



Ameriprise Financial Services, Inc. 70100 Ameriprise Financial Center Minneapolis, MN 55474 800.297.MONEY

Gifting of Securities from your Ameriprise® Brokerage Account



Account Number	
	133



- For more efficient processing, use the E-Signature or Sign in person options
- Processed gifting requests are irrevocable and cannot be canceled and are non-refundable
- Completed requests will be processed on a 'best efforts' basis.
- The donor of the gift should notify the recipient in advance to reduce the possibility of the gift being rejected. All account owners must sign.
- For Securities/Mutual Funds delivered to a Brokerage Firm, the request must be received by the second Friday in December to be processed by year end.
- For Mutual Fund shares delivered to a Mutual Fund Company, the request must be received by the first Friday in December to be processed by year end.
- Check to make sure all information is accurate to ensure timely processing.
- Fax to: 800.624.2259, Attn: DTC Delivery

Client Information

Client or Trustee First Name	MI Last Name
Client ID	
Additional Client or Trustee First Name	MI Last Name
Client ID	
Entity or Trust Name	

List Securities to be Gifted



- If the Tax Lot Date is not included, or not available, the tax lots will be transferred first in first out (FIFO)
- If the default cost basis relief method is Average Cost, all tax lots will be transferred first in first out (FIFO).
- Securities must be sent as whole shares (other than open ended mutual funds). Any fractional shares will remain in the client's account.

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Ticker Symbol/CUSIP Security Name	Number of Shares	Tax Lot Date (MMDDYYYY)
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Identify the Receiving Firm

Receiving Firm DTC Number	Receiving Firm Name			
Receiving Firm Account Number	Recipient/Organization Name			
Contact Name or Phone Number at Receiving Firm and/or Charitable Organization				
Is this a standard gift or charitable gift? (Request will default to standard gift)				
C Standard Gift				
Charitable Gift				
What information would you like to share with the recipient?				
Name and Address				
I/we authorize Ameriprise to provide my/our name, address and other information, such as amount of gift, to the recipient of the gift. I understand that this information may be used by the gift recipient for any purpose, including but not limited to, maintaining records of my donation and solicitation of future donations, upon recepient's request.				
None (I wish to remain anonymous)				

Acknowledgment

By signing this form, I(we) hereby authorize Ameriprise Financial and its affiliates to process the above instructions. In connection therewith, I/we agree to hold Ameriprise Financial Services, Inc., its affiliates, and their respective officers, directors, employees, agents and assigns harmless and will indemnify and defend them against any claim, suit, action, proceeding or demand based on the processing of this request.

I Understand that any gifting contribution, once delivered to the receiving firm represents an irrevocable gifting contribution to the Recipient/ Organization and is not refundable.

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Required Signatures

Client or Trustee First Name	MI Last Name	
Client or Trustee Signature		Date (MMDDYYYY)
Additional Client or Trustee First Name	MI Last Name	
Additional Client or Trustee Signature		Date (MMDDYYYY)

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