates shown under Policy Data and are based on the CSO Mortality Tables shown under Policy Data.

## Mortality and Expense Risk Charge

The mortality and expense risk charge compensates us for assuming the mortality and expense risks under the policy. It is equal to

$\frac{(a) \times (b)}{12}$  where:

- (a) is the Variable Account Value; and
- (b) is the guaranteed mortality and expense risk rate shown under Policy Data.

At this point, the Variable Account Value has not been reduced by any part of the monthly deduction.

We reserve the right to change the mortality and expense risk rate based on Our expectations of mortality, reinsurance costs, future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed mortality and expense risk rate shown under Policy Data.

## Basis Used for Policy Values

We provide Cash Surrender Values that are at least equal to those required using Actuarial

Guideline XXIV of the NAIC Variable Life Insurance Regulation, model number 270. We have filed with the IIPRC a detailed statement of the basis of the charges for this policy and of Our method of computing the charges, values, and benefits of this policy.

## Policy Value Credit

We may periodically apply a policy value credit to Your Policy Value. The requirements that must be met to receive any policy value credit are shown under Policy Data.

The amount of the policy value credit is determined by multiplying the policy value credit percentage times the Policy Value minus any Indebtedness at the time the calculation is made.

We reserve the right to calculate and apply any policy value credit annually, quarterly or monthly.

Any policy value credit will be allocated according to Your premium allocation percentages in effect. Any policy value credit is nonforfeitable, except indirectly due to any applicable surrender charge.

We reserve the right to change the policy value credit percentage based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never be less than zero.

## Receiving Information about the Values of this Policy

At least once a year, without charge, We will send to Your last known address a report that shows:

1. the Policy Value at the end of the previous and current report periods;
2. the current death benefit;
3. the premiums paid;
4. all charges since the last report;
5. Indebtedness on this policy;
6. the current Cash Surrender Value;
7. a notice if the policy's Cash Surrender Value will not maintain the insurance In Force for the next year unless further premium payments are made; and
8. any other information required by the IIPRC.

At any time and without charge, We will provide a projection of future death benefits and Policy Values upon Written Request by You.

# POLICY SURRENDER

## Policy Surrender

You may surrender this policy for its Cash Surrender Value at any time by Written Request, or other requests acceptable to Us. Upon surrender for the full Cash Surrender Value, this policy will Terminate.

The Cash Surrender Value of this policy is:

1. the Policy Value at the time of surrender; minus
2. any Indebtedness on this policy; minus
3. any applicable surrender charges shown under Policy Data.

## Partial Surrender

Subject to the rules below, You may partially surrender this policy by Written Request, or other requests acceptable to Us for an amount less than the Cash Surrender Value. A partial surrender fee will be applied as shown under Policy Data.

If death benefit option 1 is in effect, both the Specified Amount and the Policy Value will be reduced by the amount of the partial surrender and partial surrender fee. If death benefit option 2 is in effect, the Policy Value will be reduced by the amount of the partial surrender and partial surrender fee.

Various provisions of this policy may be affected by partial surrenders, including the minimum initial premium guarantee and the no-lapse guarantee as described in the Premiums section.

## Rules for a Partial Surrender

The following rules shall apply to any partial surrender:

1. partial surrenders may not be made in the first policy year;
2. the minimum amount that may be surrendered is \$500;
3. the partial surrender amount cannot exceed 90% of the full cash surrender value;
4. partial surrenders may not be made if the death benefit that remains In Force is less than the minimum Specified Amount allowed as shown under Policy Data.

We reserve the right to decline a request for a partial surrender that We determine would cause this policy to fail to qualify as life insurance under applicable tax laws.

If you do not specify the percentages for allocation of the partial surrender from the Fixed Account and each Subaccount, the surrender will be made from the Fixed Account and the Subaccounts on a Pro-Rata Basis.

## Payment of a Surrender

We will normally pay the portion of any surrendered amount from the Subaccounts within 7 days after We receive Your Written Request. We reserve the right, however, to suspend or delay the date of any surrender payment from the Subaccounts for any period:

1. when the New York Stock Exchange is closed; or
2. when trading on the New York Stock Exchange is restricted; or
3. when an emergency exists, and as a result:
  - (a) disposal of securities held in the Subaccounts is impractical; or
  - (b) it is impractical to fairly determine the value of the assets of the Subaccounts; or
4. during any other period when the Securities and Exchange Commission, by order, so permits for the protection of security holders.

Rules and regulations of the Securities and Exchange Commission will govern as to whether the conditions set forth in the above items 2 and 3 exist.

For any surrender request from the Fixed Account, We reserve the right to postpone the payment for up to 6 months. If We postpone payment more than 30 days, We will also pay You interest. The interest paid will be at the guaranteed interest rate shown under Policy Data, based on the amount surrendered for the period We postpone the payment.

# POLICY LOANS

## **Borrowing Money on this Policy**

By Written Request or other requests acceptable to Us, You may obtain a loan from Us whenever this policy has a Cash Surrender Value. This policy is the only security required for Your loan. A loan must be for at least \$500. We will pay interest on the Policy Value loaned at the guaranteed interest rate shown under Policy Data.

Various provisions of this policy may be affected by loans, including the minimum initial premium guarantee and the no-lapse guarantee as described in the Premiums section.

If You do not specify the percentages for allocation of the loan from the Fixed Account and each Subaccount, the loan will be made from the Fixed Account and the Subaccounts on a Pro-Rata Basis.

The amount of any loan and loan interest from the Subaccounts will be transferred from the Subaccounts to the Fixed Account.

## **Maximum Loan Value of this Policy**

You can borrow an amount up to 90% of the available loan value. The maximum loan value is the Policy Value minus surrender charges, minus any existing Indebtedness. We calculate the Policy Value as of the date of the loan. In determining the maximum loan value, We reserve the right to subtract monthly deductions and loan interest for three months.

## **Interest Rate for a Policy Loan**

Loan interest is charged daily and payable at the end of the policy year. If interest is not paid when it is due, it will be added to Your Indebtedness and charged the same interest rate as Your loan. The additional loan interest will be taken from the Fixed Account and Subaccounts on a Pro-Rata Basis.

We reserve the right to change the loan interest rate based on Our expectations of future investment earnings, persistency, expenses, and/or federal and state tax assumptions. However, it will never exceed the guaranteed loan interest rate shown under Policy Data.

## **Loan Repayment**

Your loan can be repaid in full or in part at any time before the Insured's death and while this policy is In Force. A loan that exists at the end of the grace period may not be repaid unless this policy is reinstated.

Repayments should be clearly marked as "loan repayments"; otherwise, they will be credited to this policy as premiums. Loan repayments must be in amounts of at least \$25.

Loan repayments will be allocated according to Your premium allocation percentages in effect.

## **Failure to Repay a Loan**

Failure to repay a loan or to pay loan interest will not Terminate this policy unless the Cash Surrender Value is insufficient to cover the monthly deduction as provided in the Grace Period provision. This would happen if Indebtedness exceeded the Policy Value minus surrender charges.

## **Payment of a Loan**

We will normally pay the portion of any loan amount from the Subaccounts within 7 days after We receive Your Written Request. We reserve the right, however, to suspend or delay the date of any loan from the Subaccounts for any period:

1. when the New York Stock Exchange is closed; or
2. when trading on the New York Stock Exchange is restricted; or
3. when an emergency exists, and as a result:
  - (a) disposal of securities held in the Subaccounts is impractical; or
  - (b) it is impractical to fairly determine the value of the assets of the Subaccounts; or
4. during any other period when the Securities and Exchange Commission, by order, so permits for the protection of security holders.

Rules and regulations of the Securities and Exchange Commission will govern as to whether the conditions set forth in the above items 2 and 3 exist.

For any loan from the Fixed Account, We reserve the right to postpone the payment for up to 6 months unless the loan is used to pay premiums on any policies You have with Us.

# SUBACCOUNTS

## Investments of the Subaccounts

Net Premiums and transfers will be allocated as You specify. Each Subaccount will buy the investment shown under Policy Data or as later added or changed.

## Subaccount Value

The Subaccount value is determined by multiplying the number of Accumulation Units credited to the Subaccount by the appropriate accumulation unit value.

## Subaccount Accumulation Units

The number of Accumulation Units for each of the Subaccounts is found by dividing: (1) the amount allocated to the Subaccount; by (2) the Subaccount's accumulation unit value for the Valuation Period in which We received the premium payment, transfer request, or partial surrender request.

## Subaccount Accumulation Unit Value

The value of an Accumulation Unit for each of the Subaccounts was arbitrarily set at \$1 when the first investments were bought. The value for any later Valuation Period is found as follows: The accumulation unit value for a Subaccount for the last prior Valuation Period is multiplied by such Subaccount's net investment factor for the following Valuation Period. The result is the accumulation unit value. The value of an Accumulation Unit may increase or decrease from one Valuation Period to the next.

## Determination of Net Investment Factor

The net investment factor is an index applied to measure the investment performance of a Subaccount from one Valuation Period to the next. The net investment factor value of an Accumulation Unit may increase or decrease from one Valuation Period to the next.

To find the net investment factor of any such Subaccount for a Valuation Period, we divide (1) by (2), where:

- (1) is the net result of:
  - a. the net asset value per share of the portfolio or fund held in the Subaccount determined at the end of the current Valuation Period; plus
  - b. the per-share amount of any dividend or capital gain distributions made by the investment held in the Subaccount, if the "ex-dividend" date occurs during the current Valuation Period; plus or minus
  - c. a per-share charge or credit for any taxes reserved for the current Valuation Period that We determine to have resulted from the investment operations of the Subaccount; and
- (2) is the net result of:
  - a. the net asset value per share of the portfolio or fund held in the Subaccount, determined at the end of the last prior Valuation Period; plus or minus
  - b. the per-share charge or credit for any taxes reserved for the last prior Valuation Period.

## Change of Investments of the Subaccounts

The investments of the Subaccounts would be changed only if laws or regulations change, the investment became unavailable, or in Our judgment, the investments were no longer suitable for the Subaccounts. If any of these situations occurred, We would have the right to substitute investments other than those shown under Policy Data. When required, We would first seek the approval of the Securities and Exchange Commission and the insurance regulator of the state where this policy is delivered.

### **Transfers Among the Subaccounts and the Fixed Account**

By Written Request or other request acceptable to Us, You may transfer all or part of the value of a Subaccount to one or more of the other Subaccounts or to the Fixed Account.

The amount transferred, however, must be at least: (1) \$250; or (2) the total value of the Subaccount, if less. We reserve the right to limit such transfers to five per policy year. We may suspend or modify this transfer privilege at any time with the necessary approval of the Securities and Exchange Commission.

You may also transfer from the Fixed Account to the Subaccounts once a year, but only on the Policy Anniversary or within 30 days after such Policy Anniversary. If You make this transfer, You cannot transfer from the Subaccounts back into the Fixed Account until the next Policy Anniversary. If We receive Your Written Request within 30 days before the Policy Anniversary date, the transfer from the Fixed Account to the Subaccounts will be effective on the Policy Anniversary date. If We receive Your Written Request within 30 days after the Policy Anniversary date, the transfer from the Fixed Account to the Subaccounts will be effective on the date We receive the request. The minimum transfer amount is \$250 or the Fixed Account value minus Indebtedness, if less. The maximum transfer amount is the Fixed Account Value, minus Indebtedness. We may suspend or modify this transfer privilege at any time with the necessary approval of the Securities and Exchange Commission.

Automated transfers are also allowed. By an automated transfers arrangement, You may transfer: (1) all or part of the value of a Subaccount to one or more of the other Subaccounts or to the Fixed Account; or (2) all or part of the Fixed Account Value, minus Indebtedness, to one or more of the Subaccounts. Only one automated transfer arrangement can be in effect at any time. Policy values may be transferred to one or more of the Subaccounts or to the Fixed Account, but can only be transferred from only one account. The minimum transfer amount is \$50. Twelve automated transfers from the Fixed Account may not exceed an amount that, if continued, would deplete the Fixed Account Value, minus Indebtedness, within twelve months.

### **Subaccount Transfer at the Insured's Attained Insurance Age 120 Anniversary**

On the Insured's Attained Insurance Age 120 Anniversary any policy value in the Subaccounts will be transferred to the Fixed Account. Transfers from the Fixed Account to the Subaccounts are not permitted after the Insured's Attained Insurance Age 120 Anniversary.

# PAYMENT OF POLICY PROCEEDS

## Payment of Proceeds upon Death of the Insured

Upon death of the Insured, 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 per year, 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 upon death of the Insured or upon surrender of the policy under one or more of the payment options shown below or You may 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 in the Option B Table under Policy Data in the Payment of Policy Proceeds Option Tables. 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 amounts of either:

1. upon surrender of the policy, the Cash Surrender Value; or
2. upon death of the Insured, the death benefit minus any Indebtedness, as of the date of the Insured's death.

Monthly payments for years not shown 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. 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 amounts of either:

1. upon surrender of the policy, the Cash Surrender Value; or
2. upon death of the Insured, the death benefit minus any Indebtedness, as of the date of the Insured's death.

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

## 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.



## **FLEXIBLE PREMIUM VARIABLE ADJUSTABLE LIFE INSURANCE POLICY**

- Policy continues until death, surrender, or lapse.
- Death benefit payable at Insured's death.
- Flexible premiums payable as provided herein.
- This policy is nonparticipating. Dividends are not payable.

### **RiverSource Life Insurance Company**

70100 Ameriprise Financial Center  
Minneapolis, MN 55474