

Service address:

RiverSource Life Insurance Co. of New York

70122 Ameriprise Financial Center Minneapolis, MN 55474-0001

## Preference Beneficiary's Affidavit

### RiverSource Life Insurance Company

Instructions: This affidavit is to be used whenever no beneficiary was designated or no designated beneficiary survived the deceased. It is to be completed only by the person or one of the persons within the first surviving class of the following classes of successive preference beneficiaries of the deceased:

(1) widow or widower; (2) children; (3) parents; (4) brothers or sisters; (5) executor or administrator. If the beneficiary (ies) is a minor, this form should be completed by the Legal Guardian of the child's estate. Attach a certified copy of the Guardianship Papers.

Widow  
or  
Widower

Date of Birth

Social Security Number

Father  
or  
Mother

3. That the deceased person named above left no surviving spouse, or children; that I am the parent of the deceased; and that the other parent is listed below in 6. If the other parent is deceased, please indicate date of death on address line in 6 next to their name.

Name

Address

Date of Birth

Social Security Number

Brother  
or  
Sister

4. That the deceased person named above left no surviving spouse, children or parent; that I am the brother/sister of the deceased; and that the deceased left no surviving brothers or sisters other than myself and those listed below in 6.

Name

Address

Date of Birth

Social Security Number

Executor  
or  
Administrator

5. That the deceased person named above left no surviving spouse, children, parent, brother or sister, and that I am the executor or administrator of the estate of the deceased.

Name

Address

Date of Birth

Social Security Number

| 6. | Name | Address | Relationship to the Deceased | Date of Birth | Social Security Number |
|----|------|---------|------------------------------|---------------|------------------------|
|    |      |         |                              |               |                        |
|    |      |         |                              |               |                        |
|    |      |         |                              |               |                        |

NOTE: If more space is needed, use the space below.

By signing this document I attest that the information provided in this document is true and accurate. I understand that this information may be used, in part, by the Company to process annuity claims and to distribute death benefit proceeds to the rightful beneficiaries. I understand that each beneficiary will still be required to submit claim forms and any other documentation required by the Company in order to process the claims.

Name

Signature

Date (MMDDYYYY)

X