



Service address:

RiverSource Life Insurance Co. of New York
70500 Ameriprise Financial Center Minneapolis, MN 55474



Life Insurance and Annuity Change of Beneficiary

i • New York Insurance Regulation requires insurance companies to request supplemental beneficiary information. Please complete all information requested in Part 3 of this form.

Select the Product Type for this request: (Required):

RAVA 5[®]:
Account Number
9935

Other:
Account Number
005

! Failure to select a Product Type could result in processing delays

Part 1 Owner Information

Please check here if this is a new address

Owner's Name

Name of Trust or Entity

Name of Insured/Annuitant

Street Address

City State ZIP code

Please check here if this is for an OIR

Part 2 Beneficiary Designation

!

- **Life Insurance** - All Beneficiary relationships are to the owner indicated above.
- **Annuities** - All Beneficiary relationships are to the owner indicated above.
- Step children, foster children, etc. are not included in options A-D; use option E Other instead.
- **Note:** If you own a variable annuity with a joint life withdrawal benefit, your covered spouse must be named in one of the following roles in order to continue the benefit:
 - Joint owner (non-qualified annuities only),
 - Sole primary beneficiary,
 - Sole primary beneficiary of a trust that you name as beneficiary of this contract (Not all trust ownerships are allowed so please contact Client Services for additional information).

Select only one of options A - F, (continued on next page)

A. Spouse if Living, if not, Living Lawful Children With Rights of Survivorship.
Beneficiary is: " " spouse if living, if not, the beneficiaries are the children legally born to, or legally adopted by, the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

B. Spouse, if Living, if not, Children Per Stirpes.
Beneficiary is: " " Owner's spouse if living, if not, the children legally born to, or legally adopted by, the owner equally, the survivors equally, or the survivor; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her children legally born to, or legally adopted by that deceased child, per stirpes.

C. Living Lawful Children, Equally With Rights of Survivorship.
Beneficiary is: The living lawful children of the owner and they will receive equal shares of the proceeds; provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be equally divided among the surviving children.

Beneficiary Designation continued on next page..

Only RiverSource Life Insurance Co. of New York is authorized to sell insurance and annuities in New York.

Sign On Pages 4, 5

© 2009-2014 RiverSource Life Insurance Company.
All rights reserved.



Beneficiary Designation continued

D. Living Lawful Children with Right of Survivorship Per Stirpes.

Beneficiary is: The children legally born to, or legally adopted by, the owner equally, provided, however, that if a child of the owner has died before the owner, the share which the child would have received if he or she survived the owner will be paid to his or her legally born to, or legally adopted by, children of that deceased child, per stirpes.

i Additional Instructions for Options E and F

- If an attachment is required to complete the beneficiary designation, make sure the attachment contains the account number, signature date, all appropriate signatures, and Supplemental Information.
- If percentages are used, make sure the percentage equals 100% for both primary and secondary beneficiaries.
- If a Testamentary Trust is designated, please provide the article and paragraph number from the Will in the designation. The execution of this designation requires that your Will be admitted to probate and the Trustee(s) make claim for the proceeds accompanied by due proof of the trustee(s)' appointment.
- Unless specifically noted on this form, all designations will be considered to be equally and with rights of survivorship.
- **All beneficiary designations are subject to the approval of the corporate office.**

E. Other (Person, Trust, Organization, etc)

Primary or Contingent Status (Select one)

Primary Contingent

Percentage or Fraction

%

Trust Date, If Trust named (MMDDYYYY)

Beneficiary Name

Relationship* Identify the relationship between the beneficiary and the owner

Primary or Contingent Status (Select one)

Primary Contingent

Percentage or Fraction

%

Trust Date, If Trust named (MMDDYYYY)

Beneficiary Name

Relationship* Identify the relationship between the beneficiary and the owner

Primary or Contingent Status (Select one)

Primary Contingent

Percentage or Fraction

%

Trust Date, If Trust named (MMDDYYYY)

Beneficiary Name

Relationship* Identify the relationship between the beneficiary and the owner

Primary or Contingent Status (Select one)

Primary Contingent

Percentage or Fraction

%

Trust Date, If Trust named (MMDDYYYY)

Beneficiary Name

Relationship* Identify the relationship between the beneficiary and the owner

F. Other Text. Use this option only when none of the above options apply or you are unsure of which option to select.



Part 3 SUPPLEMENTAL INFORMATION

- Complete Part 3 for all Part 2 Options A-F.
- Please provide all information requested, including full name of Person, Trust or Organization designated as beneficiary.
- If more space is needed, please attach a separate page.

Beneficiary Name

Address (if different than Owner, include City, State and ZIP)

Date of Birth/Trust Date (MM/DD/YYYY) **Social Security/Tax ID Number** **Telephone Number**

Beneficiary Name

Address (if different than Owner, include City, State and ZIP)

Date of Birth/Trust Date (MM/DD/YYYY) **Social Security/Tax ID Number** **Telephone Number**

Beneficiary Name

Address (if different than Owner, include City, State and ZIP)

Date of Birth/Trust Date (MM/DD/YYYY) **Social Security/Tax ID Number** **Telephone Number**

Beneficiary Name

Address (if different than Owner, include City, State and ZIP)

Date of Birth/Trust Date (MM/DD/YYYY) **Social Security/Tax ID Number** **Telephone Number**

Beneficiary Name

Address (if different than Owner, include City, State and ZIP)

Date of Birth/Trust Date (MM/DD/YYYY) **Social Security/Tax ID Number** **Telephone Number**



Part 4 Minor Beneficiaries

I hereby request that the proceeds be paid to the custodians listed below under the State UTMA (not available in VT or SC).

Custodian Name

Successor Custodian Name

Part 5 Charitable Giving Benefit Beneficiary Designation

A Charitable Giving Benefit beneficiary designation can only be named on Variable Universal Life IV - Estate Series, Life Protection Select - Estate Series, Foundations Universal Life and Foundations Protector life insurance policies.

! Only one Section 170(c) organization can be named. This section cannot be used to name a charitable organization to the base or other insured beneficiary designations. Changing the Charitable Giving Benefit beneficiary does not change the base or other insured beneficiary designations.

Charitable Organization Name Employer Identification Number

Address Phone

City State ZIP code

Contact Name

Part 6 Marital Status and Consent of Spouse

Owner Marital Status (Select One)
 Single Married (See Consent of Spouse.) Widowed Divorced

Consent of spouse must be signed **for 403(b) plans that are subject to the Employee Income Security Act (ERISA)**, your spouse is living and you are NOT designating your spouse as the sole primary beneficiary.

If you are unsure if your plan is subject to ERISA (and consequently spousal consent requirements) check with your plan sponsor. (Usually your employer).

Generally:

- 403(b) plans sponsored by a governmental entity such as a public school or university are not subject to ERISA
- 403(b) plans sponsored by a church or qualified church controlled organization are generally not subject to ERISA, however some exceptions may apply
- 403(b) plans sponsored by a 501(c)(3) (non-profit) organization may be subject to ERISA depending on the design and operation of the plan.

! The spouse's signature must be witnessed by either the Plan Sponsor/Administrator or a Notary Public.

I have reviewed the above beneficiary designation and, as the spouse of the owner, I consent to the payment of my spouse's interest to the above named beneficiary(ies), in the event of the death of my spouse.

If this consent relates to a plan subject to ERISA, I understand that if I were to decline to sign this consent, as the owner's surviving spouse, I would be entitled to 100% of any beneficial account at the time of the owner's death.

I waive any rights I now have, or may later be held to have, in such interest. I realize my consent applies only to this designation and does not apply to any further designation.

Spouse Name

Spouse Signature Date (MMDDYYYY)

X _____



Part 7 Disclosures and Signatures

Change of Beneficiary

The undersigned hereby revokes any and all prior beneficiary designations and/or elections by the Owner(s) of a method of settlement for the beneficiary of the proceeds upon the death. Any amount payable to a beneficiary after the Retirement Date will be paid as provided in the Annuity Payment Plan then in effect.

Right of Revocation Reserved. The right to revoke this instrument and to change the designated beneficiaries upon written notice to, and acceptance by, the Company is reserved to the Owner without the consent of the revocable beneficiaries. Unless a Pre-Election for Payment of Death Benefits (form 200488) is signed, dated and received at the same time as this form, election of a different settlement option, consistent with the Policy/Contract provisions, may be made after the death of the individual indicated in the General Instructions based on the type of Policy/Contract by the beneficiary or class of beneficiaries then immediately entitled to demand and receive full payment of the proceeds. (See Pre-Election of Death Benefits Form for acceptable contracts.)

Spendthrift Clause. Except as otherwise specifically provided herein, no beneficiary entitled to any payment hereunder shall have the right to withdraw, surrender for cash, borrow against, commute, anticipate, encumber, alienate, or assign such payment, or any part thereof, 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.

Owner Name

[Input field for Owner Name]

Owner Signature

Date (MMDDYYYY)

X [Signature line] [Date input field]

Co-Owner Name

[Input field for Co-Owner Name]

Co-Owner Signature

Date (MMDDYYYY)

X [Signature line] [Date input field]

Part 8 Plan Sponsor Signature

! Spousal consent is required for 403(b) plans subject to ERISA and the signature must be witnessed by either the plan sponsor/administrator or a notary.

For ERISA plans, with the authority to act on behalf of the Plan, I certify that the participant's spouse [Input field] personally appeared before me with evidence to be the person whose name is named above and executed the foregoing document voluntarily.

Plan Sponsor/Administrator Name

[Input field for Plan Sponsor/Administrator Name]

Plan Sponsor/Administrator Signature

Date (MMDDYYYY)

X [Signature line] [Date input field]

Part 9 Notarization

! Spousal consent is required for 403(b) plans subject to ERISA and the signature must be witnessed by either the plan sponsor/administrator or a notary.

I certify that [Input field] personally appeared before me with satisfactory evidence to be the person whose name is subscribed within the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument executed the instrument.

I certify under PENALTY OF PERJURY under laws of the State of [Input field], Country of [Input field] that the foregoing paragraph is true and correct. WITNESS my hand and official Seal:

Notary Name

[Input field for Notary Name]

Signature of Notary

Date (MMDDYYYY)

X [Signature line] [Date input field]

Notary Commission Number

Notary Commission Expiration Date (mm/dd/yyyy)

Notary Seal:

[Notary Seal area]