




RiverSource Life Insurance Company 70100 Ameriprise Financial Center Minneapolis, MN 55474 (800) 862-7919

AdvanceSource® Accelerated Benefit Rider

**Long-Term Care Insurance - Outline of Coverage
Accelerated Benefit Rider for Long-Term Care
114930-AZ**

 **CAUTION.** The issuance of this rider is based upon the Owner's (referred to as You and Your in this Outline of Coverage) and the Insured's (if the Owner is not the Insured) responses to the questions in the application for the policy and the rider. A copy of Your application for the policy and the rider will be attached to the policy. If Your or the Insured's answers are incorrect or untrue, RiverSource Life Insurance Company (referred to as We, Us, and Our) has the right to deny benefits or rescind Your policy and this rider. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your or the Insured's answers are incorrect, contact Us at: RiverSource Life Insurance Company, 70100 Ameriprise Financial Center, Minneapolis, MN 55474.

NOTICE TO OWNER: The rider may not cover all of the costs associated with long-term care services incurred by the Insured. You should carefully review all policy and rider provisions and limitations.

1. The *AdvanceSource* Accelerated Benefit rider is attached to an individual life insurance policy.
2. **PURPOSE OF THE OUTLINE OF COVERAGE.** This Outline of Coverage provides a very brief description of the important features of the *AdvanceSource* Accelerated Benefit rider. You should compare this Outline of Coverage to outlines of coverage for other policies and riders available to you. This is not an insurance contract, but only a summary of coverage. Only the rider and the individual life insurance policy to which it is attached contain the governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY AND RIDER CAREFULLY.**
3. **FEDERAL TAX CONSEQUENCES.** The rider is intended to be federally tax-qualified long-term care insurance under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

As with all tax matters, You should consult a professional tax advisor to assess the effect of the rider on Your individual tax situation.

4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.**

RENEWABILITY: The rider is guaranteed renewable. This means that we may not on our own, cancel or reduce coverage provided by this rider. Subject to the Rider Termination provision, this rider will remain In Force for as long as the policy remains In Force and the required charges for this rider are paid.

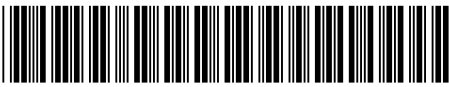


6. TERMS UNDER WHICH THE RIDER MAY BE RETURNED, AND RIDER CHARGES REFUNDED. If for any reason you are not satisfied with the rider, return it to Us or our representative within 30 days after you receive it. We will then cancel the rider and refund any cost you have paid for it. The rider will then be considered void from its start.

Elimination Period.

The number of calendar days, beginning the first day the Insured first receives a Qualified Long-Term Care Service and is Chronically Ill, that are required while this rider is In Force before any benefit is available under this rider. The Elimination Period is shown under Policy Data. Once the Elimination Period begins, each calendar day counts toward the Elimination Period as long as the Insured remains Chronically ill, regardless if they receive a Qualified Long-Term Care Service on a day. The calendar days need not be continuous. If the Insured does not remain Chronically Ill during the entire period, Tjically ill, ns Chronll, ns Chronll, ns Chronll, ns Chronll, ns Chronon occurreay s462 be Chrill, ns Chr

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- 7. Due to committing or attempting to commit or participating in a felony, riot or insurrection;
- 8. As a result of participation in any form of aviation other than as a fare-paying passenger;
- 9. For Mental or Nervous Disorders which means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder. (Alzheimer's Disease and senile dementia are not considered Mental or Nervous Disorders);
- 10. For care received outside the United States, except as provided to the Insured under the International Benefit provision in the rider; or
- 11. For treatment provided in a Veteran's Administration or government facility, unless the Insured or the Insured's estate is charged for the confinement or services or unless otherwise required by law.

THE RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH THE INSURED'S LONG-TERM CARE NEEDS.

Receipt of accelerated death benefits under this rider may adversely affect your eligibility for governmental benefits or public assistance programs, such as Medicaid.

- 12. **RELATIONSHIP OF COST OF CARE AND BENEFITS.** Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The rider does not include inflation protection coverage and therefore the benefit level will not increase over time.
- 13. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** The rider will cover Qualified Long-Term Care Services resulting from a clinical diagnosis of Alzheimer's disease or related degenerative and dementing illnesses that result in the Insured's severe cognitive impairment.
- 14. **RIDER CHARGES.** The charge for the rider is included in the total policy's value as long as the rider is In Force, but not while rider benefits are being paid and not beyond the age where the policy cost of insurance is no longer charged. The rate for the rider varies by the Insured's sex, issue age, risk class, duration and the monthly benefit percentage selected as shown under Policy Data.
- 15. **ADDITIONAL FEATURES.**
Underwriting. Issuance of this coverage may depend upon certain medical information about the Insured. This is generally known as medical underwriting.

Reinstatement. If the policy and rider Terminate due to lapse and the rider was In Force on the date of lapse, We will provide a retroactive continuation of coverage if, within five months of the date of lapse, the Insured, or the Insured's representative, provides satisfactory proof to Us that the Insured was a Chronically Ill Individual on the date of lapse and We receive the required reinstatement payment amount.

Claims. We will provide notice in writing when We approve or deny a request for benefits under this rider within 15 working days of Our receipt of a claim if We have received the documentation, We reasonably require to determine liability. If We require longer than 15 working days, We, within the 15 days, will notify You of the need for additional time and explain why the additional time is required. If We do not approve a request for benefits, We will provide You or Your representative a written explanation of the reasons for the denial, including reference to any specific provision, condition or exclusion supporting the denial. We will also make available all information directly related to the denial to You or Your representative.

- 16. **CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT RIVERSOURCE LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR ADVANCESOURCE ACCELERATED BENEFIT RIDER. REFER BELOW FOR THE NAME, ADDRESS AND PHONE NUMBER OF YOUR STATE'S SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM.**

<u>State</u>	<u>Name of the Program</u>	<u>Address</u>	<u>Telephone Number</u>
Arizona	Arizona State Health Insurance Assistance Program (SHIP)	Arizona Department of Economic Security 1789 W. Jefferson, #950A Phoenix, AZ 85007	Toll Free: (800) 432-4040 Spanish available upon request Toll Line: (602) 542-6595