



**RiverSource Life Insurance Company**  
829 Ameriprise Financial Center, Minneapolis MN 55474  
Client Services: 1-800-333-3437 riversource.com



## Customer Service Request

**RiverSource Contract Number**  
\_\_\_\_\_

If you own a RAVA series variable annuity and currently work with an Ameriprise advisor, please contact your advisor. If you own a RAVA 5® variable annuity and no longer work with an Ameriprise advisor, please use this form.

### Contract Information

Name of Contract Owner  
\_\_\_\_\_

#### Part 1 - Change of Address

Reminder: The taxpayer's resident state on file is the state we use for state tax withholding. For more information on state tax withholding see riversource.com/statetax.

Owner's Address:

Number and Street  
\_\_\_\_\_

City, State and Zip Code  
\_\_\_\_\_

Phone Number  
\_\_\_\_\_

#### Part 2 - Name Change or Correction.

If you wish to have your name changed a copy of one of the following documents must accompany this form:

- A driver's license
- A marriage certificate
- A divorce decree
- A court document
- A social security card
- A birth certificate
- Any document issued by the state government

Change is due to:       Marriage       Divorce       Other

First, Middle, Last  
\_\_\_\_\_

#### Part 3 - Change of Beneficiary

**Note:** If you own a variable annuity with a living benefit rider issued after May 1, 2007, with the joint life benefit, your covered spouse must be named in one of the following roles in order to continue the benefit:

- Joint owner (non-qualified annuities only),
- Sole primary beneficiary,
- Sole primary beneficiary of a trust that you name as beneficiary of this contract. (Not all trust ownerships are allowed so please contact Client Services for additional information).

**If you would like to name your trust as a beneficiary, please go to page 2**



**Primary Beneficiary(ies): In equal shares or as designated below**

First name, Middle name, Last name	% of Proceeds	Relationship to Insured	
Address	Date of Birth	Phone Number	Social Security Number
First name, Middle name, Last name	% of Proceeds	Relationship to Insured	
Address	Date of Birth	Phone Number	Social Security Number

as shall then be living, and if no such beneficiary is then living,

**Contingent Beneficiary(ies): In equal shares or as designated below**

First name, Middle name, Last name	% of Proceeds	Relationship to Insured	
Address	Date of Birth	Phone Number	Social Security Number
First name, Middle name, Last name	% of Proceeds	Relationship to Insured	
Address	Date of Birth	Phone Number	Social Security Number

**Trust Beneficiary**

**If you would like to name your trust as a Primary (P) or Contingent (C) beneficiary, please complete the section below.**

(P) (C) %  
  \_\_\_\_\_ as Trustee(s) or the successor or successors in trust under the  
(Name of Trustee(s))

\_\_\_\_\_ trust dated \_\_\_\_\_  
(Name of Trust) (Date of Trust)

\_\_\_\_\_ \_\_\_\_\_  
(Address of Trustee(s)) (Phone Number of Trustee(s))

and supplements or amendments thereto, if said agreement shall then be in force; if not, payment may be made to the Annuitant's Estate.

It is understood and agreed that the Company shall not be responsible for the application or disposition of the proceeds by the Trustee and that payment of the proceeds to the Trustee shall fully and finally discharge that Company from all liability under the Policy.

Please attach the trust document pages that state the name, date, trustees and successor trustees of the trust along with the signature page.



**Part 4 - Marital Status and Consent of Spouse**

Owner Marital Status (Select One)

- Single
- Married (See Consent of Spouse)
- Widowed
- Divorced

Consent of Spouse

This consent of spouse must be signed if all of the following conditions are present:

- the spouse of the owner is living
- the spouse is not the sole primary beneficiary named and
- the owner and spouse are residents of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).

I have reviewed the above beneficiary designation and, as the spouse of the owner, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter and I relinquish all my statutory or other rights thereto.

Spouse Name	Spouse Signature	Date Signed
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**Part 5 - Disclosures and Signatures Required Change of Beneficiary:**

- The undersigned hereby revokes any and all prior beneficiary designations *and/or* elections by the Owner(s) of a method of settlement for the beneficiary of the proceeds upon the death. Any amount payable to a beneficiary after the Retirement Date will be paid as provided in the Annuity Payment Plan then in effect.
- The right to revoke this instrument and to change the designated beneficiaries upon written notice to, and acceptance by, the Company is reserved to the Owner without the consent of the revocable beneficiaries.
- Except as otherwise specifically provided herein, no beneficiary entitled to any payment hereunder shall have the right to withdraw, surrender for cash, borrow against, commute, anticipate, encumber, alienate, or assign such payment, or any part thereof, or any interest therein, nor shall such payment, or *any part thereof, or any interest therein be in any way* subject to such person's debts, contracts, or engagements, nor to *any* judicial process to levy upon or attach the same payment thereof. No provision of this contract or beneficiary designation shall be construed to prevent the owner or the beneficiary from assigning its interest in this contract to a nursing home or government agency to qualify for government assistance programs. This clause shall be effective to the extent permitted by law.

Signature of Owner <b>X</b>	Date Signed
Signature of Joint Contract Owner <b>X</b>	Date Signed

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