

Incoming TSA/TSCA Transfer/Exchange/ Direct Rollover Request

Please Read Before Completing Form



The information below, when followed, will allow your TSA/TSCA Transfer/Exchange/Direct Rollover to flow smoothly.

Paperwork

- This form cannot be used for RAVA 5[®] variable annuity product. Use Form 271243 found on RiverSource.com only.
- **Do not use this form for direct rollovers coming from a TSA/TSCA into an IRA.** In this case, use **Direct Rollover** (Form 38413).
- Existing RiverSource Life Insurance Co. of New York/Ameriprise Financial Account(s): Indicate account number on the attached form.
- New RiverSource Life Insurance Co. of New York/Ameriprise Financial Account(s): Attach appropriate Application and New Business Requirements.
- All Transfers: Include the competitor's contract if this is a full surrender.
- The distribution options available to you may be restricted by your employer's 403(b) plan provisions. See your Plan Administrator or Summary Plan Description for further information.

These transactions qualify as Transfers or Direct Rollovers:

TSA	—	TSA	Include a copy of latest statement if available
TSCA	—	TSA	
TSA	—	TSCA	
TSCA	—	TSCA	

Distribution Rules

- RiverSource Life Insurance Co. of New York/Ameriprise Trust Company must be notified of the amount that was invested as of Dec. 31, 1988, in the TSA/TSCA that is transferred or rolled over. If this information is not received, our records will show that 100 percent of the amount transferred or rolled over is from amounts invested after Dec. 31, 1988, and we will apply the distribution restrictions under tax law to the full amount.
- The full or partial amount of an eligible distribution from a TSA/TSCA may be transferred or rolled over.

Contract Exchanges

- A contract exchange occurs when an employee changes from one 403(b) investment option allowed under the plan to another investment option in the same plan. No tax reporting is required on a contract exchange.

Plan to Plan Transfers

- A contract transfer occurs when an employee moves all or a portion of their 403(b) account from one employer's plan into investment products offered by a different employer's 403(b) plan. No tax reporting is required on a contract transfer.

Information Sharing Agreement

- An agreement between the employer and the vendor allowing the exchange of information to ensure compliance with 403(b) including, but not limited to information regarding the participant's employment status, hardship withdrawals, and plan loans.

Transfers/Exchanges

- Check must be made payable to RiverSource Life Insurance Co. of New York/Ameriprise Trust Company, **not to the client.**

Direct Rollovers

- Check must be made payable to RiverSource Life Insurance Co. of New York/Ameriprise Trust Company **not to the client.** Only **eligible rollover** distributions from a TSA/TSCA can be directly rolled into another **eligible retirement** plan or IRA.

For a more detailed look at transfers and direct rollovers to TSAs/TSCAs, refer to the Advisor's Guide (Form 3814).

Do not send this page to Home Office



Service address:

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



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- Do not use for IRA.
- Please print.



The distribution options available to you may be restricted by your employer's 403(b) plan provisions. See your Plan Administrator or Summary Plan Description for further information.

Social Security Number

Part 1 INSURER/CUSTODIAN (Form will be mailed to this address)

Name			Title	
Address				
City		State	ZIP code	

Part 2 Plan Sponsor Information

Name of Plan Sponsor	Employer Identification Number (EIN)
Mailing Address (Required)	Phone Number
City	State ZIP code



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

Part 3 Account Registration

Client Name		
Address		
City	State	ZIP code

Sign on Pages 2, 3



Part 4 RVSL-NY/Ameriprise Financial Investment Selections

Code/Account Number	Amount	Percent
<input type="text"/>	\$ <input type="text"/> OR <input type="text"/> %	<input type="text"/>
<input type="text"/>	\$ <input type="text"/> OR <input type="text"/> %	<input type="text"/>
<input type="text"/>	\$ <input type="text"/> OR <input type="text"/> %	<input type="text"/>
<input type="text"/>	\$ <input type="text"/> OR <input type="text"/> %	<input type="text"/>
<input type="text"/>	\$ <input type="text"/> OR <input type="text"/> %	<input type="text"/>
<input type="text"/>	\$ <input type="text"/> OR <input type="text"/> %	<input type="text"/>

Part 5 Instructions for the Present Insurer or Custodian

My existing plan is: TSA TSCA
 The transfer/exchange/direct rollover is to: TSA 403b(1) TSCA 403b(7)

Transfer
Please **do not** withhold income tax.

Direct Rollover (Not to be used for IRAs)
This amount represents all or part of my eligible rollover distribution. I understand there will be **no mandatory 20% withholding** from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law.

Client 59½ or over Client separated from service

Amount: \$ or % **or** Amount not subject to surrender/change within my TSA/TSCA

My contract is (Select one): Attached Lost Was there any value before 12/31/88? Yes No

i Acceptance by RiverSource Life Insurance Co. of New York or Ameriprise Trust Company of TSA/TSCA values should not be construed as a guarantee that the transaction will qualify as a transfer, or direct rollover under applicable law.

I certify that I am aware of the rules and requirements regarding 403(b) 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 RiverSource Life Insurance Co. of New York in order to maintain the tax qualified status of my 403(b) account.

Client Name Client ID
 Client Signature Date (MMDDYYYY)

X Plan Sponsor/Plan Administrator Name (if applicable)

Plan Sponsor/Plan Administrator Entity Name

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

i **Note to present Insurer/Custodian:** To comply with the Technical and Miscellaneous Act of 1988, please provide the amount which was invested in TSA/TSCA as of 12/31/88. In addition, please provide the amount of funds (if any) that were at some time in the past invested in a TSCA mutual fund.

Instructions for the Present Insurer or Custodian continued on next page...



Instructions for the Present Insurer or Custodian continued

Make check(s) payable and forward (with a copy of this form) to address checked below

On all checks include: Client Name, Social Security Number, your Account Number and Plan Type.

RiverSource Life Insurance Co. of New York

70500 Ameriprise Financial Center
Minneapolis, MN 55474

Letter of Acceptance: RiverSource Life Insurance Co. of New York will accept the proceeds of the above named contract/account and will apply the funds into a TSA contract for the benefit of the individual.

RiverSource Life Insurance Co. of New York has entered or intends to enter into an information sharing agreement with the employer that sponsors this 403(b) plan by January 1, 2009 or by any other date as per applicable regulatory guidance. In the event an agreement cannot be reached between RiverSource Life Insurance Co. of New York and the Employer, RiverSource Life Insurance Co. of New York agrees to take any required action to maintain the tax qualified status of this 403(b) limited to this transaction.

Assistant Secretary Name

[Empty text box for Assistant Secretary Name]

Assistant Secretary Signature

X _____

Advisor Name

[Empty text box for Advisor Name]

Area Office Number

[Empty text box for Area Office Number]

Phone Number

[Empty text box for Phone Number]

Ameriprise Trust Company

Attn: Inter Company Transfers
P.O. Box 1396
Minneapolis, MN 55440

Letter of Acceptance: Ameriprise Trust Company is qualified under applicable law to act as custodian of TSCA plan assets and will deposit the assets we receive in a TSCA account for the benefit of the individual.

Ameriprise Trust Company has entered or intends to enter into an information sharing agreement with the employer that sponsors this 403(b) plan by January 1, 2009 or by any other date as per applicable regulatory guidance. In the event an agreement cannot be reached between Ameriprise Trust Company and the Employer, Ameriprise Trust Company agrees to take any required action to maintain the tax qualified status of this 403(b) limited to this transaction.

Date (MMDDYYYY)

[Empty text box for Date]

Advisor Number

[Empty text box for Advisor Number]

Ext.

[Empty text box for Ext.]