



Ameriprise Financial Services, Inc. 70400 Ameriprise Financial Center Minneapolis, MN 55474

# Incoming Account Transfer/Exchange/ Direct Rollover (Qualified Accounts Only)

for Ameriprise® certificates and Riversource® annuities.



- i** This form is not eligible for electronic submission. Please mail signed original to Home Office.
- For further information, call 800.862.7919.
- If required fields are unknown, contact the delivering firm.

Social Security Number

- i** This form can be used to transfer or rollover assets in an individual retirement or qualified plan account from another financial institution.
  - Critical: All requests to transfer into Columbia fund accounts ending in 002 will be rejected.
- Attach a copy of your most recent statement dated within the last 90 days.
- To roll over assets from a 401(k) or other qualified employer-sponsored plan, please consult your employer for requirements prior to submitting this form.
- For certificates only: For third party firms who require their own form, submit the third party transfer paperwork in addition to this form.

- i** To transfer a certificate to a Brokerage account, use eForms - Account Transfer.
- Use Form 3057 for Non-Qualified Certificate Transfers.
- Use Form 271177 for a Transfer, Rollover or Exchange into a RiverSource® annuity held in a brokerage account (Prefix 9925).
- Use Form 30062 for a 1035 Exchange into all other RiverSource annuities or insurance policies for Life and Annuity.

## Part 1 Ameriprise Financial Services, Inc. or RiverSource Life Insurance Company Account Registration

Account Owner Name

Title of Account

### Type of Account You Are Moving To:

- |                                       |                                     |   |                                   |
|---------------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="radio"/> Traditional IRA | <input type="radio"/> SIMPLE IRA    | <input type="radio"/> CESA (not available in Annuities) | <input type="radio"/> 403(b)/TSA  |
| <input type="radio"/> Rollover IRA    | <input type="radio"/> Inherited IRA | <input type="radio"/> Profit Sharing Plan               | <input type="radio"/> 403(b)/TSCA |
| <input type="radio"/> SEP IRA         | <input type="radio"/> Roth IRA      | <input type="radio"/> Money Purchase Plan               |                                   |

## Part 2 Delivering Firm Information

Account Owner's Name

Title of Account as shown on your Statement

### Type of Account You are Moving From:

- |                                       |   |   |                                   |
|---------------------------------------|---|---|-----------------------------------|
| <input type="radio"/> Traditional IRA | <input type="radio"/> SIMPLE IRA          | <input type="radio"/> CESA                | <input type="radio"/> 403(b)/TSA  |
| <input type="radio"/> Rollover IRA    | <input type="radio"/> Inherited IRA       | <input type="radio"/> Profit Sharing Plan | <input type="radio"/> 403(b)/TSCA |
| <input type="radio"/> SEP IRA         | <input type="radio"/> Roth IRA            | <input type="radio"/> Money Purchase Plan | <input type="radio"/> 457         |
| <input type="radio"/> 401(k)          | <input type="radio"/> Roth Feature 401(k) | <input type="radio"/> Other:              | <input type="text"/>              |

*Delivering Firm Information continued on next page...*

Sign on Page(s) 4, 5  
The original form must be mailed for processing

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**Delivering Firm Information** continuedAre you moving from an Annuity?  Yes  No Contract Lost  Contract Attached**Company Information**

Name of Company currently holding your account

Phone Number

Address

City

State

ZIP code

**Part 3 Plan Sponsor Information** (Required for 403(b)/TSA-TSCA accounts only)

Receiving Plan Sponsor Name/Current Employer

Employer Identification Number (EIN)

Address

Phone Number

City

State

ZIP code

Distributing Plan Sponsor Name/Former Employer (if different)

Employer Identification Number (EIN)

Address

Phone Number

City

State

ZIP code

Third Party Administrator (TPA) Name

Address

Phone Number

City

State

ZIP code

If you are currently retired, unemployed, or working for an employer who does not sponsor a 403(b)/TSA-TSCA program, your 403(b)/TSA-TSCA account is deemed associated with your most recent employer who sponsored the 403(b)/TSA-TSCA arrangement.

**Note: If you are age 72 or older, you may have a Required Minimum Distribution (RMD) requirement.**



**Part 4 Instructions to Financial Institution (Required)**

- Transfer**
- Direct Rollover** (this is reportable to the IRS)
- Conversion to a Roth IRA** (this is reportable to the IRS)

**Tax Withholding Instructions (Select One):** (For Roth conversions only)

- Any amount withheld will be considered a distribution in the form of withholding and will decrease the amount that is rolled over to the Roth IRA.
- If the amount withheld is to be rolled over to the Roth IRA, the amount withheld will have to be made up from other assets.
- **Federal Withholding:** You are liable for federal income tax on the taxable portion of your distribution. If total withholding is not adequate, you may be subject to estimated tax payments and/or penalties.
- **State Withholding:** Withholding rules vary by state. Clients may have the option to: (1) opt-out of withholding, (2) elect default state tax withholding, or (3) increase the rate of withholding. Depending on the state, state tax withholding could be mandatory, optional, unavailable, or the client may need to complete a state-specific form.
- State tax withholding may not be available with all financial institutions. For state tax withholding rules, contact them directly.
- Please note that taxes withheld per your elections or in accordance with state rules will not be refunded.
- Different withholding rules apply in certain situations: If we do not have a valid Taxpayer Identification Number on the account, if the payment is delivered outside the United States or if you are a non-resident alien.

**For a Qualified Plan or a 403(b)/TSA-TSCA to a Roth IRA:**  
 A direct conversion from a Qualified Plan or 403(b)/TSA-TSCA to a Roth IRA results in income tax being due on the taxable portion of the transaction. Please see the Special Tax Notice provided by the plan sponsor of your Qualified Plan or 403(b)/TSA-TSCA plan. You should consult with a tax advisor prior to requesting this transaction. There will be no withholding on this request unless you elect withholding below.

**For Traditional, SEP, or Simple IRA to a Roth IRA**  
 10% federal income tax will be withheld from the conversion amount unless you make a different withholding election below.  
**Amounts distributed in the form of withholding may result in a 10% IRS premature penalty tax in addition to the ordinary taxes that apply to the entire distribution amount.** Consult with a tax advisor if you elect to withhold.

**Federal Withholding**  
 Do not withhold federal tax     Withhold 10% federal tax     Withhold  % federal tax - *must be more than 10%*

**State Withholding**  
 Do not withhold state tax     Withhold default state tax     Withhold  % state tax

**Liquidation Instructions (You must select A, B, or C)**

**A. Brokerage Liquidation Instructions** (the client may need to call to liquidate the account)

- Liquidate (sell) all positions and transfer entire account as cash.
- Partial liquidation. Please list specific asset amount(s) or percent(s) below.

**B. Annuity Liquidation Instructions**

- Liquidate annuity immediately and transfer cash. I am aware of and acknowledge any penalty and/or surrender charges I will incur from an early withdrawal.
- Liquidate annuity at maturity and transfer cash. Specify Maturity Date:  *(Submit 3 weeks prior to Maturity Date)*
- Partial liquidation. Please list specific asset amount(s) or percent(s) below.

**C. Certificate of Deposit Liquidation Instructions**

- Liquidate CD immediately and transfer cash. I am aware of and acknowledge any penalty I will incur from an early withdrawal.
- Liquidate CD at maturity and transfer cash. Specify Maturity Date:  *(Submit 3 weeks prior to Maturity Date)*
- Partial liquidation. Please list specific asset amount(s) or percent(s) below.

Account Number and/or Plan Name	Specific Amount	or	Percent
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %

**Make checks payable to:**

**For Certificates:**

- Ameriprise Financial Services, Inc.  
 Attn: Account Transfers  
 70100 Ameriprise Financial Center  
 Minneapolis, MN 55474

**For Annuities:**

- RiverSource Life Insurance Company  
 Attn: Account Transfers  
 70100 Ameriprise Financial Center  
 Minneapolis, MN 55474

**Please reference client's name and account number on all checks.**



**Part 5 Investment Instructions to Ameriprise Financial Services, Inc. or RiverSource Life Insurance Company**

Account Number and/or Plan Name  
(Plan name is required for new accounts)

	Specific Amount	or	Percent	
\$				%
\$				%
\$				%
\$				%
\$				%

**Part 6 Client Signature and Acknowledgement**

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

- I understand that account(s) to be opened for me at Ameriprise Financial Services, Inc. may be restricted until an executed application is received. I further understand that if an executed application is not received within 45 days of account opening, those restrictions will include a prohibition on new purchase transactions and the deposit or transfer in of cash or securities.
- I acknowledge receipt of and consent to all terms and conditions contained in the Ameriprise Brokerage Client Agreement and the Other Important Disclosures documents. I also acknowledge receipt of information relating to the third-party cash sweep program offered by Ameriprise Financial.
- I authorize my current custodian, insurance company or trustee to execute, and release all status updates on, the above transaction to Ameriprise Financial Services, Inc. and RiverSource Life Insurance Company.
- I am aware of and acknowledge any penalty and/or surrender charges I will incur from an early withdrawal.
- If this is a request for a 403(b)/TSA-TSCA account transfer or exchange, then I certify that I am aware of the rules and requirements regarding 403(b)/TSA-TSCA account transfers and exchanges, and have had the opportunity to consult with my personal tax advisor regarding this transaction. I further acknowledge that I may need to request that my employer enter into an information sharing agreement or other necessary documentation with Ameriprise Financial in order to maintain the Tax-Qualified status of my 403(b)/TSA-TSCA account.

Account Owner Name

Account Owner Signature State  Date (MMDDYYYY)

Co-Account Owner/Community Property Name

Co-Account Owner/Community Property Signature (if applicable) State  Date (MMDDYYYY)

Plan Sponsor/Plan Administrator Name (if applicable)

Plan Sponsor/Plan Administrator Entity Name

Plan Sponsor/Plan Administrator Signature (if applicable) State  Date (MMDDYYYY)

Servicing Advisor Name Advisor Number

Phone Number  Extension



**Letter of Acceptance - For Corporate Use Only**

- Ameriprise Financial Services, Inc. or RiverSource Life Insurance Company will deposit assets received in an IRA for the benefit of the above plan participant.  
Ameriprise Financial Services, Inc. and RiverSource Life Insurance Company are qualified under applicable Treasury regulations to act as the custodian of IRA.
  
- Ameriprise Financial Services, Inc. or RiverSource Life Insurance Company will deposit assets received in a Qualified 401(a) Plan or 403 (b)/TSA-TSCA plan for the benefit of the above plan participant.  
Ameriprise Financial Services, Inc. and RiverSource Life Insurance Company are qualified under applicable Treasury regulations to act as the custodian of the plan.

**Acceptance for Ameriprise Financial Services, Inc. or RiverSource Life Insurance Company:**

Assistant Secretary (Corporate office signature only)

Date (MMDDYYYY)

**X**