

Service address:
RiverSource Life Insurance Co. of
70122 Ameriprise Financial Center

Systematic Investment



- rider or inherited nonqualified
- If the bank account is not
Standing Instruction: Bank
account. This form can be
1-800-504-0467.

Part 1 Account Information

Contract Owner Name

Contract Co-Owner Name

Part 2 SIP Payment Details

Select One
 Establish new

Date of First Payment (MM/DD/YYYY)

\$ _____
Frequency: F 0 13qilQ q 1cy ()

(product minimums must be met)

- Annually

Part 3 Bank Details



- Provide financial institution account information and type.
- Money Market accounts may either be checking or savings. Check with your financial institution.

ACH from existing bank



If the bank instruction is not already authorized for use:

- Complete the Standing Instruction: Bank form to authorize the bank account for use.
- The bank account must be authorized and approved prior to submitting this request. If we receive this form prior to the bank being authorized, the withdrawal request will not be processed.

Bank account type (Select One)

- Checking Savings

Name of Financial Institution

Bank Routing Number /RTN(Always 9 digits in length)

Bank Account Number

RTNs must start with 0, 1, 2, or 3.

Part 4 Acknowledgements and Signatures

- If a systematic payment, as scheduled, falls on a date that is not a normal business day, the payment debited will be made on the next normal business day following such date.
- Systematic payments are subject to the provisions of my contract, the current prospectus and such other rules as RiverSource Life shall establish.
- If this request is received by the RiverSource Life administrative office after the requested start date, my systematic investment plan will begin on the date specified in the following month.
- A systematic investment plan does not assure profit or protect against loss in declining markets.
- I authorize RiverSource Life to transfer my systematic payments from my bank account as described above.

Contract Owner or Authorized Signer Name

Contract Owner or Authorized Signer Signature

Date (MMDDYYYY)

X

Contract Co-Owner or Authorized Signer Name

Contract Co-Owner or Authorized Signer Signature

Date (MMDDYYYY)

X

If signing as fiduciary, in what capacity are you acting?