


Death Claim Statement

 For questions regarding the completion of this form, call our

Policy Number

Part 1 Contract Information

Deceased's Full Name

State of Residence

Beneficiary/Claimant Name as it appears in Social Security Administration Records

Beneficiary/Claimant Information continued

Physical Address - Required (P.O. Box not accepted)

Beneficiary/Claimant Information continued

Trustee Information

How many trustee(s) are named? 1 2 3 4 5

If more than one trustee is named, can all trustees act independently? Yes No

If the trustees are not able to act independently, how many trustees must work together to transact business?

If selections are not made, the default is for all trustees to sign.

Trustee Name

Date of Birth	Social Security Number	Phone Number	Country of Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address - Required (P.O. Box not accepted)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (If different than physical address)	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trustee Name

Beneficiary/Claimant Information continued

Section D: Corporation/Organization Beneficiary/Claimant

How many authorized signers will be named? 1 2 3 4 5

If more than one authorized signer is named, can all authorized signers act independently? Yes No

If no selection is made, the default is to act independently.

If each authorized signer cannot act independently, all authorized signers are required to sign.

Authorized Signer First	MI	Last	Social Security Number
_____	_____	_____	_____

Phone Number	Gender	Date of Birth (MMDDYYYY)	Country of Citizenship
_____	<input type="radio"/> Male <input type="radio"/> Female	_____	_____

Beneficiary/Claimant Information continued

Physical Address - Required (P.O. Box not accepted)

City

State

ZIP Code

Mailing Address (If different than physical address)

City

State

ZIP Code

Part 3 W-9 TIN Certification - MUST BE COMPLETED

Individual/Sole proprietor

C-Corporation

S-Corporation

C-Corporation

S-Corporation

Partnership

Part 4 Authorizations and Acknowledgements (Notarized Signatures Required)

- The undersigned hereby makes claim to the proceeds of said insurance policy with Genworth Life Insurance Company (Company). Claimant agrees that the written statements, affidavits and all other papers required by the Company shall constitute and be made a part of these proofs of death. Claimant further agrees that the furnishing of this form (or any other subsequent forms/documents) by the Company shall not constitute nor be considered an admission by the Company that there was any insurance policy in force nor a waiver of any of its rights or defenses, nor stop it in any way.
- Payment of the death proceeds must be approved by RiverSource Life Insurance Company (RiverSource Life).
- I hereby declare that I have read the appropriate fraud warning on this form and all statements given herein are true and complete to the best of my knowledge and belief.
- The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.
- I have read, understand, and agree to each of the items above and I certify that all of the information I have provided above regarding this distribution request/claim is true and accurate to the best of my knowledge.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Date Signed (MMDDYYYY)

Signature of Notary

Date Signed (MMDDYYYY)

X

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by inked stamp imprint (preferred), or photocopiable emboss. Electronic notarizations cannot be accepted.

Notary Seal:

Mail the completed requirements within 24 hours of the date signed to:
RiverSource Life Insurance Company
829 Ameriprise Financial Center
Minneapolis, MN 55474

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____ Date Signed (MMDDYYYY)

, 20____ ,

personally appeared before me,

a credible witness

To be the signer of the above document, and he/she acknowledged that he/she signed it.

Signature of Notary

Date Signed (MMDDYYYY)

This notarization must include the Notary's official seal to be accepted as complete. The seal must be affixed by

Notary Seal:

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STATE FRAUD WARNING NOTICES

Do not send to Corporate Office

