



Ameriprise Financial Services, LLC 70400 Ameriprise Financial Center Minneapolis, MN 55474

Statement of Disability



Client ID Number	001
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This form may be used for either of the following purposes:

For TSA/TSCA Accounts: Ameriprise Trust Company and RiverSource Life Insurance Company will accept this statement as certification that the below named individual qualifies for distribution(s) from a Tax-Sheltered Annuity (TSA) or Tax-Sheltered Custodial Account (TSCA) due to disability.

For IRA and TSA/TSCA Accounts: Ameriprise Trust Company, American Enterprise Investment Services, Inc. and/or RiverSource Life Insurance Company will report to the IRS that the distribution(s) from the IRA(s), TSA(s), and/or TSCA (s) listed below meets an exception to the IRS 10% penalty tax on distributions before age 59½ due to disability.

I certify that (Individual's Name)

is disabled as that term is defined in Internal Revenue Code Section 72(m)(7). This means that he/she is unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment, which can be expected to result in death or to be of long-continued and indefinite duration.

Physician's Name

Physician's Address

City

State ZIP code

Physician's Signature

Date (MMDDYYYY)

X _____

