

RiverSource

Dividend Payment Form for Non-Retirement Accounts



Please complete this form to add or change your distribution options.

Part 1 Investor Information *Please type or print.*

Name (First, Middle Initial, Last)		Date of Birth (MMDDYYYY)	
<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> Please check if you are changing your address of record. <i>Medallion signature guarantee required.</i>			
Street address		Apt. # / Lot / Unit	
<input type="text"/>		<input type="text"/>	
City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime phone number	Social Security Number		
<input type="text"/>	<input type="text"/>		

Part 2 Account Information

Fund name*	Fund number*	Account number*	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

*Can be found on your account statement.

Part 3 Distribution Instructions

<p>Dividend income</p> <p> <input type="checkbox"/> Reinvest <input type="checkbox"/> Check to the address of record <input type="checkbox"/> Reinvest in another <i>RiverSource</i>® account* (must be to the same or equivalent class of shares) <input type="checkbox"/> Deposit directly to my bank account <i>Medallion signature guarantee required.</i> <i>Please attach a voided check or deposit slip.</i> </p> <p>Fund name Account number</p> <p><input type="text"/> <input type="text"/></p> <p>Fund name Account number</p> <p><input type="text"/> <input type="text"/></p>	<p>Dividend income and Capital gains*</p> <p> <input type="checkbox"/> Reinvest <input type="checkbox"/> Check to the address of record <input type="checkbox"/> Reinvest in another <i>RiverSource</i> account* (must be to the same or equivalent class of shares) <input type="checkbox"/> Deposit directly to my bank account <i>Medallion signature guarantee required.</i> <i>Please attach a voided check or deposit slip.</i> </p> <p>Fund name Account number</p> <p><input type="text"/> <input type="text"/></p> <p>Fund name Account number</p> <p><input type="text"/> <input type="text"/></p>
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*If this is a new account, please submit an Account Application. Dividend income and capital gains when paid out together must be paid to the same payee using the same payment method.



For assistance completing this form, please contact a representative at 1 (800) 221-2450, Monday through Friday, 7:00 a.m. to 6:00 p.m. Central time.

Part 4 **Investor(s) Authorization** *Required.*

To be completed by all authorized registered owners of the account. If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) must be indicated. I (we) understand that this service is governed by the Fund's prospectus, as amended from time to time. The Fund's prospectus contains additional details about distributions.

Signature

Date (MMDDYYYY)

X

Signature

Date (MMDDYYYY)

X

Part 5 **Medallion Signature Guarantee**

A Medallion signature Guarantee assures that the signature is genuine and not a forgery. Eligible guarantors include banks, brokerage firms or other financial intermediaries that are members of an approved Medallion Guarantee Program.

Note: A guarantee from a Notary Public is not acceptable.

Name of eligible guarantee institution

Signature of authorized person

X

Affix Medallion Guarantee Stamp Here.

Part 6 **Return Instructions**

Please return to:

Regular mail RiverSource
 c/o Boston Financial
 P.O. Box 8041
 Boston, MA 02266-8041

Overnight mail RiverSource
 c/o Boston Financial
 30 Dan Road
 Canton, MA 02021-2809