



Change of Ownership

Client ID

- Full account ownership transfers will inactivate arrangements and features on the original account including, but not limited to: check writing, systematic payouts, bank authorizations, dividend methods, etc.
- This form may not be used for Qualified Accounts, except in limited situations (Divorce and Inherited IRA to Inherited IRA transfer).
- This form must be signed by all current and new owners or Authorized Person(s)

Current Client and Account Information

Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	
Additional Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client ID	<input type="text" value="001"/>	
Entity or Trust Name	<input type="text"/>	
Client ID	<input type="text" value="001"/>	

Account Number 1	<input type="text"/>	<input type="text"/>	Account Number 2	<input type="text"/>	<input type="text"/>
Account Number 3	<input type="text"/>	<input type="text"/>	Account Number 4	<input type="text"/>	<input type="text"/>



Gifting or Value Received Information

Is the Change of Ownership due to a divorce?

Yes

If the divorce decree and information provided on this form do not match, a signed and dated letter of clarification by both parties may be required.

No

Brokerage and Managed Accounts



- Gift: A transfer of assets to an individual where full value is not received in return. The owner is 'giving' the assets/positions to the new owner.
- For value received: A transfer of assets where the original owner receives full value payment for the assets from the new owner. The new owner is 'buying' the assets/positions from the original owner at fair market value (FMV).

Third Party Annuity or Insurance (Except RiverSource® annuities linked to a brokerage account (Prefix 9925))

- This form cannot be used to change ownership, request changes due to a divorce settlement, or enable hold restrictions for annuity contracts and/or insurance policies linked to the indicated brokerage account number.
- Ameriprise Financial cannot process the ownership change for annuities or insurance products held at a third party carrier. Please contact the carrier directly to obtain the required paperwork and to facilitate the desired ownership change.

If no option is selected, the default is gift. However, the scenarios below will be treated as a Sale for Full Value Received in accordance with tax reporting regulations.

Is this transfer a Gift?

- Transferring ownership between spouses (includes adding/removing a spouse as joint owner or transferring from one spouse to another. Does not include transfers to a non-resident alien spouse.)
- Transferring between a person and their revocable trust. The SSN of the person must be the registered taxpayer of the trust. (Includes transfers to a spouse's revocable trust.)
- Transferring to an ex-spouse due to divorce or court order related to divorce adding or removing spouse as joint owner due to divorce.

Yes No - if 'No', select one of the following options.

Sale for Full Value Received

Other

Specify other

Is any current owner or recipient of the transfer a:

Spouse

Ex-Spouse

Other

Specify other

Is this transfer pursuant to divorce decree?

Yes No

If the current owner is a trust, select the type of trust:

Revocable Trust

with one Grantor

with two Grantors who are spouses

with multiple Grantors

Irrevocable Trust

Irrevocable Trust treated as Grantor Trust

If the account is currently owned by a revocable trust, is the transfer due to the death of a grantor of a revocable trust?

Yes

Date of death of grantor
MM/DD/YYYY

if 'Yes', date of death of the grantor is required (Death certificate is required if one is not on file)

No



Transfer Amount and Authorization



For Brokerage, SPS Advantage and Active Portfolios® accounts:

- If no amount is specified, we will transfer 100%.
- If you are requesting a specific cash amount, there must be sufficient cash in the sweep account to cover the amount requested.
- We are unable to process a request for the transfer of specific tax lots if "average cost" is the cost basis method for the account.

Amount of cash and/or securities to be transferred:

- Transfer all Cash and Securities Transfer all Cash Only Enter percentage
 Transfer all Securities Only Enter amount Transfer Percentage of Entire Account: %
 Transfer Specific Cash Amount \$ Transfer Percentage of Securities Only: %
There must be sufficient cash in the sweep account to cover the amount requested. Enter percentage
- Transfer Specific Securities Only

Full account ownership transfers will inactivate arrangements and features on the original account including, but not limited to: check writing, systematic payouts, bank authorizations, dividend methods, etc.

Complete the table to provide instructions for the transfer of individual securities held in your account. If there is insufficient room to list all securities below, you may attach a list signed and dated by the current owner and enter **see attached list** in this part.

Ticker Symbol/CUSIP	Security Name	Security Type (Stock/Bond/MF)	Purchase Date MM/DD/YYYY	Price	Quantity	Total Cost

For Certificates only

- Ownership change may result in a new account number that will be created by the Corporate Office if needed.
- When splitting the account, each person must submit a separate form.
- Forms for all new owners should be submitted at the same time.
- Due to product limitations, we cannot initiate transfers until forms are received from all new owners.
- Transfer amounts across all forms must total 100%.
- No dollar amounts allowed.

Transfer Percentage of Entire Account

%

Transfer Instructions for Brokerage, Ameriprise ONE financial accounts and Ameriprise Managed Accounts



- Any change in the account ownership will require a new account number to be established. If the source account is an Ameriprise Brokerage account and you do not have an Ameriprise Advisor, select the Transfer assets into restricted Ameriprise Managed or Brokerage Account(s) option below.
- If transferring 100% of the account, all open orders must be canceled or closed.



Transfer Instructions:

- Transfer to the Brokerage, Ameriprise ONE Financial Account(s), and/or Ameriprise Managed Account(s) held in the requested ownership identified below.

Account Number 1	<input type="text" value="133"/>	Account Number 2	<input type="text" value="133"/>
Account Number 3	<input type="text" value="133"/>	Account Number 4	<input type="text" value="133"/>

- Transfer assets into restricted Ameriprise Managed or Brokerage Account(s).
- Change the Custodian of an UGMA/UTMA/CESA account, update a Partnership, or change the type of joint ownership.

We will establish the restricted Ameriprise Managed or Brokerage Account(s) to receive the transferred assets. Restricted Ameriprise Managed accounts do not permit trading and are for liquidation purposes only. Ameriprise Brokerage accounts established from this form are reserved for clients without an Ameriprise Advisor and will be restricted for incomplete client or account suitability. The new owner will be completely terminating the existing Ameriprise Managed Account agreement(s) after re-registration and agrees to the following terms:

- No account management fee will be charged
- No Managed Account services will be provided
- Account activity will be limited to directing full liquidations and in-kind transfers only. Partial liquidations are not permitted when terminating an existing Managed Account.
- The new owner is responsible for full liquidation or in-kind transfer of the account within 90 days of completion of the Change of Ownership form and may call 800.862.7919 for further instructions. If the account is not liquidated within 90 days after completing the Change of Ownership, we will transfer the account assets into an Ameriprise Brokerage account in the same ownership.
- All applicable brokerage fees as described in the Ameriprise Brokerage Client Agreement and Other Important Brokerage Disclosures document will apply to the account.
- Signing this form establishes consent for the money settlement option as outlined below.
 - For all non-qualified accounts regardless of product type, and for all types of IRA, Coverdell ESA, Custodial, Trusteed, Defined Benefit and 401(k) qualified plans, (excluding 401(a) accounts in retail brokerage) and SPS Advantage accounts, your money settlement option will be the Ameriprise Insured Money Market Account (AIMMA), a FDIC-insured multi-bank deposit product. For 401(a) accounts in retail brokerage, your money settlement option will be the Ameriprise Insured Money Market Account (AIMMA) and for 401(a) accounts in SPS Advantage, your money settlement option will be Ameriprise Bank Insured Sweep Account (ABISA). For all TSCA/403(b) accounts in retail brokerage and for SPS Advantage accounts, your money settlement option will be Dreyfus General Government Securities MMF – Dreyfus Class. For all Discretionary Managed accounts in a qualified ownership, your money settlement option will be Ameriprise Bank Insured Sweep Account (ABISA).

Any change to the taxpayer or current owners on the account requires a new account number to be established.

**New Account Registration**

- i** • To designate an Attorney-In-Fact, a completed Ameriprise Power of Attorney form (402540) is required. If the new account registration is for an IRA, the choice below must be **Individual**, or if the IRA owner is a minor/protected person, **UGMA/UTMA**.

Choose Registration

- Individual**
- UTMA/UGMA/CESA**
- Joint Tenants with Rights of Survivorship (WROS)** - For annuities, rights of survivorship are only available if the joint owners are husband and wife. In all other cases of annuity joint ownership, owners are tenants in common.
- Community Property** - Community Property ownership registration for annuity contracts is always established with rights of survivorship. For all other types of accounts Community Property ownership registration is established without rights of survivorship unless otherwise indicated.
- Community Property WROS**
- Marital Property**
- Marital Property WROS**
- Tenants by Entirety** - For Louisiana state residents: Tenants by Entirety registration is not available.
- Tenants in Common**
- Trust**
- Entity**

New Registration Information (for all types of accounts)

- i** We are required by law to obtain certain personal information from you which will be used by us to verify your identity. If you do not provide us the information, we may not be able to open your account. If we are unable to verify your identity we reserve the right to close your account or take other such steps as we deem reasonable.

Is the client a bank, savings and loan association, insurance company, registered investment company, investment advisory firm, or broker-dealer?

- Yes No

Do the total assets owned by the client(s) exceed \$50MM?

- Yes No

Note: if no elections are made to the above question, we will apply "no" as the default answer.



Individual Owner

New Owner First Name MI Last Name

Client ID **001** SSN/TIN

Relationship to Current Owner(s) Date of Birth (MMDDYYYY)

Citizenship (Select One): U.S. Citizen Resident Alien Non-Resident Alien (complete IRS Form W-8BEN)
Gender: Male Female

Country of Citizenship (Required if Resident Alien or Non-Resident Alien):

Second Country of Citizenship:

Marital Status Single Married Divorced Separated Widowed

Residential Address:

City State ZIP Code

Joint Owners

Additional Owner First Name MI Last Name

Client ID **001** SSN/TIN

Relationship to Current Owner(s) Date of Birth (MMDDYYYY)

Citizenship (Select One): U.S. Citizen Resident Alien Non-Resident Alien (complete IRS Form W-8BEN)
Gender: Male Female

Country of Citizenship (Required if Resident Alien or Non-Resident Alien):

Second Country of Citizenship:

Marital Status Single Married Divorced Separated Widowed

Residential Address:

City State ZIP Code



UTMA/UGMA for Minor or Authorized Person for Minor/Protected Person or Protected Person, CESA Change of Beneficiary or Controller

UTMA UGMA CESA Controller

Authorized Person, UTMA/UGMA Custodian or CESA Controller Name (CESA controller must be a parent or legal guardian of the CESA beneficiary)

First Name MI Last Name

Client ID 001

Relationship to Minor/Protected Person Authorized Person Date of Birth (MMDDYYYY) State Governing UGMA/UTMA

Minor/Protected Person First Name MI Last Name

Client ID 001 SSN/TIN Minor/Protected Person Date of Birth (DDMMYYYY)

Citizenship of Minor/Protected Person U.S. Citizen Resident Alien Non-Resident Alien (complete IRS Form W-8BEN)

Country of Citizenship (Required if Resident Alien or Non-Resident Alien):

Second Country of Citizenship:

Gender: Male Female

Residential Address

City State ZIP Code

Trust



• Provide a completed Certificate of Trust using eForms - Authorized Person for new clients or for changes to trustees.

Trust or Organization Name Trust Date (MMDDYYYY)

TIN Client ID 001

Trustee First Name MI Last Name

Client ID 001

Trustee First Name MI Last Name

Client ID 001

Trust Type Revocable Irrevocable Grantor Trust Irrevocable Non - Grantor Trust

Street Address:

City State ZIP Code



Entity



- Provide a completed Corporate Resolution using eForms - Authorized Person for new clients or changes to either Officers or Entity name.
- Provide a completed Entity Relationships Form (113969) for Corporation, Partnership, LLC and LLP ownerships to avoid processing delays.

Entity Name EIN

Authorized Signer First Name MI Last Name

Client ID

- Entity Type :
- Corporation - S-Corp Partnership
 - Corporation - C-Corp Non-Profit
 - LLC - S-Corp Estate
 - LLC - C-Corp Government Entity
 - LLP

Industry Classification:

Is this an Operating Entity Yes No

Is the entity domiciled/incorporated in U.S.? Yes No

Foreign country that the entity is domiciled/incorporated (Required if the Entity is not domiciled/incorporated in U.S.):

State that the entity is domiciled/incorporated (Required if the Entity is domiciled/incorporated in U.S.):

Business Address:

City State ZIP Code

Account Suitability



Basic definitions for Investment Time Frame, Risk Tolerance, Investment Objectives and Liquidity Needs are provided below.



Note: Based on product and ownership limitations, the assets you are receiving may be transferred into your existing accounts, or combined from multiple accounts into one account within the same ownership and product combination. If the suitability information provided on this form conflicts with the information previously on file for an existing account, the new information will replace the old. If you are receiving assets from multiple accounts in the same product type (including share class and strategy where applicable), and the suitability information you provided on this form is not the same for all accounts of the same product type, we will apply the suitability information given for the last account of that product type listed on the form.

Should this suitability apply to all new accounts?

- Yes
- No

**Account 1**

Should this suitability remain the same as the original account?

- Yes
 No

Risk Tolerance

- A. Conservative
 B. Conservative / Moderate
 C. Moderate
 D. Moderate / Aggressive
 E. Aggressive

Investment Time Frame

- A. Less than 1 Year
 B. 1 - 3 Years
 C. 4 - 7 Years
 D. 8 - 10 Years
 E. 11+ years

Investment Objectives (Select one per order of importance)

- | | 1st | 2nd | 3rd | |
|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | A. Capital Preservation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C. Income |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | D. Tax Considerations |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | E. Protection |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | F. Education |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | G. Estate Planning |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | H. Speculation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I. Growth |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | J. Growth with Income |

Liquidity Needs

- A. Less than 1 Year
 B. 1 - 6 Years
 C. 7+ Years

Investment Time Frame Definition

Investment Time Frame	The expected period of time you plan to invest to achieve your current financial goal(s).
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Investment Objective Definitions

Capital Preservation	To avoid the loss of value.
Income	To receive income from the investment, with little emphasis on increasing the value of the investment.
Tax Considerations	To mitigate federal, state and/or local taxes.
Protection	To leave a monetary benefit at death to beneficiaries or a charity.
Education	To pay for education related expenses.
Estate Planning	To transfer assets to loved ones and/or providing a legacy at one's death.
Speculation	To take a higher than average risk in hopes of making a higher than average return.
Growth	To increase the capital or market value of the investment, with little emphasis on the generation of current income.
Growth with Income	To provide both growth and income, often by choosing investments which pay dividends and have earnings growth.

**Risk Tolerance Definitions**

Conservative	I am willing to accept the lowest return potential in exchange for the lowest potential fluctuation in my account value even if it may not keep pace with inflation.
Conservative / Moderate	I am willing to accept a relatively low return potential in exchange for relatively low fluctuation in account value.
Moderate	I am willing to accept a moderate return potential in exchange for some fluctuation in account value.
Moderate / Aggressive	I am seeking a relatively high return potential and am willing to accept a relatively high fluctuation and potentially substantial loss in my account value.
Aggressive	I am seeking the highest return potential and am willing to accept the highest fluctuation and could lose most or all of my account value.

Liquidity Needs Definition

Liquidity Needs	Period of time from the present until you anticipate you may need access to some of the investment dollars.
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New Client Profile

Client or Trustee First Name MI Last Name

Client ID

Phone Number Number of Dependents Federal Tax Bracket
 0% 1% - 12% 13% - 24% 25% - 35% Over 35%

Individual Annual Income Amount \$ Net Worth Amount \$ Liquid Net Worth Amount \$

Employment status

A. Employed B. Self-employed C. Not Employed D. Retired E. Other (Homemaker, Minor, Student, etc.)

Industry Classification (Required if Self-employed)

Specify other classification

Primary Occupation Information (Required if employed or self-employed)

Specify other occupation

**Primary Source of Income
(Select up to three)**

- Employment
 Social Security/Pension
 Disability Income
 Inheritance/Trust Income
 Investment Income
 Lottery/Gambling
 Rents/Royalties
 Business Income



Other

Employer 1 (Required if Employed or Self-employed)

Employer Name

Business Address

City

State

ZIP Code

Country

Does the new client have more than one employer? Yes No

Employer 2

Employer Name

Business Address

City

State

ZIP Code

Country

Are you employed by, or an associated person of, a registered broker-dealer, securities exchange, or the Financial Industry Regulatory Authority (FINRA)?

Yes No

Select which company: (Information required if **Yes** is selected)

- Employer listed above
- A different company

Which Employer? (Information required if **Yes** is selected)

- Employer 1
- Employer 2

Company Name

Business Address

City

State

ZIP Code

Country



Are you an officer, director, 10% shareholder or policymaker of a publicly traded company? Yes No

Select which company: (Information required if **Yes** is selected)

Employer listed above

A different company

Company: (Information required if **Yes is selected**)

Employer 1

Ticker Symbol

Employer 2

Ticker Symbol

Company Name

Business Address

City

State

ZIP Code

Country

Ticker Symbol



Does the client or trustee have investment experience? Yes No



Select all asset type(s) for which the client or trustee has experience. For each asset type, select the Years of Investment Experience and Average Number of Buy or Sell Trades per Year.

- Investment experience should account for years of active participation, rather than the number of years since the first purchase. (Example: If client purchased options actively in 2007 and 2008, but hasn't since that time = 2 years)
- If years of experience has not crossed the minimum of the range, select the lower range, with the exception of anything greater than none falling into 1-2 years. (Examples: 8 months = 1-2 years; 2.5 years = 1-2 years, 5.5 years = 3-5 years)
- Do not include DRIP arrangements for Equities, ETFs or systematic arrangements for Mutual Funds/529s when selecting the average number of buy or sell trades per year.

Asset Type:	Years of Investment Experience:	Avg. # of Buy and Sell Trades per Year:
<input type="checkbox"/> Alternative Investments (includes managed futures/fund of hedge funds)	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Annuities/Variable Life	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Certificates/CDs	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Commodities	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Equities (includes ETFs)	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Fixed Income (includes UITs)	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Limited Partnerships	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Mutual Funds/529s	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Non-Traded REITs/BDCs and non-traded closed end funds)	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Options	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+
<input type="checkbox"/> Structured Products	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6+	<input type="radio"/> 0-5 <input type="radio"/> 6-15 <input type="radio"/> 16+

Does the client have any investments held outside Ameriprise? Yes No Declined to disclose

Asset Type:	Approximate Value	Asset Type:	Approximate Value
<input type="checkbox"/> Alternative Investments	\$ <input type="text"/>	<input type="checkbox"/> Limited Partnerships	\$ <input type="text"/>
<input type="checkbox"/> Annuities/Variable Life	\$ <input type="text"/>	<input type="checkbox"/> Mutual Funds/529s	\$ <input type="text"/>
<input type="checkbox"/> Certificates/CDs	\$ <input type="text"/>	<input type="checkbox"/> Non-Traded REITs/BDCs	\$ <input type="text"/>
<input type="checkbox"/> Commodities	\$ <input type="text"/>	<input type="checkbox"/> Options	\$ <input type="text"/>
<input type="checkbox"/> Equities (includes ETFs)	\$ <input type="text"/>	<input type="checkbox"/> Other	\$ <input type="text"/>
<input type="checkbox"/> Fixed Income (includes UITs)	\$ <input type="text"/>	<input type="checkbox"/> Structured Products	\$ <input type="text"/>



Authorization and Acknowledgments

- You acknowledge and agree that: a) the information you provided to us on this form is correct, b) you authorize all activity indicated within this form, c) you agree that we may deliver the documents related to the account(s) you intend to open to you in person, by mail, by email, or electronically through the secure site on ameriprise.com. You agree that we may also refer you to the applicable documents via the Ameriprise website, ameriprise.com/disclosures, and that by signing below you consent to an electronic delivery process directing you to one or more disclosure webpages on the Ameriprise website, and you acknowledge that you have access to a computer that can access the applicable documents via email, or on the Ameriprise website when notice of their availability is provided to you. You understand that you may obtain paper copies of any of these documents at any time by calling Ameriprise Financial at 800.862.7919, and d) you agree to all the terms and conditions stated in this form and in the related documents provided to you.
- You confirm that you are at least 18 years of age and full legal age in your state of residence.
- **Householding for Statements:** You understand Ameriprise Financial may use and combine information concerning accounts owned by members of a primary household group to provide members of the group with paper and/or electronic statements of account(s) and certain account information. This includes investment, insurance, annuity and brokerage accounts. A primary household consists of an individual, his or her spouse or domestic partner, and any accounts owned for, by, or with their unmarried children under age 21 who reside at the same address. You understand that if you want to receive a statement covering only accounts that you own and to not participate in household mailing, you will need to call your Ameriprise financial advisor, or the toll-free number on your statement.
- **Householding for Shareholder Documents:** You understand that Ameriprise Financial Services, LLC may use and combine information concerning accounts owned by members of a household to provide them with a single paper copy of shareholder documents. Prospectuses, supplements, annual reports, semiannual reports and proxies may be included. Household is defined as two or more shareholders who share the same address and either share the same last name or have indicated that they are married or domestic partners. This remains in effect unless notified otherwise. You understand that if you wish to continue receiving multiple copies of shareholder documents you can call 866.273.7429 and reference the client number found on your statement. Multiple mailings will resume within 30 days of the request.
- You acknowledge that you will be bound by the terms of the insurance policy/annuity contract/account, as are your heirs, executors, administrators and successors.
- Brokerage, investment and financial advisory services made available through Ameriprise Financial Services, LLC Member FINRA and SIPC.
- Ameriprise Financial is not responsible for the sufficiency or validity of this transfer of ownership.
- If this policy/contract/account has been assigned as collateral, this transfer of ownership is made subject to that assignment.
- You authorize American Enterprise Investment Services, Inc. to lend to itself or to others, either separately or in common, any holding in your account that Ameriprise Financial Services may be carrying for you on margin. You understand that you may borrow against your account at the rates and terms explained in the client agreements (non-qualified accounts only).
- You understand that the clearing agent, American Enterprise Investment Services, Inc., will release your name, address and security position to requesting companies for which American Enterprise Investment Services, Inc. holds securities for your account, unless you specify otherwise to Ameriprise Financial Services.
- You acknowledge that you have received the Ameriprise Brokerage Client Agreement and Other Important Brokerage Disclosures and agree to abide by their terms as currently in effect or as the terms may be amended from time to time. **This account is governed by a predispute arbitration clause, which is found in Section 28, page 3 of the Client Agreement. I acknowledge receipt of the predispute arbitration.**
- **Ameriprise Insured Money Market Account ("AIMMA"):** AIMMA is an FDIC insured, interest-bearing bank deposit product made available by Ameriprise Financial and held in an omnibus Account(s) at one or more FDIC member banks (collectively, the "Program Banks"), and including our affiliate, Ameriprise Bank, FSB. The Program Banks may serve individually as custodians for all or a portion of the assets held within your AIMMA, as described in the Other Important Brokerage Disclosures. For a copy of the Other Important Brokerage Disclosures, visit our website at ameriprise.com/disclosures or call our service line at 800.862.7919. Deposit products are FDIC insured up to \$250,000 per depositor at each Program Bank, and up to \$2.5 million per depositor across all Program Banks combined. Deposit products are not covered by SIPC. See the Money Settlement Options section of the Ameriprise Brokerage Client Agreement for further information.
- By selecting AIMMA as your sweep option, you agree to accept the proprietary algorithm applied by Promontory Interfinancial Network, LLC (PIN), which determines the Banks into which your deposits are placed. The Banks are identified on the Bank List published at Ameriprise.com/cashrates. You also understand and agree that PIN will periodically change the order of the Banks to optimize the amount of FDIC insurance available in the AIMMA program. Under ordinary business conditions, changes to the Bank List will be published at least five business days prior to the effective date, and current interest rates for each interest rate tier will be published three to five business days prior to their effective date. Interest rate information is also available at Ameriprise.com/cashrates.
- **Ameriprise Bank Insured Sweep Account ("ABISA"):** ABISA is an FDIC insured, interest-bearing bank deposit product made available by Ameriprise Financial only for discretionary investment advisory accounts in a tax-qualified ownership. Deposits are held in an omnibus Account (s) at Ameriprise Bank, FSB, Member FDIC, an affiliate of Ameriprise Financial. Ameriprise Bank serves as custodian for the assets held within your ABISA, as described in the Other Important Brokerage Disclosures. For a copy of the Other Important Brokerage Disclosures, visit our website at ameriprise.com/disclosures or call our service line at 800.862.7919. Deposit products are FDIC insured up to \$250,000 per depositor, per FDIC rules. Deposit products are not covered by SIPC. See the Money Settlement Options section of the Ameriprise Brokerage Client Agreement for further information.



The following statements apply to IRAs (excluding annuities):

- You appoint Ameriprise Trust Company as custodian of your IRA and understand that the Individual Retirement Custodial Account Agreement in **Your Guide to IRAs** and your IRA application, if applicable, comprise your custodial agreement with Ameriprise Trust Company.
- You assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, or distributions from your IRA.
- You acknowledge that any IRA beneficiary designation you submit will apply to all investment accounts and products held in this IRA plan.
- You authorize Ameriprise Trust Company to invest, directly or indirectly, in deposits of itself or its affiliates that bear a reasonable rate of interest to facilitate cash sweep services.

The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

New Account Taxpayer Certification

TIN (SSN, EIN or other) for New Account

New Account Taxpayer Name (on IRS records)

W-9 TIN Certification

Check appropriate box for federal tax classification (required):

- | | |
|--|---|
| <input type="radio"/> Individual/Sole proprietor/Single Member LLC | <input type="radio"/> Partnership |
| Corporation | <input type="radio"/> Trust |
| <input type="radio"/> S-Corporation | <input type="radio"/> Revocable (Optional Additional Trust Details) |
| <input type="radio"/> C-Corporation | <input type="radio"/> Irrevocable (Optional Additional Trust Details) |
| Limited Liability Company (LLC) | <input type="radio"/> Irrevocable Grantor (Optional Additional Trust Details) |
| <input type="radio"/> Partnership | |
| <input type="radio"/> C-Corporation | <input type="radio"/> Estate |
| <input type="radio"/> S-Corporation | <input type="radio"/> Other <input type="text"/> |

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Check here if owner is an Exempt Payee (defined in Form W-9 instructions) Exempt Payee code:

1-An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2), 2-The United States or any of its agencies or instrumentalities, 3-A state, the District of Columbia, a U.S. commonwealth or possession of the United States, or any of their political subdivisions or instrumentalities, 4-A foreign government or any of its political subdivisions, agencies, or instrumentalities, 5-A corporation, 6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth possession of the United States, 7-A futures commission merchant registered with the Commodity Futures Trading Commission, 8-A real estate investment trust, 9-An entity registered at all times during the tax year under the Investment Company Act of 1940, 10-A common trust fund operated by a bank under section 584(a), 11-A financial institution, 12-A middleman known in the investment community as a nominee or custodian, 13-A trust exempt from tax under section 664 or described in section 4947

Foreign Account Tax Compliance Act Reporting

A FATCA exemption code is required for persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, no code is required. Otherwise, submit IRS Form W-9 separately.



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

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions:

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

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

For payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Non-U.S. persons should submit the appropriate Form W-8.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

You understand that your IRA is governed by a predispute arbitration clause, found in the custodial agreement in Article VIII, Number 14, of "Your Guide to IRAs", Article VIII, Number 14, of "Your Guide to SIMPLE IRAs", and Article IX, Number 14, of "Your Guide to Roth IRAs". You acknowledge receipt of the predispute arbitration clause.

The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

Required Signatures

Current Account Owner(s)

Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Client or Trustee Signature	State	Date (MMDDYYYY)
X _____	<input type="text"/>	<input type="text"/>

Additional Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Client or Trustee Signature	Date (MMDDYYYY)
X _____	<input type="text"/>

New Account Owner(s)

Client or Trustee First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Client or Trustee Signature	State	Date (MMDDYYYY)
X _____	<input type="text"/>	<input type="text"/>



Additional Client or Trustee First Name

MI

Last Name

Additional Client or Trustee Signature

Date (MMDDYYYY)

X