RiverSource Contract Number



## **RiverSource Life Insurance Company**

Dooth Claim Deferral Pennect

829 Ameriprise Financial Center, Minneapolis MN 55474 Client Services: 1-800-333-3437 riversource.com



Death Claim Defend Request					
Complete this form if you wish to defer your claim.					
Full Name of Decedent				Date of Death	
Full Name of Beneficiary					
Beneficiary Tax Identific	cation Number  or Trust or Estate Beneficiary	or (	Corporation or C	haritable Organization Beneficiary	
Date of Birth	Phone Number Relation		Relationship to	ionship to Deceased	
Address					
City		State		Zip Code	

## Deferred Non Qualified Annuity Contracts issued after January 18, 1985

The Internal Revenue Code Section 72(s) states the entire death proceeds of the contract must be distributed within five years of the owner's death. This distribution requirement does not apply if the beneficiary elects spousal continuation or timely elects to take the proceeds over a set period of time (which may exceed five years). If electing an annuity payment plan, the first payment must be received within one year of the date of death.

## IRA or 403(b) Annuity Contracts

If the deceased died prior to his/her required beginning date, and if you are a spouse beneficiary, you have until the *later* of (i) 12/31 of the year the decedent would have attained age 70½, or (ii) 12/31 of the year following the year of death to begin distributions. The required beginning date is April 1 of the year following the year the IRA owner turned 70½. In all other cases, you must distribute the minimum by December 31 each year, beginning in the year following the year of the decedent's death. It is your responsibility to both determine and make sure you distribute the required amount each year. Please see IRS Publication 590-B and your tax professional for further information.

## **Contract Provisions**

Contract fees will continue. If this option is associated with a variable annuity contract, the investment of the funds will remain the same as invested in the original contract, subject to market fluctuation, until a Death Claim Statement along with any other requirements are received.

You may complete the death claim process by submitting a Death Claim Statement along with any other requirements.

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Taxpayer Identification Number and Certification					
Check appropriate box for federal tax classification (required):					
☐ Individual/Sole proprietor	☐ Partnership				
	☐ Trust				
Corporation	Revocable (Optional Additional Trust Detail)				
C-Corporation	☐ Irrevocable (Optional Additional Trust Detail)				
S-Corporation	☐ Estate				
Limited Liability Company (LLC)					
☐ C-Corporation	Other				
☐ S-Corporation					
☐ Partnership					
$\hfill \Box$ Check here if beneficiary is an Exempt Payee (d	efined in Form W-9 instructions)				
Exempt Payee code:					
A code must be supplied for accounts with an Exe	mpt Payee type.				
Foreign Account Tax Compliance Act (FATCA) Reporting	g				
	mitting this form for accounts maintained outside of the United are only submitting this form for an account you hold in the it IRS Form W-9 separately.				
Under penalties of perjury, I certify that:					
	I am exempt from backup withholding, or (b) I have not been notified of to backup withholding as a result of a failure to report all interest no longer subject to backup withholding, and in Form W-9 instructions), and				
	2 above if you have been notified by the IRS that you are have failed to report all interest and dividends on your tax				
Definition of a U.S. person. For federal tax purposes,					
the United States,	t alien, on created or organized in the United States or under the laws of				
<ul><li>An estate (other than a foreign estate), or</li><li>A domestic trust (as defined in Regulations section)</li></ul>	nn 301 7701-7)				
Non-U.S. persons should submit the appropriate Forr					
Form W-9 and Form W-8 and their instructions are available.					
The Internal Revenue Service does not require you certifications required to avoid backup withholding	ur consent to any provision of this document other than the				
	Signature of Beneficiary				
Notary Public or Signature Guarantee					
	X				
	Date Signed				
	Signature of Notary Public				
	x				
Place notary seal here	RiverSource Distributors, Inc. (Distributor), Member FINRA. Insurance and annuity products are issued by RiverSource Life				

NOTE: No faxes accepted. Please mail.

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Insurance Company.