



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

Pre-Election for Payment of Death Benefits



- Use this form to select in advance the method of payment of death proceeds to the beneficiary.
- Supplement to Life and Annuity Change of Beneficiary Form 33032 (Form 33032-inst for complete instructions)
- If the owner is a corporation, you must also attach the Corporate Resolution of the board of directors, authorizing the change of beneficiary

Account Number

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For *RiverSource*® annuities held inside a brokerage account, enter the annuity contract number with 141 as the admin code. For all other products, enter 004 as the admin code.

Part 1 Owner Information

Owner Name

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Trust or Entity Name

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Co-Owner Name

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Insured or Annuitant Name (if different than owner)

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A Pre-Elected Mode of Settlement is only available on the following contracts

- All Life Insurance Policies.
 - The following nonqualified*, deferred annuity contracts issued in the states of Iowa and Minnesota:
 - Fund A
 - Fixed Retirement Annuity - Value Plus
 - Flexible Annuity
 - Combination Retirement Annuity
 - Fixed Retirement Annuity
 - Fixed Retirement Annuity - Extra Rate
 - Flexible Portfolio Annuity
 - Variable Retirement Annuity
 - The following nonqualified*, deferred annuity contracts regardless of the state of issuance:
 - Index 500
 - All RAVA® series
 - Fixed annuities
 - Advantage series
 - Bonus Series
 - Protected Advantage series
 - All fixed index annuities
 - All structured annuities
- *The following exceptions apply:**
- Inherited nonqualified stretch annuities cannot be annuitized after the first distribution, therefore, pre-election for payment of death benefit is not available.
 - IRAs and other tax-qualified annuities are not eligible because of the potential for a pre-selected payout plan being in conflict with IRS required minimum distributions.

Sign on page 2, 3



Part 2 Beneficiary Designation and Payment of Contract Death Benefits



- Use one form for each individual beneficiary, whether it is a primary or contingent beneficiary.
- Questions concerning the legal effect of this designation should be referred to your attorney.
- The Guarantee Period of annuity payments cannot exceed the life expectancy of the beneficiary. If this occurs, we will adjust the Guarantee Period of the Payout Option you selected to the maximum number of years allowed.

Beneficiary Name

Social Security Number

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The undersigned hereby requests that the beneficiary receive

Payout Option (select one)	Guarantee Period (select one)	Payout Mode (select one)
<input type="radio"/> Life Income Non Refund ^{1*}	Not Applicable	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual
<input type="radio"/> Life Income with Period Certain ¹	<input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> 15 years <input type="radio"/> 20 years	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual
<input type="radio"/> Life Income with Refund ¹	Not Applicable	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual
<input type="radio"/> Interest Payments (Life Insurance only)	Not Applicable	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual
<input type="radio"/> Installments for Specific Period ²	<input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> 15 years <input type="radio"/> 20 years <input type="radio"/> 25 years <input type="radio"/> 30 years	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual

¹ Evidence of age of the beneficiary is required at settlement time.

² For a beneficiary that is not a natural person, installments for a specific period is the only option available.

* Receive payments for the rest of the beneficiary's life. Payments end upon death of beneficiary.

Part 3 Marital Status

Select Marital Status

- Single Married (See "Part 4 - Community Property Consent of Spouse" below) Widowed Divorced

Part 4 Community Property Consent of Spouse

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

- the Spouse of the Owner is living,
- the Spouse of the Owner is not being named as the sole Primary Beneficiary, and
- the Owner and Spouse are residents of a Community Property State (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).

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

Spouse Name

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Spouse Signature

Date (MMDDYYYY)

X	
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Part 5 Acknowledgement, Disclosure and Signatures

Request for Pre-Election of Death Benefit Proceeds

I am the owner of, or applicant for, a life insurance policy or nonqualified deferred annuity ("contract") issued by RiverSource Life Insurance Company ("Company"). I wish to elect how death benefits under the contract will be paid to my beneficiary.

I understand that this election allows the company to amend and supersede any provisions in the contract, except for spousal joint owner survivorship rights nonqualified annuity contracts issued on or after 1/19/85, that allows the beneficiary to make such an election upon the death of the individual identified below.

I understand that this election only applies to the policy/contract number identified above and upon the death of the individual identified below:

- death of the annuitant on the following nonqualified, deferred annuity contracts issued **prior to 1/19/85 in the states of Iowa and Minnesota** Fund A, Combination Retirement Annuity and Variable Retirement Annuity;
- death of the owner or annuitant on the following nonqualified, deferred annuity contracts issued **on or after 1/19/85 in the states of Iowa and Minnesota** - Fund A, Fixed Retirement Annuity, Fixed Retirement Annuity - Value Plus, Fixed Retirement Annuity - Extra Rate, Flexible Annuity, Flexible Portfolio Annuity, Combination Retirement Annuity and Variable Retirement Annuity;
- death of any insured, annuitant or owner that prompts the payout of an insurance policy or annuity contract's death benefit.

I understand that failure of a beneficiary of the contract to submit due proof of death and begin receiving payments within one year of the date of death may result in this designated mode of settlement being void.

If for any reason this designation does not satisfy Internal Revenue Code Section 72 distribution requirements, this designation will be void and the beneficiary will be permitted to elect payment pursuant to the provisions of the contract. If any election selected would exceed the life expectancy of the beneficiary at the time of claim, the election would be amended to reduce the payout period to the life expectancy of the beneficiary. If the life expectancy of the beneficiary would be less than 5 years, or any payment would be less than the minimum allowed in the contract, the beneficiary will then be permitted to elect payment pursuant to the provisions of the contract.

Spendthrift Clause. Except as otherwise specifically provided herein, no beneficiary entitled to any payment here under shall have the right to withdraw, surrender for cash, borrow against, commute, anticipate, encumber, alienate, or assign such payment, or any part hereof, or any interest therein, nor shall such payment, or any part thereof, or any interest herein be in any way subject to such person's debts, contracts, or engagements, nor to any judicial process to levy upon or attach the same payment thereof. No provision of this contract or beneficiary designation shall be construed to prevent the owner or the beneficiary from assigning its interest in this contract to a nursing home or a government agency to qualify for government assistance programs. This clause shall be effective to the extent permitted by law.

Signed in conjunction with Form 33032 or annuity application dated

Owner Name

Owner Signature

Date (MMDDYYYY)

Co-Owner Name

Co-Owner Signature

Date (MMDDYYYY)