DOC0104402004

Ameriprise Financial Services, Inc. 70100 Ameriprise Financial Center Minneapolis, MN 55474

Ameriprise® Financial Planning Service Cancellation and Refund Request

Ameriprise Financial

Client ID

001

- For additional instructions see Form 402004-inst on *AdvisorCompass®*.
- If this agreement is unfunded, save time by canceling this agreement by calling Service Delivery.

Client and Account Information

Financial Plan Account Number

0191 013

Client or Trustee First Name | MI | Last Name

Additional Client or Trustee First Name | MI | Last Name

Client ID

001

Entity or Trust Name

Client ID

001

Request Information

Who is making this Request?

- ◯ Client
- ◯ CSU or Field Registered Principal
- ◯ Advisor
- ◯ Corporate Office

Request Type

- ◯ Cancellation Request Only
- ◯ Cancellation with Refund Request
- ◯ Refund Request Only

Is there a recurring Credit Card charge associated with this financial planning service that needs to be canceled?

◯ Yes ◯ No

Cancellation with Refund Request

- You may request and receive a refund of the entire fee paid during an engagement period at any time up to 30 days after the end of the engagement period, provided that you have not received written recommendations under this Agreement. If you request a refund after you receive written recommendations, your refund may be limited. Advisors, including terminated and/or former advisors who are part of the Agreement, are not eligible for any refunds of Service fees.
- When requesting to fully cancel the Service, scheduled arrangements such as Systematic Payments (SPOs) and bank authorizations will also be discontinued once this paperwork is processed.

Fee Refund Amount Requested
$

Plan Year

Reason for Fee Refund Request

- ◯ Advisor Cannot Fulfill
- ◯ Client Changed Mind
- ◯ Client Dissatisfied with Advice/AFPS
- ◯ Client Dissatisfied with Advisor
- ◯ Incorrect Payment

Additional explanation

Refund Request Only

- Complete this part when continuing with the Service relationship but requesting a full or partial refund due to overpayment.

Fee Refund Amount Requested
$

Plan Year

Definition of Fee Refund Request Categories:

1 Advisor Cannot Fulfill: Advisor is unable to fulfill the terms of the service agreement. Examples: Advisor cannot reach client; advisor will be unable to provide advice by delivery date; client deceased.
2 Client Changed Mind: Any reason unrelated to the client's experience with AFPS or the advisor. Examples: Client experienced job loss or death in the family, client has abandoned financial planning as an objective, advisor with whom client wanted to engage in financial planning has left the firm.
3 Client Dissatisfied with Advice/AFPS: Any expression of client dissatisfaction with AFPS or the written financial advice promised as part of the service.
4 Client Dissatisfied with Advisor: Any expression of client dissatisfaction with the advisor servicing AFPS.
5 Incorrect Payment: Refund of excess funds directed to engagement.

Reason for Fee Refund Request

- ◯ Advisor Cannot Fulfill
- ◯ Client Changed Mind
- ◯ Client Dissatisfied with Advice/AFPS
- ◯ Client Dissatisfied with Advisor
- ◯ Incorrect Payment

Additional explanation

Refund Information

- If the Service is part of a consolidated advisory fee relationship, the refund will be applied to the account that paid the fee.
- Bank authorization payments cannot be refunded back to the client's external bank account.

Select method of refund

◯ Credit Card (if plan was paid by credit card it will be automatically refunded to the card used)

Credit Card Number

Expiration Date (MMYY)

◯ Send refund check to Client address of record

◯ Send refund check to Client new address
(Advisor or client must update a new address with the the Corporate Office.)

◯ Apply refund to Non-Qualified Account at Ameriprise Financial: Account Number

Acknowledgment

- By submitting this form, I agree to the terms and conditions outlined and I represent the validity regarding the information provided as well as any instructions requested.

Required Signatures

Client or Trustee First Name

MI

Last Name

Client or Trustee Signature

X

Date (MMDDYYYY)

Additional Client or Trustee First Name

MI

Last Name

Additional Client or Trustee Signature

X

Date (MMDDYYYY)

Advisor Details

Are you the compensated advisor for the Ameriprise Financial Planning Service plan sold to the client?

◯ Yes ◯ No

Advisor Name

Advisor ID

Advisor Signature

X

Date (MMDDYYYY)

CSU or Field Registered Principal Details

CSU or Field Registered Principal Name

CSU or Field Registered Principal ID

CSU or Field Registered Principal Signature

X

Date (MMDDYYYY)

Corporate Office Information

Corporate Office Department

Corporate Office Employee Name

Phone Number