

Part 2 The Assignment continued

Your Obligations

You agree as follows:

- If you receive more money from the Insurer than is needed to pay off my obligations to you, you will pay the extra money to me or others as called for by the Policy/Contract.
- You will not surrender the Policy/Contract or borrow from the Insurer unless I am in default.
- If I ask you to, you will forward the Policy/Contract to the Insurer so that the Insurer can amend it to show a change of beneficiary or mode of settlement.

Insurer's Rights

The Insurer has all the rights under the Policy/Contract it had before I assigned it to you. The Insurer may deal with you as if you were the only owner of the Policy/Contract. For example, the Insurer may make any payments called for by the Policy/Contract to you alone and without my permission.

Keeping the Policy/Contract in Force

You need not pay any premiums or repay loans against the Policy/Contract. If you do, I will repay you. I will pay interest at the highest rate allowed by law on any amounts I owe under this paragraph.

Default

I will be in default if:

- I do not pay all of my obligations when they are due.
- I am in default under any other agreement I have with you.
- I file for bankruptcy.
- I die.
- I do not pay premiums on the Policy.

Multiple Creditors

If this Policy/Contract has been assigned as collateral security to more than one creditor:

1. All rights assigned under part 2 must be exercised jointly by the multiple creditors.
2. All payments which may be due the creditors in accordance with the terms of this agreement will be paid to the multiple creditors jointly.

Tax Consequences

Annuity contracts issued after, or containing earnings on investments received after 8/13/82:

I understand that by assigning my (nonqualified) annuity to you, I may be required to report some or all of the earnings that have been deferred inside the contract on my tax return for this year and a 10 percent IRS penalty tax may apply.

Life insurance policies:

If my policy is a "modified endowment contract" as that term is defined in the Internal Revenue Code of 1986, I understand that by making this assignment to you, I may be required to report some or all of the earnings that have been deferred inside the policy on my tax return for this year and a 10 percent IRS penalty tax may apply.

Part 3 Signatures

Creditor Name Information and Signature of Authorized Representative

Creditor Name - Company Name or Individual (please print)

Name of Authorized Representative (company only - please print)

Title of Authorized Representative (company only - please print)

Signature of Authorized Representative

Date (MMDDYYYY)

X

Notarization

State of : _____ County of : _____

On _____, 20____, _____ personally appeared before me,
Month, Date Yr Name(s) of current policy owner(s) acknowledging

who is personally known to me

_____ sis of _____

whose identity I proved on the oath/affirmation of _____,
a credible witness

X _____

Part 4 Corporate Office Use Only

Date (MMDDYYYY)

Received in Minneapolis, Minnesota, on _____

The Company assumes no obligation or responsibility as to the effect, sufficiency or validity of the above assignment.
Assistant Secretary Name for RiverSource Life Insurance Co. of New York

Assistant Secretary Signature

Date (MMDDYYYY)

X _____

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