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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                                |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                   | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>AMERIPRISE FINANCIAL 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>10/01/2005</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>10/01/2005</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                         | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>10/01/2005</u>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AMERIPRISE FINANCIAL, INC.</u><br><br><u>360 AMERIPRISE FINANCIAL CENTER</u><br><u>MINNEAPOLIS, MN 55474</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>13-3180631</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>612-671-3131</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>523900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>13-3180631</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>612-671-3131</u> | <b>2d</b> Business code (see instructions)<br><u>523900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>13-3180631</u>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>612-671-3131</u>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>523900</u>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/14/2022 | MICHELLE RUDLONG                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/14/2022 | BRENT SABIN                                                  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>AMERIPRISE FINANCIAL, INC. EMPLOYEE BENEFITS ADMINISTRATION COMMITTEE</b><br><br><b>360 AMERIPRISE FINANCIAL CENTER</b><br><b>MINNEAPOLIS, MN 55474</b>                                                                                                                                                                                 |  | <b>3b</b> Administrator's EIN<br><b>20-5069670</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3c</b> Administrator's telephone number<br><b>612-671-8617</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                          |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                         |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>12987</b> |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9435</b>  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                               |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>9113</b>  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                              |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>0</b>     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                              |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3435</b>  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                     |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>12548</b> |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                      |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>40</b>    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>12588</b> |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                 |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>12004</b> |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                      |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>537</b>   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                             |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2F 2G 2J 2K 2O 2R 2T 3F 3H</b>                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                       |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |              |

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                             |                                                             |     |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021  |                                                             |     |
| <b>A</b> Name of plan<br>AMERIPRISE FINANCIAL 401(K) PLAN                                   | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                             |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AMERIPRISE FINANCIAL, INC. | <b>D</b> Employer Identification Number (EIN)<br>13-3180631 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| AMERIPRISE TRUST CO.                                                                                              |
| 41-6219335                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| WELLINGTON TRUST CO. NA                                                                                           |
| 04-2755549                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| WELLS FARGO/BLACKROCK STIF                                                                                        |
| 41-6292499                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VOYA INVESTMENT TRUST CO.                                                                                         |
| 06-1440627                                                                                                        |

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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SEI TRUST CO.

06-1271230

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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IVY INVESTMENT MANAGEMENT COMPANY

03-0481447

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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ROYAL BANK OF CANADA

13-5357855

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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AMERICAN UNITED LIFE

35-0145825

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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AMERICAN GENERAL (AIG)

13-3389410

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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LINCOLN NATIONAL

35-1472300

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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JP MORGAN CHASE

13-4994650

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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TRANSAMERICA

52-0419790

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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PACIFIC LIFE INSURANCE COMPANY

95-1079000

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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PRUDENTIAL

22-1211670

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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GLOBAL TRUST CO

26-3761443

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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WELLS FARGO FUNDS MANAGEMENT LLC

13-3775163

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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BOSTON PARTNERS GLOBAL INVESTORS

98-0202744

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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BLACKROCK INST TRUST COMPANY

94-3112180

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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GOLDMAN SACHS GROUP

13-4019460

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JOHN HANCOCK

16-1611843

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WELLINGTON MANAGEMENT COMPANY, LLP

04-2683227

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BOSTON PARTNERS TRUST COMPANY

26-4550044

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT SOLUTIONS LLC

82-1061233

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 38 50               | RECORDKEEPER                                                                                      | 726983                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

PERSHING LLC

13-2741729

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 59 61 71 99            | WINDOW CLEARING AGENT                                                                             | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 562727                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

CONGRESS ASSET MANAGEMENT

04-2848965

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52 72            | INVESTMENT MANAGER                                                                                | 532157                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33 61 63               | BROKER                                                                                            | 138494                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 184795                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK N.A.

94-1347393

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 21<br>25 28 50   | TRUSTEE<br>CUSTODIAN                                                                              | 176378                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON INVESTMENT SERVICES

52-1868818

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT<br>CONSULTANT                                                                          | 111250                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| ALIGHT FINANCIAL SOLUTIONS, LLC                         | 61                                      | 29705                                     |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PERSHING LLC<br><br>13-2741729                                      | FINDER'S FEES                                                                                                                                                      |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| ALIGHT FINANCIAL SOLUTIONS, LLC                         | 63                                      | 155090                                    |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MULTIPLE MUTUAL FUND COMPANIES<br><br>82-1061233                    | AGGREGATED INVESTMENT MANAGER FUNDFEES                                                                                                                             |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| PERSHING LLC                                            | 59                                      | 25434                                     |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MULTIPLE MUTUAL FUND COMPANIES<br><br>13-2741729                    | SHAREHOLDER SERVICING FEES                                                                                                                                         |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PERSHING LLC                                                        | 61                                                                                                                                                                 | 442164                                    |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MULTIPLE MUTUAL FUND COMPANIES<br><br>13-2741729                    | FINDER'S FEES                                                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PERSHING LLC                                                        | 71                                                                                                                                                                 | 76150                                     |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MULTIPLE MUTUAL FUND COMPANIES<br><br>13-2741729                    | SECURITIES BROKERAGE COMMISSIONS AND FEES                                                                                                                          |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PERSHING LLC                                                        | 99                                                                                                                                                                 | 18978                                     |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MULTIPLE MUTUAL FUND COMPANIES<br><br>13-2741729                    | OTHER FEES                                                                                                                                                         |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                           |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>AMERIPRISE FINANCIAL 401(K) PLAN</u>                                          | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
|                                                                                                           |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>AMERIPRISE FINANCIAL, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>13-3180631</u> |            |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                      |
|-------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA TRUST GOVT MONEY MARKET FD</u> |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>         |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>41-0007957-109</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12759991</u>  |
|                                                                                           |                               |                                                                                                                      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLINGTON TRUST LARGE CAP GROWTH</u>   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST CO., NA</u>         |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>04-6913417-027</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>198110995</u> |
|                                                                                           |                               |                                                                                                                      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>IVY INTERNATIONAL CORE EQUITY FUND</u>  |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST CO.</u>                    |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>45-3036374-002</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>127459079</u> |
|                                                                                           |                               |                                                                                                                      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CT BALANCED FUND (CLASS I)</u>          |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>         |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>41-6219335-110</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>97220439</u>  |
|                                                                                           |                               |                                                                                                                      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CT CONTRARIAN CORE FUND 1</u>           |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>         |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>41-6219335-111</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>224320920</u> |
|                                                                                           |                               |                                                                                                                      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CT TOTAL RETURN BOND FUND</u>           |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>         |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>41-6219335-099</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>97198957</u>  |
|                                                                                           |                               |                                                                                                                      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA TARGET SOLUTION TRUST INCOME</u>   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VOYA INVESTMENT TRUST CO.</u>        |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>06-1440627-051</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52088590</u>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2025

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1440627-054 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66565103 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2030

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1440627-055 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86433244 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2035

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1440627-056 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81438480 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2040

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1440627-057 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81096633 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2045

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1440627-058 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69319917 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2050

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1440627-059 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42959753 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2055

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1440627-060 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26807211 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION 2060

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1440627-086 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13805585 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2065

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 06-1440627-097 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2037029 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PRNRS LRG CAP VAL EQUITY FD

**b** Name of sponsor of entity listed in (a): BNY MELLON TRUST OF DELAWARE

|                                |                        |                                                                                                               |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 61-1603964-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109737151 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SMALL CAP VALUE

**b** Name of sponsor of entity listed in (a): VICTORY CAPITAL COLLECTIVE INV TRST

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 80-6249702-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89231078 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

|                                |                        |                                                                                                               |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-4365907-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 261041706 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2500 INDEX FUND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 46-1431095-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28602457 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EX-US INDEX FUN

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-4431087-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28144783 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT INDEX FUND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 94-3385892-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17025307 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLACKROCK STIF

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 41-6292499-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6692368 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>AMERIPRISE FINANCIAL 401(K) PLAN</b>                                         | <b>B</b> Three-digit plan number (PN)                              | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMERIPRISE FINANCIAL, INC.</b>       | <b>D</b> Employer Identification Number (EIN)<br><b>13-3180631</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 1678612               | 3790763         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 4855710               | 5243027         |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 4390494               | 2068019         |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 54354816              | 74949797        |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 15836592              | 164221762       |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 30173829              | 26864409        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 1545266143            | 1820096776      |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 496000752             | 573641982       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 289608314             | 165202063       |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | 1d(1) 242793554       | 350573724       |
| (2)                | Employer real property.....                                      | 1d(2)                 |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | 1e                    |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | 1f 2684958816         | 3186652322      |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | 1g                    |                 |
| <b>h</b>           | Operating payables .....                                         | 1h 9648904            | 35472805        |
| <b>i</b>           | Acquisition indebtedness.....                                    | 1i                    |                 |
| <b>j</b>           | Other liabilities.....                                           | 1j                    |                 |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k 9648904            | 35472805        |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | 1l 2675309912         | 3151179517      |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

|          |                                                                                                     | (a) Amount         | (b) Total |
|----------|-----------------------------------------------------------------------------------------------------|--------------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                               |                    |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                     | 2a(1)(A) 55267004  |           |
|          | <b>(B)</b> Participants .....                                                                       | 2a(1)(B) 118560585 |           |
|          | <b>(C)</b> Others (including rollovers).....                                                        | 2a(1)(C) 10720524  |           |
| (2)      | Noncash contributions.....                                                                          | 2a(2)              |           |
| (3)      | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                             | 2a(3)              | 184548113 |
| <b>b</b> | <b>Earnings on investments:</b>                                                                     |                    |           |
| (1)      | Interest:                                                                                           |                    |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) 10563     |           |
|          | <b>(B)</b> U.S. Government securities .....                                                         | 2b(1)(B)           |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                         | 2b(1)(C)           |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                 | 2b(1)(D)           |           |
|          | <b>(E)</b> Participant loans.....                                                                   | 2b(1)(E) 1172626   |           |
|          | <b>(F)</b> Other .....                                                                              | 2b(1)(F) 1709712   |           |
|          | <b>(G)</b> Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)           | 2892901   |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                          | 2b(2)(A)           |           |
|          | <b>(B)</b> Common stock .....                                                                       | 2b(2)(B) 5519818   |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) 6400238   |           |
|          | <b>(D)</b> Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D)           | 11920056  |
| (3)      | Rents .....                                                                                         | 2b(3)              |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                              | 2b(4)(A) 17210561  |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                        | 2b(4)(B) 13284226  |           |
|          | <b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C)           | 3926335   |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                      | 2b(5)(A)           |           |
|          | <b>(B)</b> Other .....                                                                              | 2b(5)(B) 134261450 |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                | 2b(5)(C)           | 134261450 |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 274905007 |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 71561630  |
| c Other income.....                                                                            | 2c     |            | 34932382  |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 718947874 |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 242117936  |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  | -76355     |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 242041581 |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 22077     |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 903361     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 111250     |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 1014611   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 243078269 |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 475869605 |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     |    |           |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |     |    |           |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |     |    |           |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 410000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |           |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |           |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |           |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |           |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |           |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |           |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |           |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |           |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |           |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |           |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |     |    |           |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |           |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                             |                                                             |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>AMERIPRISE FINANCIAL 401(K) PLAN                                   | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AMERIPRISE FINANCIAL, INC. | <b>D</b> Employer Identification Number (EIN)<br>13-3180631 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 41-6257133 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |   |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

## **Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

---

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549**

**FORM 11-K**

☒ **ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934**

**For the year ended December 31, 2021**

**Or**

☐ **TRANSITION REPORT PURSUANT TO SECTION 15 (d) OF THE  
SECURITIES EXCHANGE ACT OF 1934**

**For the Transition Period from \_\_\_\_\_ to \_\_\_\_\_**

**Commission file number 1-32525**

A. Full title of the plan and the address of the plan, if different from that of the issuer  
named below:

**AMERIPRISE FINANCIAL 401(k) PLAN**

B. Name of issuer of the securities held pursuant to the plan and the address of its principal  
executive office:

**AMERIPRISE FINANCIAL, INC.  
55 Ameriprise Financial Center  
Minneapolis, MN 55474**

---

**Ameriprise Financial 401(k) Plan  
Financial Statements and Supplemental Schedule**

**December 31, 2021 and 2020**

**with Report of Independent Registered Public Accounting Firm**

# Ameriprise Financial 401(k) Plan Form 11-K

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## **Report of Independent Auditors**

To the Administrator of the Ameriprise Financial 401(k) Plan

### ***Opinion***

We have audited the accompanying financial statements of the Ameriprise Financial 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the years then ended, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### ***Supplemental Schedule Required by ERISA***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2021 ("supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*PricewaterhouseCoopers, LLP*

Minneapolis, Minnesota

July 13, 2022

# Ameriprise Financial 401(k) Plan

## Statements of Net Assets Available for Benefits

|                                                  | December 31,            |                         |
|--------------------------------------------------|-------------------------|-------------------------|
|                                                  | 2021                    | 2020                    |
| <b>Assets</b>                                    |                         |                         |
| Cash                                             | \$ 728,853              | \$ 1,281,993            |
| Investments at fair value                        | 2,954,738,203           | 2,466,196,023           |
| Investments at contract value                    | 167,440,037             | 174,658,765             |
| Receivables:                                     |                         |                         |
| Accrued income                                   | 51,198                  | 47,902                  |
| Due from broker                                  | 1,684,153               | 4,342,592               |
| Employer contributions                           | 5,243,027               | 4,855,710               |
| Participant loans                                | 27,058,208              | 30,421,907              |
| Total assets                                     | 3,156,943,679           | 2,681,804,892           |
| <b>Liabilities</b>                               |                         |                         |
| Due to broker                                    | 5,509,337               | 9,583,327               |
| Accrued expenses                                 | 81,784                  | 65,577                  |
| Total liabilities                                | 5,591,121               | 9,648,904               |
| Net assets available for benefits at end of year | <u>\$ 3,151,352,558</u> | <u>\$ 2,672,155,988</u> |

See Notes to Financial Statements.

# Ameriprise Financial 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits

|                                                        | Years Ended December 31, |                         |
|--------------------------------------------------------|--------------------------|-------------------------|
|                                                        | 2021                     | 2020                    |
| Contributions:                                         |                          |                         |
| Employer, net of forfeitures                           | \$ 55,267,004            | \$ 55,007,529           |
| Participant                                            | 118,560,585              | 112,980,968             |
| Participant rollovers                                  | 10,720,524               | 8,083,485               |
| Total contributions                                    | 184,548,113              | 176,071,982             |
| Investment income:                                     |                          |                         |
| Interest                                               | 1,720,274                | 2,774,264               |
| Dividends                                              | 11,998,208               | 11,645,212              |
| Net realized/unrealized appreciation                   | 522,812,352              | 369,313,274             |
| Total investment income                                | 536,530,834              | 383,732,750             |
| Other income                                           | 77,545                   | 69,142                  |
| Interest on participant loans                          | 1,172,626                | 1,479,763               |
| Total additions                                        | 722,329,118              | 561,353,637             |
| Administrative expenses                                | (1,014,611)              | (942,515)               |
| Withdrawal payments                                    | (242,117,937)            | (214,739,068)           |
| Total deductions                                       | (243,132,548)            | (215,681,583)           |
| Net increase in net assets available for benefits      | 479,196,570              | 345,672,054             |
| Net assets available for benefits at beginning of year | 2,672,155,988            | 2,326,483,934           |
| Net assets available for benefits at end of year       | <u>\$ 3,151,352,558</u>  | <u>\$ 2,672,155,988</u> |

See Notes to Financial Statements.

**Ameriprise Financial 401(k) Plan**  
**Notes to Financial Statements**  
**December 31, 2021**

## **1. Description of the Plan**

### **General**

The Ameriprise Financial 401(k) Plan (the “Plan”), which became effective October 1, 2005, is a defined contribution plan. Under the terms of the Plan, certain regular full-time and part-time employees of Ameriprise Financial, Inc. and its participating subsidiaries (the “Company”) can make contributions to the Plan and are eligible to receive Company contributions beginning with the pay period in which they complete 60 days of service.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The following is not a comprehensive description of the Plan, and therefore, does not include all situations and limitations covered by the Plan. Participants should refer to the Plan document for more complete information.

### **Recordkeeping and Trustee of Plan Assets**

Wells Fargo Bank, N.A. is the Plan’s trustee for all assets, and Alight Solutions is the Plan’s recordkeeper, including the self-directed brokerage account. In July 2019, the Principal Financial Group closed on the acquisition of the Institutional Retirement & Trust business of Wells Fargo Bank, N.A. The successor trustee became Principal Trust Company effective February 24, 2022. The Plan is administered by the Ameriprise Financial Employee Benefits Administration Committee (“EBAC”). The Ameriprise Financial 401(k) Investment Committee (“KIC”) selects and monitors the investment options offered to participants under the Plan and oversees matters related to Plan investments (excluding the Ameriprise Financial Stock Fund and investments selected by participants under the self-directed brokerage account). Members of the EBAC and KIC are appointed by fiduciaries as specified in the Plan.

### **Contributions**

#### *Elective Contributions*

Each pay period, eligible participants may make pretax and/or Roth 401(k) contributions (up to 80% of eligible compensation), and after-tax contributions (up to 10% of eligible compensation) or a combination of any of the three, not to exceed 80% of their eligible compensation to the Plan through payroll deductions. The Internal Revenue Code of 1986, as amended (the “Code”), imposes a limitation on participants’ pretax and Roth contributions to plans that are qualified under Code Section 401(k) and other specified tax favored plans. This limit was \$19,500 for both 2021 and 2020 for employees under age 50. For employees age 50 and older the limit was \$26,000 for both 2021 and 2020. The Plan complied with nondiscrimination requirements under the Code for both 2021 and 2020.

#### *Fixed Match Contributions*

The Company matches 100% of the first 5% of eligible compensation an employee contributes on a pretax and/or Roth 401(k) basis for each pay period. At the end of each year, the Company completes a fixed match true-up for qualifying participants to ensure the fixed match contribution provided by the Company is equal to the lesser of 5% of eligible compensation or the participants’ annual deferral rate average. Participants must be employed on the last business day of the Plan year or have terminated employment, generally due to retirement (at or after age 65), disability (as defined in the Plan), transfer to Franchise Advisor role or death to receive a true-up contribution.

On April 24, 2020, the Company instituted a 2% base Company contribution at each pay period for the Plan for certain employees not eligible to participate in the Ameriprise Financial Retirement Plan due to plan amendments to freeze the plan to new entrants. This base contribution is invested based on the employee’s elections or a default fund if no elections are made and eligible employees are not required to elect to save their own money to receive this contribution.

#### *Limit on Contributions*

For purposes of the Plan, eligible compensation is a participant’s regular cash compensation up to \$290,000 and \$285,000 for 2021 and 2020, respectively, before tax deductions and certain other withholdings. Eligible compensation for all employees includes performance related cash bonuses, overtime, commissions and certain other amounts in addition to regular earnings.

#### *Rollover Contributions*

A rollover is a transfer to the Plan of a qualified distribution in accordance with the provisions of the Plan. Rollovers into the Plan are not eligible for Company match contributions.

### **Vesting**

Participants are immediately vested in their pretax, Roth 401(k), after-tax, and rollover contributions and any income and appreciation on such contributions. Company contributions are vested on a five-year graded schedule of 20% per year of service with the Company or if the participant attains age 65 as an active employee, becomes disabled or deceased while employed.

### **Forfeitures**

Forfeitures are transferred to a forfeiture account, which is maintained for the benefit of the Plan as a whole and is not attributable to any given participant. The balance of the forfeiture account may be used to pay plan expenses, offset the Company’s obligation to

**Ameriprise Financial 401(k) Plan**  
**Notes to Financial Statements (continued)**  
**December 31, 2021**

fund Company contributions to the plan or restore previously forfeited balances for rehires. At December 31, 2021 and 2020, the forfeiture account totaled \$118,230 and \$71,848, respectively. Forfeitures used totaled \$2,552,483 and \$1,539,000 for 2021 and 2020, respectively. Forfeitures generated for the plan years ended December 31, 2021 and 2020 were \$2,598,865 and \$1,338,402, respectively.

**Tax Status**

As long as the Plan remains qualified and tax exempt, amounts invested in the Plan through participant and Company contributions and rollovers, as well as any income and appreciation on such amounts, are not subject to federal income tax until distributed to the participant. See Note 8 for additional information on the Plan's tax status.

**Distributions and Withdrawals**

If employment ends, participants are eligible to receive a distribution of their vested account balance. Participants (or their beneficiaries) may elect to receive their accounts as a single lump-sum distribution in cash, whole shares of common stock, mutual fund shares held under the self-directed brokerage account, or a combination of cash and shares. Partial payments may be available to participants who meet certain requirements set forth in the Plan document. Terminated participants can defer payments until age 72. Effective July 1, 2021, the Plan will pay out vested balances of \$5,000 or less as a lump sum payment within 60 days of termination of employment. Balances of less than \$1,000 will be paid directly to the participant and balances of \$1,000 to \$5,000 will be rolled over to a safe harbor IRA.

Participants may be eligible to request an in-service withdrawal of all or a portion of their vested account balance subject to limitations under the terms of the Plan and certain tax penalties imposed by the Code. Participants may elect to receive their withdrawal in cash, whole shares of common stock, mutual fund shares held under the self-directed brokerage account, or a combination of cash and shares.

**Loan Program**

Participants may borrow from their fund accounts a minimum of \$500 and up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. The administrative loan origination fee of \$75 per loan is paid by the participant and is deducted from the proceeds of the loan. Loan terms range up to 59 months unless the loan is used towards the purchase of a primary residence in which case the loan terms can range up to 359 months. The loans are secured by the balance in the participant's account and bear a fixed interest rate of the prime rate as reported in the Wall Street Journal on the 15th of the month before the date the loan is originated. Principal and interest payments are deducted automatically from the participant's pay each period.

If the participant's employment with the Company ends for any reason, and their Plan loan is current, the Plan allows the participant to make repayment arrangements with the Plan's Administrative Delegate before their loan would otherwise default. If so requested, upon the participant's termination, the participant's loan will be re-amortized to a monthly repayment schedule.

If the participant's employment with the Company ends for any reason, and their Plan loan is in default when their employment ends, they have the option to continue to make loan payments or pay off the loan in full within 90 days or the participant may make alternative arrangements for repayment of the loan in order to prevent a default and acceleration due to non-payment, if payroll deduction is no longer available. If the outstanding loan is not paid in full within 90 days from separation from service or an alternative arrangement is not made, the loan will automatically be foreclosed and the amount outstanding will be immediately deducted from the benefit payable to the plan participant from the Plan. The amount deducted will be treated as a distribution to that participant regardless of whether they elected to receive a distribution of their vested Plan account. Unless the outstanding loan amount was previously taxed as a "deemed distribution," the participant will then be responsible for any income taxes on the amount of the outstanding loan balance and possibly a 10% additional penalty tax that applies to early distributions.

**Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**2. Significant Accounting Policies**

**Basis of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting.

**Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Ameriprise Financial 401(k) Plan**  
**Notes to Financial Statements (continued)**  
**December 31, 2021**

**Plan Fees and Expenses**

Administrative expenses, which may include recordkeeping, participant servicing, legal fees, trustee fees, loan origination fees, fees incurred within the self-directed brokerage account and investment consulting fees, among other expenses, are paid by Plan participants and recorded as incurred, unless paid by the Company. The Company currently pays a portion of the administrative expenses, including fees of the auditors, legal fees and certain investment managers.

Fees paid to investment managers are paid from the fees associated with the investment options offered by the Plan, unless paid by the Company. In addition, expenses related to the investment of the Plan funds, for example, brokerage commissions, stock transfer or other taxes and charges incurred for the purchase or sale of the funds' investments, as opposed to administrative expenses, are generally paid by the Plan participants out of the applicable investment. Fees paid out of an investment reduce the return of that investment.

A flat fee of \$21 per quarter is charged to participant accounts with a balance of \$5,000 or more (including loan balances). It is deducted proportionately from the participant's investment options on a quarterly basis. The fee is deposited in the dedicated expense account and may be used to pay eligible administrative expenses of the Plan. As permitted under U.S. Securities and Exchange Commission rule 12b-1, mutual funds or share classes are assessed a fee to help cover the costs associated with marketing and selling the fund ("12b-1 fees"). The 12b-1 fees may also be used to cover shareholder servicing expenses. The only 12b-1 fees incurred are on certain self-directed brokerage funds.

**Other Income**

Other income includes a rebate of a portion of revenue sharing payments made to the Plan from a portion of the 12b-1 fees incurred from certain funds within the self-directed brokerage account. These payments are deposited in the dedicated expense account and may be used to pay eligible administrative expenses of the Plan. Other income is recorded when earned.

**Valuation of Investments and Income Recognition**

Investments are reported at fair value, with the exception of fully benefit-responsive investment contracts which are reported at contract value. See Note 4 and Note 5 for the Plan's accounting policies related to the fully benefit-responsive investment contracts and the valuation of investments, respectively.

Purchases and sales of securities are reflected on a trade-date basis. The cost of securities sold is determined using the average cost method. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned. As required by the Plan, all dividend and interest income is reinvested into the same investment funds in which the dividends and interest arose. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as the change in fair value of assets.

**Participant Loans**

Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest, which is a reasonable estimate of fair value due to restrictions on the transfers of these loans. Interest income on participant loans is recorded when it is earned.

**Withdrawal Payments**

Withdrawal payments are recorded when paid.

**3. Investments**

**Investment Elections**

A participant may currently elect to invest contributions in any combination of investment funds in increments of 1% and change investment elections for future contributions or transfer existing account balances on any business day the New York Stock Exchange is open. Investment funds may impose redemption restrictions.

**Investment Options**

A summary of investment options as of December 31, 2021 and 2020 is set forth below.

**Mutual Funds**

Mutual funds include the Allspring Small Company Growth R6 fund and the John Hancock Disciplined Value Mid Cap Fund R6.

**Collective Investment Funds**

The Collective Investment Funds include various investment options as follows: VOYA Target Solution Trust Funds, Victory Small Cap Value Collective Fund (75), Boston Partners Large Cap Value Equity CIT (Class D), Wellington Trust NA CIF II Growth 2, Ivy Investments International Core Equity CIT Fund (Class 2), Columbia Trust Balanced Fund (Class I), Columbia Trust Contrarian Core Fund, Columbia Trust Total Return Fund I, BlackRock US Equity Index Fund, BlackRock Russell 2500 Index Fund, BlackRock MSCI ACWI ex-US Index Fund and BlackRock US Debt Index Fund.

**Ameriprise Financial 401(k) Plan**  
**Notes to Financial Statements (continued)**  
**December 31, 2021**

Collective investment funds allow for daily redemptions but may require advance notice in certain circumstances. There were no unfunded commitments for the Collective Investment Funds as of December 31, 2021 and 2020.

*Separate Accounts*

The Congress Mid Cap Growth Fund is a separate account managed by Congress Asset Management Company. The fund invests at least 80% of its net assets in equity securities of mid-capitalization companies. The remaining 20% of its net assets can be invested in equity securities of small-capitalization and large-capitalization companies.

*Ameriprise Financial Stock Fund*

The Ameriprise Financial Stock Fund is an Employee Stock Ownership Plan ("ESOP") that invests primarily in the Company's common stock, purchased in either the open market or directly from the Company, and in cash or short-term cash equivalents.

*Self-Directed Brokerage Account*

The Plan's self-directed brokerage option gives participants the choice to invest in more than 14,000 mutual funds including exchange-traded funds and closed-ended mutual funds. Ameriprise Financial, Inc. was formerly a wholly owned subsidiary of American Express Company ("American Express"). On September 30, 2005, Ameriprise Financial, Inc. spun-off from American Express. As a result, American Express common stock was an investment option as specified by the Plan. Employees had the option to transfer the value of the American Express common stock to another investment in the Plan or transfer it to the self-directed brokerage option. American Express common stock may be held in the self-directed brokerage account on a hold or sell basis only and, with the exception of reinvestment of dividends, new purchases are not allowed.

*Income Fund*

The Income Fund is a stable value separately managed account which invests primarily in various book value wrap contracts with varying maturities, sizes and yields, offered by insurance companies, banks or financial institutions, which are backed by fixed income securities issued by the U.S. government and its agencies. See Note 4 for a more comprehensive discussion of book value wrap contracts. Ameriprise Trust Company is the investment manager for the Income Fund. The Income Fund also invests in the Columbia Trust Government Money Market Fund (which invests primarily in short-term debt instruments issued by the U.S. government and its agencies) and the MetLife Insurance Stable Value Government Separate Account (which invests primarily in U.S. government and agency bonds and mortgage backed securities issued or guaranteed by the U.S. government). The investment objective of the Income Fund is to preserve principal and income, while maximizing current income. There is no assurance that the Income Fund will meet its objective.

**4. Book Value Wrap Contracts**

Book value wrap contracts are fully benefit-responsive and comprised of both an investment and a contractual component. The investment component consists of units of collective investment funds with fixed income strategies and a pooled portfolio of actively managed fixed income securities, referred to as the Covered Assets, which may be owned by the Income Fund or in some cases the third party that underwrites the performance of the Covered Assets for the benefit of the Income Fund. The securities owned by the third party are held in a Separate Account and are not subject to the liabilities of the general account of the third party. The Covered Assets include U.S. government and agency bonds and mortgage backed securities issued or guaranteed by the U.S. government. The Income Fund enters into book value wrap contracts (the contractual component) with third parties, generally insurance companies, banks or financial institutions, to underwrite the performance of the Covered Assets from the risk of adverse interest rate movements. Under these contracts, the third party is obligated to provide sufficient funds to cover participant benefit withdrawals and certain types of investment transfers regardless of the market value of the Covered Assets. While the contracts are designed to protect the Income Fund against interest rate risk, the Income Fund is still exposed to risk if issuers of Covered Assets default on payment of interest or principal or upon the occurrence of certain events, described below, involving the Income Fund, its plan sponsor or its investment manager.

Fully benefit-responsive book value wrap contracts held by a separately managed account created for a defined contribution plan are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive book value wrap contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents the face amount of the contract plus accrued interest at the contract rate.

Certain events may limit the ability of the Income Fund to transact at contract value with the book value wrap contract issuers for participant benefit payments or investment transfers. Possible events include a transfer from the Income Fund in violation of the equity wash required by the book value wrap contracts. An equity wash restriction prohibits money from being moved directly from the Income Fund to the self-directed brokerage account, without first being invested in another investment fund for 90 days. After the 90 days, the assets may be transferred from the other investment fund to the self-directed brokerage account. Other possible events include participant-directed withdrawals that occur due to a plan sponsor-initiated event, such as the implementation of an early

**Ameriprise Financial 401(k) Plan**  
**Notes to Financial Statements (continued)**  
**December 31, 2021**

retirement program or facility closing, of which the book value wrap contract issuer has not been made aware, or a request by the trustee to terminate a contract at market value. While these events are not probable, it is possible that they could occur.

Certain events may allow the book value wrap contract issuer to terminate a book value wrap contract and settle at the market value of the Covered Assets, as opposed to contract value. These events may include the termination of the Plan or the Trust holding the Income Fund assets, the replacement of the trustee of the Income Fund without the consent of the book value wrap contract issuer, a change in the investment guidelines, administration or policies of the Income Fund that may cause a material adverse effect on the book value wrap contract issuer, a breach of the contract terms by a counterparty, a legal or regulatory event such as a ruling by a regulatory agency governing the Income Fund, its investment manager or the book value wrap contract issuer that may cause material adverse effect to a party under the book value wrap contract, or the failure of the Trust to be tax-exempt under the Internal Revenue Code.

## 5. Fair Value Measurements

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; that is, an exit price. The exit price assumes the asset or liability is not exchanged subject to a forced liquidation or distressed sale.

### Valuation Hierarchy

The Plan categorizes its fair value measurements according to a three-level hierarchy. The hierarchy prioritizes the inputs used by the Plan's valuation techniques. A level is assigned to each fair value measurement based on the lowest level input that is significant to the fair value measurement in its entirety. The three levels of the fair value hierarchy are defined as follows:

- Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets that are accessible at the measurement date.
- Level 2 Prices or valuations based on observable inputs other than quoted prices in active markets for identical assets and liabilities.
- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The following tables present the balances of assets measured at fair value on a recurring basis:

|                                                                                | December 31, 2021       |                     |             |                         |
|--------------------------------------------------------------------------------|-------------------------|---------------------|-------------|-------------------------|
|                                                                                | Level 1                 | Level 2             | Level 3     | Total                   |
| <b>Investments</b>                                                             |                         |                     |             |                         |
| Mutual funds                                                                   | \$ 151,684,651          | \$ —                | \$ —        | \$ 151,684,651          |
| Ameriprise Financial common shares                                             | 350,573,724             | —                   | —           | 350,573,724             |
| Self-directed brokerage account                                                | 488,939,210             | —                   | —           | 488,939,210             |
| Common Stock                                                                   | 135,374,532             | 8,069,310           | —           | 143,443,842             |
| Collective investment funds measured at net asset value ("NAV") <sup>(1)</sup> |                         |                     |             | 1,820,096,776           |
| <b>Total investments at fair value</b>                                         | <b>\$ 1,126,572,117</b> | <b>\$ 8,069,310</b> | <b>\$ —</b> | <b>\$ 2,954,738,203</b> |

|                                                            | December 31, 2020     |             |             |                         |
|------------------------------------------------------------|-----------------------|-------------|-------------|-------------------------|
|                                                            | Level 1               | Level 2     | Level 3     | Total                   |
| <b>Investments</b>                                         |                       |             |             |                         |
| Mutual funds                                               | \$ 123,970,466        | \$ —        | \$ —        | \$ 123,970,466          |
| Ameriprise Financial common shares                         | 242,793,554           | —           | —           | 242,793,554             |
| Self-directed brokerage account                            | 433,131,248           | —           | —           | 433,131,248             |
| Collective investment funds measured at NAV <sup>(1)</sup> |                       |             |             | 1,547,786,475           |
| Separate accounts measured at NAV <sup>(1)</sup>           |                       |             |             | 118,514,280             |
| <b>Total investments at fair value</b>                     | <b>\$ 799,895,268</b> | <b>\$ —</b> | <b>\$ —</b> | <b>\$ 2,466,196,023</b> |

<sup>(1)</sup> Amounts are comprised of investments measured at fair value using NAV (or its equivalent) as a practical expedient and have not been classified within the fair value hierarchy.

### Determination of Fair Value

The Plan uses valuation techniques consistent with the market approach to measure the fair value of its assets. The Plan's market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs. All other assets of the Plan are valued using NAV.

**Ameriprise Financial 401(k) Plan**  
**Notes to Financial Statements (continued)**  
**December 31, 2021**

The following is a description of the valuation techniques used to measure fair value and the general classification of these instruments pursuant to the fair value hierarchy.

**Investments**

*Mutual Funds*

The fair value of the Allspring Small Company Growth R6 fund and the John Hancock Disciplined Value Mid Cap Fund R6 are determined by the NAV which represents the exit price. The fair value is classified as Level 1 as the funds are traded in active markets and quoted prices are available.

*Ameriprise Financial Common Shares*

The fair value of Ameriprise Financial, Inc. common shares is determined using quoted prices in active markets and is classified as Level 1.

*Self-Directed Brokerage Account*

Actively traded money market funds are measured at NAV and classified as Level 1. The fair value of common stock and exchange-traded funds are determined using quoted prices in active markets and are classified as Level 1. The fair value of mutual funds is determined by the NAV which represents the exit price. Mutual funds are classified as Level 1 as they are traded in active markets and quoted prices are available.

*Common Stock*

The fair value of common stock classified as Level 1 is determined using quoted prices in active markets and the fair value of common stock classified as Level 2 is determined based on a market approach using observable inputs.

*Collective Investment Funds*

The fair value of collective investment funds is determined by the NAV of the funds. The NAV is used as a practical expedient and represents the exit price for the funds. These funds are excluded from classification in the fair value hierarchy. Collective investment funds are traded in principal-to-principal markets with little publicly released pricing information.

*Separate Accounts*

The fair value of units in separate accounts is measured at NAV as a practical expedient and represents the exit price. Separate accounts are excluded from classification in the fair value hierarchy.

**6. Transactions with Parties-in-Interest**

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Parties-in-interest include the Company, the trustee of the Plan assets (Wells Fargo Bank, N.A.) and the Plan's recordkeeper (Alight Solutions). Transactions involving funds managed by the Company, trustee and recordkeeper are considered party-in-interest transactions. These transactions, based on customary and reasonable rates, are not, however, considered prohibited transactions under Section 408(b) of ERISA and the regulations promulgated thereunder.

The Columbia Trust collective funds are maintained by Ameriprise Trust Company, a Minnesota-chartered trust company, and distributed by Columbia Management Investment Distributors, Inc., member FINRA. Ameriprise Trust Company serves as trustee and offers investment management and related services to these collective funds. Columbia Management Investment Advisers, LLC provides investment advice for certain of these funds in a subadvisory capacity. These companies are wholly-owned subsidiaries of Ameriprise Financial, Inc.

The total fair value of Ameriprise Financial, Inc.'s common stock held by plan participants was \$350,573,724 and \$242,793,554 as of December 31, 2021 and 2020, respectively. The total fair value of the investment options, excluding the self-directed brokerage account, managed by subsidiaries of Ameriprise Financial, Inc. was \$431,500,307 and \$391,169,470 as of December 31, 2021 and 2020, respectively. As investment manager, these subsidiaries earn annual management fees ranging from 0.26% to 0.41% of the amounts invested in the Collective Investment Funds. Fees incurred for investment management services for the Income Fund, excluding fees associated with wrap contracts which are paid by the Plan, are paid directly by the Company. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each collective investment fund. Participant loans also qualify as party-in-interest transactions and are secured by the vested balances in participant accounts.

See Note 2 for more information on Plan fees and expenses.

**7. Risks and Uncertainties**

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment

**Ameriprise Financial 401(k) Plan**  
**Notes to Financial Statements (continued)**  
**December 31, 2021**

securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

The coronavirus disease 2019 ("COVID-19") pandemic has presented an ongoing significant economic and societal disruption and market unpredictability, which has impacted the market price of the Plan's assets. While the pandemic has subsided in many areas, a resurgence of the pandemic could result in significant disruption of the global financial markets. Plan management will continue to monitor the impact COVID-19 has on the Plan. Plan management is also monitoring the current volatility in market conditions, general economic factors and the current geopolitical environment.

#### **8. Income Tax Status**

The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated September 7, 2017 indicating that the Plan is qualified under the Code and the Trust established under the Plan is tax-exempt and the Plan satisfies the requirement of Code Section 4975(e)(7). The Plan has been amended after the period covered by the determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes the Plan, as amended, is currently designed and operated in compliance with the applicable requirements of the Code, and therefore the Plan and the Trust are intended to be qualified and tax-exempt, and the Plan is intended to satisfy the requirements of Code Section 4975(e)(7). The IRS no longer issues determination letters to qualified plans on a five-year cycle to evidence compliance with IRS rules.

There are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the Plan's financial statements. The Plan is subject to routine audits by tax jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan believes it is no longer subject to income tax examinations for years prior to 2018.

#### **9. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of amounts reported in the financial statements to amounts reported on Form 5500:

|                                                                                                             | <b>December 31,</b>             |                         |
|-------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|
|                                                                                                             | <b>2021</b>                     | <b>2020</b>             |
| Net assets available for benefits per the financial statements                                              | \$ 3,151,352,558                | \$ 2,672,155,988        |
| Deemed distributions of participant loans                                                                   | (193,799)                       | (248,078)               |
| Difference between contract value and fair value of fully benefit-responsive investment contracts           | 20,758                          | 3,402,002               |
| Net assets available for benefits per Form 5500                                                             | <u>\$ 3,151,179,517</u>         | <u>\$ 2,675,309,912</u> |
|                                                                                                             | <b>Years Ended December 31,</b> |                         |
|                                                                                                             | <b>2021</b>                     | <b>2020</b>             |
| Net increase in net assets available for benefits per the financial statements                              | \$ 479,196,570                  | \$ 345,672,054          |
| Change in deemed distributions of participant loans                                                         | 54,279                          | 74,092                  |
| Change in difference between contract value and fair value of fully benefit-responsive investment contracts | (3,381,244)                     | 2,923,832               |
| Net income per Form 5500                                                                                    | <u>\$ 475,869,605</u>           | <u>\$ 348,669,978</u>   |

#### **10. Subsequent Events**

The Company evaluated events or transactions that occurred after the statement of net assets available for benefits date for potential recognition or disclosure through the date the financial statements were issued. The annual fixed match true-up contribution of \$5,243,027 for the 2021 plan year, which is recorded as a receivable as of December 31, 2021, was posted to participant accounts on January 21, 2022.

**Ameriprise Financial 401(k) Plan**  
**SUPPLEMENTAL SCHEDULE**

**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party    | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value |
|-----|--------------------------------------------------------------|------------------------------------|---------------|----------------------|
|     | <b>Mutual Funds —</b>                                        |                                    |               |                      |
| *   | Allspring Small Company Growth R6                            | 1,837,937                          |               | \$ 84,986,197        |
|     | John Hancock Disciplined Value Mid Cap Fund R6               | 2,411,369                          |               | 66,698,454           |
|     | Total Mutual Funds                                           |                                    |               | 151,684,651          |
|     | <b>Collective Investment Funds —</b>                         |                                    |               |                      |
| *   | Columbia Trust Balanced Fund (Class I)                       | 4,105,593                          |               | 97,220,439           |
| *   | Columbia Trust Contrarian Core Fund                          | 22,254,060                         |               | 224,320,920          |
| *   | Columbia Trust Gov Money Market Fund                         | 12,759,991                         |               | 12,759,991           |
| *   | Columbia Trust Total Return Fund I                           | 7,653,461                          |               | 97,198,957           |
|     | Boston Partners Large Cap Value Equity CIT (Class D)         | 3,442,194                          |               | 109,737,151          |
|     | Victory Small Cap Value Collective Fund (75)                 | 1,907,617                          |               | 89,231,078           |
|     | VOYA Target Solution Trust Income (Class 4)                  | 2,793,842                          |               | 52,088,590           |
|     | VOYA Target Solution Trust 2025 (Class 4)                    | 2,783,173                          |               | 66,565,103           |
|     | VOYA Target Solution Trust 2030 (Class 4)                    | 3,339,899                          |               | 86,433,244           |
|     | VOYA Target Solution Trust 2035 (Class 4)                    | 2,951,947                          |               | 81,438,480           |
|     | VOYA Target Solution Trust 2040 (Class 4)                    | 2,750,687                          |               | 81,096,633           |
|     | VOYA Target Solution Trust 2045 (Class 4)                    | 2,265,991                          |               | 69,319,917           |
|     | VOYA Target Solution Trust 2050 (Class 4)                    | 1,405,263                          |               | 42,959,753           |
|     | VOYA Target Solution Trust 2055 (Class 4)                    | 873,671                            |               | 26,807,211           |
|     | VOYA Target Solution Trust 2060 (Class 4)                    | 631,685                            |               | 13,805,585           |
|     | VOYA Target Solution Trust 2065 (Class 4)                    | 149,057                            |               | 2,037,029            |
|     | Ivy Investments International Core Equity CIT Fund (Class 2) | 6,526,323                          |               | 127,459,079          |
|     | Wellington Trust NA CIF II Growth 2                          | 6,661,432                          |               | 198,110,995          |
|     | BlackRock US Equity Index Fund                               | 6,308,189                          |               | 261,041,706          |
|     | BlackRock Russell 2500 Index Fund                            | 948,990                            |               | 28,602,457           |
|     | BlackRock MSCI ACWI ex-US Index Fund                         | 1,862,450                          |               | 28,144,783           |
|     | BlackRock US Debt Index Fund                                 | 682,736                            |               | 17,025,307           |
| *   | Wells Fargo/BlackRock Short-Term Investment Fund             | 6,692,368                          |               | 6,692,368            |
|     | Total Collective Investment Funds                            |                                    |               | 1,820,096,776        |
|     | <b>Common Stock —</b>                                        |                                    |               |                      |
|     | Akamai Technologies                                          | 19,000                             |               | 2,223,759            |
|     | Asbury Automotive Group Inc                                  | 20,000                             |               | 3,454,600            |
|     | Azenta Inc                                                   | 32,500                             |               | 3,351,075            |
|     | Booz Allen Hamilton Holding Co                               | 25,000                             |               | 2,119,750            |
|     | Burlington Stores Inc                                        | 11,000                             |               | 3,206,610            |
|     | Charles River Laboratories                                   | 11,000                             |               | 4,144,580            |
|     | Church & Dwight Inc                                          | 32,500                             |               | 3,331,250            |
|     | Ciena Corp Usd 0.01                                          | 55,000                             |               | 4,233,350            |
|     | Cintas Corp                                                  | 9,000                              |               | 3,988,530            |
|     | Cooper Cos Inc Com New                                       | 7,500                              |               | 3,142,050            |
|     | Copart Inc Com                                               | 26,000                             |               | 3,942,120            |
|     | Diodes Inc                                                   | 40,616                             |               | 4,460,043            |

\* Indicates Party-in-interest

\*\* Cost information not required for participant-directed investments

\*\*\* The Self-Directed Brokerage Account includes Party-in-interest investment options

**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

| (a)                                      | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value |
|------------------------------------------|-----------------------------------------------------------|------------------------------------|---------------|----------------------|
|                                          | Entegris Inc                                              | 28,000                             |               | 3,880,240            |
|                                          | Etsy Inc                                                  | 15,000                             |               | 3,284,100            |
|                                          | First Republic Bank/San Francisco                         | 17,500                             |               | 3,613,925            |
|                                          | Floor & Decor Holdings Inc                                | 32,500                             |               | 4,225,325            |
|                                          | Generac Holdings Inc                                      | 9,500                              |               | 3,343,240            |
|                                          | Horizon Therapeutics Public Limited Company               | 41,000                             |               | 4,418,160            |
|                                          | Huntington Ingalls Industries                             | 15,000                             |               | 2,801,100            |
|                                          | Ilex Corp                                                 | 16,000                             |               | 3,781,120            |
|                                          | Keysight Technologies Inc                                 | 22,500                             |               | 4,646,475            |
|                                          | Masco Corp                                                | 55,000                             |               | 3,862,100            |
|                                          | Mccormick & Co Inc Non Voting                             | 30,000                             |               | 2,898,300            |
|                                          | Mettler-Toledo International Inc                          | 3,000                              |               | 5,091,630            |
|                                          | Monolithic Pwr Sys Inc                                    | 8,000                              |               | 3,946,640            |
|                                          | Neurocrine Biosciences Inc Com                            | 24,500                             |               | 2,086,665            |
|                                          | Paycom Software Inc                                       | 8,000                              |               | 3,321,520            |
|                                          | Pool Corporation                                          | 7,500                              |               | 4,245,000            |
|                                          | Qualys Inc                                                | 20,000                             |               | 2,744,400            |
|                                          | Raymond James Financial Inc                               | 37,500                             |               | 3,765,000            |
|                                          | Resmed Inc                                                | 14,000                             |               | 3,646,720            |
|                                          | Skyworks Solutions Inc                                    | 16,500                             |               | 2,559,810            |
|                                          | Sps Commerce Inc                                          | 22,600                             |               | 3,217,110            |
|                                          | Steris Plc                                                | 15,000                             |               | 3,651,150            |
|                                          | Sun Cmnty Inc Com                                         | 17,500                             |               | 3,674,475            |
|                                          | Take-Two Interactive Software                             | 17,500                             |               | 3,110,100            |
|                                          | Teledyne Technologies Inc                                 | 8,000                              |               | 3,495,120            |
|                                          | West Pharmaceutical Services Inc                          | 10,000                             |               | 4,690,100            |
|                                          | Williams Sonoma Inc                                       | 20,000                             |               | 3,382,600            |
|                                          | Zebra Technologies Corp C                                 | 7,500                              |               | 4,464,000            |
|                                          | Total Common Stock                                        | 828,216                            |               | 143,443,842          |
| <b>Ameriprise Financial Stock Fund —</b> |                                                           |                                    |               |                      |
| *                                        | Ameriprise Financial, Inc. Common Shares                  | 1,162,150                          |               | 350,573,724          |
|                                          | Total Ameriprise Financial Stock Fund                     |                                    |               | 350,573,724          |
| ***                                      | <b>Self-Directed Brokerage Account</b>                    |                                    |               | 488,939,210          |

\* Indicates Party-in-interest

\*\* Cost information not required for participant-directed investments

\*\*\* The Self-Directed Brokerage Account includes Party-in-interest investment options

**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2021**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party  | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value |
|-----|------------------------------------------------------------|------------------------------------|---------------|----------------------|
|     | MetLife Insurance Stable Value Government Separate Account | 138,776                            |               | 15,728,897           |
| *   | Columbia Trust Gov Money Market Fund                       | 31,807,747                         |               | 31,807,747           |
|     | <b>U.S. Government and Agency Securities:</b>              |                                    |               |                      |
|     | FHLB 2.125% 12/11/2026                                     | 3,525,000                          |               | 3,653,948            |
|     | FHLB 2.375% 03/14/2025                                     | 2,325,000                          |               | 2,422,515            |
|     | FHLB 2.750% 12/13/2024                                     | 2,625,000                          |               | 2,756,573            |
|     | FHLB 5.375% 8/15/2024                                      | 3,250,000                          |               | 3,618,450            |
|     | FHLMC 0.375% 09/23/2025                                    | 3,650,000                          |               | 3,550,245            |
|     | FHLMC REFERENCE NOTE 1.500% 02/12/2025                     | 5,325,000                          |               | 5,405,217            |
|     | FNMA 0.625% 04/22/2025                                     | 8,675,000                          |               | 8,554,048            |
|     | FNMA 2.625% 09/06/2024                                     | 2,875,000                          |               | 3,005,817            |
|     | FNMA BENCHMARK NOTE 0.500% 11/07/2025                      | 175,000                            |               | 170,622              |
|     | U.S. TREASURY NOTE 0.250% 06/15/2024                       | 9,225,000                          |               | 9,089,508            |
|     | U.S. TREASURY NOTE 0.750% 05/31/2026                       | 18,550,000                         |               | 18,176,102           |
|     | FGOLD 15YR 3.500% 08/01/2025                               | 26,057                             |               | 27,430               |
|     | FGOLD 15YR 3.500% 09/01/2025                               | 4,502                              |               | 4,740                |
|     | FGOLD 15YR 3.500% 10/01/2025                               | 1,388                              |               | 1,461                |
|     | FGOLD 15YR 4.000% 02/01/2025                               | 8,835                              |               | 9,277                |
|     | FGOLD 15YR 4.000% 07/01/2025                               | 4,230                              |               | 4,445                |
|     | FGOLD 15YR 4.000% 08/01/2025                               | 15,473                             |               | 16,261               |
|     | FGOLD 15YR 3.000% 01/01/2027                               | 62,461                             |               | 65,748               |
|     | FGOLD 15YR 3.000% 01/01/2032                               | 95,370                             |               | 100,355              |
|     | FGOLD 15YR 3.000% 01/01/2032                               | 122,927                            |               | 129,380              |
|     | FGOLD 15YR 3.000% 01/01/2033                               | 156,715                            |               | 164,786              |
|     | FGOLD 15YR 3.000% 02/01/2027                               | 20,358                             |               | 21,363               |
|     | FGOLD 15YR 3.000% 03/01/2033                               | 335,416                            |               | 352,682              |
|     | FGOLD 15YR 3.000% 04/01/2032                               | 352,077                            |               | 370,689              |
|     | FGOLD 15YR 3.000% 09/01/2026                               | 41,031                             |               | 42,979               |
|     | FGOLD 15YR 3.000% 10/01/2026                               | 1,920                              |               | 2,011                |
|     | FGOLD 15YR 3.000% 10/01/2026                               | 4,707                              |               | 4,931                |
|     | FGOLD 15YR 3.000% 11/01/2025                               | 1,122                              |               | 1,175                |
|     | FGOLD 15YR 3.000% 11/01/2026                               | 30,815                             |               | 32,287               |
|     | FGOLD 15YR 3.000% 12/01/2026                               | 113,009                            |               | 118,606              |
|     | FGOLD 15YR 3.500% 01/01/2034                               | 440,996                            |               | 465,890              |
|     | FGOLD 15YR 3.500% 02/01/2026                               | 4,038                              |               | 4,254                |
|     | FGOLD 15YR 3.500% 03/01/2026                               | 5,155                              |               | 5,432                |
|     | FGOLD 15YR 3.500% 04/01/2033                               | 147,476                            |               | 155,959              |
|     | FGOLD 15YR 3.500% 05/01/2026                               | 706                                |               | 744                  |
|     | FGOLD 15YR 3.500% 05/01/2032                               | 175,829                            |               | 186,084              |
|     | FGOLD 15YR 3.500% 06/01/2026                               | 50,798                             |               | 53,538               |
|     | FGOLD 15YR 3.500% 07/01/2026                               | 11,251                             |               | 11,840               |
|     | FGOLD 15YR 3.500% 07/01/2026                               | 73,251                             |               | 77,206               |
|     | FGOLD 15YR 3.500% 08/01/2026                               | 2,226                              |               | 2,346                |

\* Indicates Party-in-interest

\*\* Cost information not required for participant-directed investments

\*\*\* The Self-Directed Brokerage Account includes Party-in-interest investment options

**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2021**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value |
|-----|-----------------------------------------------------------|------------------------------------|---------------|----------------------|
|     | FGOLD 15YR 3.500% 08/01/2026                              | 33,387                             |               | 35,191               |
|     | FGOLD 15YR 3.500% 08/01/2026                              | 9,671                              |               | 10,194               |
|     | FGOLD 15YR 3.500% 09/01/2026                              | 1,335                              |               | 1,405                |
|     | FGOLD 15YR 3.500% 09/01/2026                              | 1,773                              |               | 1,869                |
|     | FGOLD 15YR 3.500% 09/01/2026                              | 4,401                              |               | 4,637                |
|     | FGOLD 15YR 3.500% 10/01/2025                              | 42,177                             |               | 44,426               |
|     | FGOLD 15YR 3.500% 11/01/2025                              | 33,292                             |               | 35,067               |
|     | FGOLD 15YR 3.500% 12/01/2025                              | 6,879                              |               | 7,245                |
|     | FGOLD 15YR 3.500% 12/01/2025                              | 104,688                            |               | 110,312              |
|     | FGOLD 15YR 3.500% 12/01/2025                              | 132                                |               | 139                  |
|     | FGOLD 15YR 3.500% 12/01/2025                              | 2,955                              |               | 3,112                |
|     | FGOLD 15YR 3.500% 12/01/2025                              | 9,879                              |               | 10,407               |
|     | FGOLD 15YR 4.000% 05/01/2026                              | 18,449                             |               | 19,428               |
|     | FGOLD 15YR 4.000% 06/01/2025                              | 987                                |               | 1,037                |
|     | FGOLD 15YR 4.000% 06/01/2026                              | 13,838                             |               | 14,573               |
|     | FGOLD 15YR GIANT 3.000% 01/01/2032                        | 394,646                            |               | 414,881              |
|     | FGOLD 15YR GIANT 3.000% 02/01/2031                        | 234,978                            |               | 247,250              |
|     | FGOLD 15YR GIANT 3.000% 03/01/2031                        | 145,188                            |               | 152,776              |
|     | FGOLD 15YR GIANT 3.000% 03/01/2032                        | 663,526                            |               | 697,905              |
|     | FGOLD 15YR GIANT 3.000% 05/01/2031                        | 372,941                            |               | 392,449              |
|     | FGOLD 15YR GIANT 3.000% 07/01/2030                        | 181,588                            |               | 191,076              |
|     | FGOLD 15YR GIANT 3.000% 09/01/2027                        | 9,777                              |               | 10,257               |
|     | FGOLD 15YR GIANT 3.000% 09/01/2031                        | 230,487                            |               | 242,831              |
|     | FGOLD 15YR GIANT 3.000% 10/01/2030                        | 84,222                             |               | 89,134               |
|     | FGOLD 15YR GIANT 3.000% 11/01/2026                        | 99,465                             |               | 104,169              |
|     | FGOLD 15YR GIANT 3.000% 12/01/2026                        | 36,230                             |               | 37,941               |
|     | FGOLD 15YR GIANT 3.000% 12/01/2030                        | 317,397                            |               | 333,058              |
|     | FGOLD 15YR GIANT 3.500% 01/01/2027                        | 72,981                             |               | 76,925               |
|     | FGOLD 15YR GIANT 3.500% 01/01/2030                        | 130,001                            |               | 137,697              |
|     | FGOLD 15YR GIANT 3.500% 02/01/2034                        | 133,977                            |               | 141,632              |
|     | FGOLD 15YR GIANT 3.500% 04/01/2026                        | 12,089                             |               | 12,731               |
|     | FGOLD 15YR GIANT 3.500% 04/01/2030                        | 59,187                             |               | 62,661               |
|     | FGOLD 15YR GIANT 3.500% 05/01/2033                        | 331,129                            |               | 350,165              |
|     | FGOLD 15YR GIANT 3.500% 06/01/2029                        | 33,801                             |               | 35,593               |
|     | FGOLD 15YR GIANT 3.500% 07/01/2026                        | 3,068                              |               | 3,233                |
|     | FGOLD 15YR GIANT 3.500% 07/01/2029                        | 106,797                            |               | 113,114              |
|     | FGOLD 15YR GIANT 3.500% 07/01/2033                        | 68,635                             |               | 72,504               |
|     | FGOLD 15YR GIANT 3.500% 08/01/2026                        | 7,453                              |               | 7,854                |
|     | FGOLD 15YR GIANT 3.500% 08/01/2029                        | 7,327                              |               | 7,754                |
|     | FGOLD 15YR GIANT 3.500% 08/01/2032                        | 382,693                            |               | 405,149              |
|     | FGOLD 15YR GIANT 3.500% 08/01/2033                        | 120,079                            |               | 126,859              |
|     | FGOLD 15YR GIANT 3.500% 11/01/2025                        | 12,955                             |               | 13,634               |
|     | FGOLD 15YR GIANT 3.500% 11/01/2029                        | 155,598                            |               | 164,808              |

\* Indicates Party-in-interest

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**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2021**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value |
|-----|-----------------------------------------------------------|------------------------------------|---------------|----------------------|
|     | FGOLD 15YR GIANT 3.500% 12/01/2025                        | 1,328                              |               | 1,399                |
|     | FGOLD 15YR GIANT 3.500% 12/01/2029                        | 178,566                            |               | 188,157              |
|     | FGOLD 15YR GIANT 3.500% 12/01/2033                        | 93,806                             |               | 99,169               |
|     | FGOLD 15YR GIANT 4.000% 05/01/2025                        | 23,289                             |               | 24,464               |
|     | FGOLD 15YR GIANT 4.000% 05/01/2026                        | 2,062                              |               | 2,165                |
|     | FGOLD 15YR GIANT 4.000% 06/01/2026                        | 68,440                             |               | 71,884               |
|     | FGOLD 15YR GIANT 4.000% 07/01/2026                        | 36,102                             |               | 38,032               |
|     | FGOLD 15YR GIANT 4.000% 12/01/2025                        | 1,143                              |               | 1,204                |
|     | FGOLD 15YR GIANT 4.000% 12/01/2026                        | 11,649                             |               | 12,231               |
|     | FHLMC 15YR UMBS 2.000% 08/01/2035                         | 1,767,719                          |               | 1,812,177            |
|     | FHLMC 15YR UMBS 2.000% 08/01/2035                         | 2,001,937                          |               | 2,052,286            |
|     | FHLMC 15YR UMBS 3.000% 12/01/2034                         | 418,459                            |               | 440,259              |
|     | FHLMC 15YR UMBS 3.000% 12/01/2034                         | 608,810                            |               | 640,138              |
|     | FHLMC 15YR UMBS MIRROR 2.500% 05/01/2033                  | 333,797                            |               | 345,852              |
|     | FHLMC 15YR UMBS MIRROR 2.500% 07/01/2032                  | 151,367                            |               | 157,172              |
|     | FHLMC 15YR UMBS MIRROR 2.500% 11/01/2032                  | 317,815                            |               | 330,027              |
|     | FHLMC 15YR UMBS MIRROR 3.000% 03/01/2031                  | 362,817                            |               | 381,700              |
|     | FHLMC 15YR UMBS MIRROR 3.000% 04/01/2034                  | 95,591                             |               | 100,377              |
|     | FHLMC 15YR UMBS SUPER 2.000% 05/01/2035                   | 982,146                            |               | 1,006,847            |
|     | FHLMC 15YR UMBS SUPER 2.000% 06/01/2035                   | 424,597                            |               | 436,366              |
|     | FHLMC 15YR UMBS SUPER 2.000% 09/01/2035                   | 1,500,755                          |               | 1,538,500            |
|     | FHLMC 15YR UMBS SUPER 2.000% 10/01/2035                   | 1,591,029                          |               | 1,631,043            |
|     | FHLMC 15YR UMBS SUPER 2.500% 08/01/2034                   | 516,330                            |               | 534,835              |
|     | FHLMC 15YR UMBS SUPER 2.500% 10/01/2034                   | 81,953                             |               | 84,898               |
|     | FHLMC 15YR UMBS SUPER 2.500% 12/01/2034                   | 381,101                            |               | 394,814              |
|     | FHLMC 15YR UMBS SUPER 3.000% 01/01/2034                   | 197,152                            |               | 206,933              |
|     | FHLMC 5/1 HYBRID ARM 1.972% 12/01/2036 VARIABLE           | 19,471                             |               | 20,435               |
|     | FHLMC_K018 2.789% 01/25/2022                              | 38,118                             |               | 38,122               |
|     | FHLMC_K019 2.272% 03/25/2022                              | 390,155                            |               | 390,332              |
|     | FHLMC_K037 2.592% 04/25/2023                              | 187,181                            |               | 189,532              |
|     | FHLMC_K039 2.683% 12/25/2023                              | 365,907                            |               | 372,016              |
|     | FHLMC_K040 2.768% 04/25/2024                              | 376,002                            |               | 385,500              |
|     | FHLMC_K050 2.802% 01/25/2025                              | 689,503                            |               | 707,022              |
|     | FHLMC_K736 1.895% 06/25/2025                              | 1,749,648                          |               | 1,772,399            |
|     | FHLMC_T-13 6.085% 09/25/2029                              | 37                                 |               | 37                   |
|     | FGOLD 15YR GIANT 3.000% 09/01/2030                        | 156,654                            |               | 164,834              |
|     | FGOLD 15YR GIANT 3.500% 03/01/2030                        | 28,201                             |               | 29,873               |
|     | FNMA 15YR 3.500% 01/01/2026                               | 18,962                             |               | 19,971               |
|     | FNMA 15YR 3.500% 01/01/2026                               | 1,787                              |               | 1,880                |
|     | FNMA 15YR 3.500% 01/01/2026                               | 20,476                             |               | 21,559               |
|     | FNMA 15YR 3.500% 02/01/2026                               | 45,670                             |               | 48,119               |
|     | FNMA 15YR 3.500% 03/01/2026                               | 126,513                            |               | 133,305              |
|     | FNMA 15YR 3.500% 09/01/2026                               | 55,954                             |               | 58,959               |

\* Indicates Party-in-interest

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**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2021**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value |
|-----|-----------------------------------------------------------|------------------------------------|---------------|----------------------|
|     | FNMA 15YR 3.500% 10/01/2025                               | 35,098                             |               | 36,951               |
|     | FNMA 15YR 3.500% 10/01/2025                               | 473                                |               | 498                  |
|     | FNMA 15YR 3.500% 10/01/2025                               | 401                                |               | 422                  |
|     | FNMA 15YR 3.500% 10/01/2025                               | 84,891                             |               | 89,381               |
|     | FNMA 15YR 3.500% 10/01/2025                               | 59,125                             |               | 62,288               |
|     | FNMA 15YR 3.500% 10/01/2025                               | 82,377                             |               | 86,784               |
|     | FNMA 15YR 3.500% 11/01/2025                               | 34,112                             |               | 35,911               |
|     | FNMA 15YR 3.500% 11/01/2025                               | 4,735                              |               | 4,984                |
|     | FNMA 15YR 3.500% 11/01/2025                               | 4,320                              |               | 4,550                |
|     | FNMA 15YR 3.500% 12/01/2025                               | 7,724                              |               | 8,128                |
|     | FNMA 15YR 4.000% 02/01/2025                               | 97                                 |               | 101                  |
|     | FNMA 15YR 4.000% 04/01/2025                               | 4,370                              |               | 4,589                |
|     | FNMA 15YR 4.000% 05/01/2025                               | 20,355                             |               | 21,375               |
|     | FNMA 15YR 4.000% 06/01/2025                               | 33,975                             |               | 35,677               |
|     | FNMA 15YR 4.000% 06/01/2025                               | 2,981                              |               | 3,131                |
|     | FNMA 15YR 4.000% 09/01/2024                               | 13,569                             |               | 14,242               |
|     | FNMA 15YR 4.500% 02/01/2025                               | 26,433                             |               | 27,543               |
|     | FNMA 15YR 4.500% 03/01/2023                               | 351                                |               | 364                  |
|     | FNMA 15YR 4.500% 05/01/2024                               | 487                                |               | 505                  |
|     | FNMA 15YR 4.500% 10/01/2024                               | 13,681                             |               | 14,225               |
|     | FNMA 15YR 5.000% 02/01/2023                               | 1,556                              |               | 1,603                |
|     | FNMA 15YR 5.000% 02/01/2024                               | 10,518                             |               | 10,851               |
|     | FNMA 15YR 5.000% 05/01/2023                               | 7,777                              |               | 8,018                |
|     | FNMA 15YR 5.000% 05/01/2023                               | 6,293                              |               | 6,484                |
|     | FNMA 15YR 5.000% 06/01/2023                               | 5,711                              |               | 5,885                |
|     | FNMA 15YR 5.000% 11/01/2023                               | 2,937                              |               | 3,056                |
|     | FNMA 30YR 6.000% 11/01/2028                               | 6,604                              |               | 7,239                |
|     | FNMA 30YR 6.500% 04/01/2032                               | 6,679                              |               | 7,368                |
|     | FNMA 30YR 6.500% 04/01/2032                               | 3,352                              |               | 3,698                |
|     | FNMA 30YR 7.000% 07/01/2028                               | 3,751                              |               | 3,764                |
|     | FNMA 10/1 HYBRID ARM 1.710% 10/01/2034 VARIABLE           | 1,096                              |               | 1,128                |
|     | FNMA 10/1 HYBRID ARM 2.090% 12/01/2033 VARIABLE           | 780                                |               | 808                  |
|     | FNMA 15YR 2.500% 02/01/2033                               | 647,348                            |               | 672,506              |
|     | FNMA 15YR 3.000% 01/01/2030                               | 57,306                             |               | 60,135               |
|     | FNMA 15YR 3.000% 01/01/2031                               | 107,452                            |               | 112,512              |
|     | FNMA 15YR 3.000% 01/01/2032                               | 231,064                            |               | 243,066              |
|     | FNMA 15YR 3.000% 01/01/2033                               | 475,684                            |               | 500,282              |
|     | FNMA 15YR 3.000% 01/01/2034                               | 491,025                            |               | 515,379              |
|     | FNMA 15YR 3.000% 02/01/2029                               | 231,392                            |               | 242,759              |
|     | FNMA 15YR 3.000% 02/01/2030                               | 140,872                            |               | 147,711              |
|     | FNMA 15YR 3.000% 02/01/2031                               | 281,895                            |               | 296,182              |
|     | FNMA 15YR 3.000% 02/01/2031                               | 237,615                            |               | 249,820              |
|     | FNMA 15YR 3.000% 02/01/2034                               | 169,349                            |               | 177,953              |

\* Indicates Party-in-interest

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**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2021**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value |
|-----|-----------------------------------------------------------|------------------------------------|---------------|----------------------|
|     | FNMA 15YR 3.000% 03/01/2031                               | 562,697                            |               | 591,532              |
|     | FNMA 15YR 3.000% 03/01/2031                               | 41,073                             |               | 43,124               |
|     | FNMA 15YR 3.000% 03/01/2033                               | 135,746                            |               | 142,725              |
|     | FNMA 15YR 3.000% 04/01/2031                               | 91,095                             |               | 95,750               |
|     | FNMA 15YR 3.000% 04/01/2031                               | 225,776                            |               | 237,497              |
|     | FNMA 15YR 3.000% 04/01/2032                               | 153,146                            |               | 161,140              |
|     | FNMA 15YR 3.000% 05/01/2031                               | 147,907                            |               | 155,585              |
|     | FNMA 15YR 3.000% 06/01/2030                               | 231,405                            |               | 243,362              |
|     | FNMA 15YR 3.000% 06/01/2032                               | 109,560                            |               | 115,282              |
|     | FNMA 15YR 3.000% 06/01/2034                               | 215,707                            |               | 226,364              |
|     | FNMA 15YR 3.000% 07/01/2030                               | 31,647                             |               | 33,286               |
|     | FNMA 15YR 3.000% 07/01/2032                               | 207,259                            |               | 217,932              |
|     | FNMA 15YR 3.000% 07/01/2032                               | 173,742                            |               | 182,804              |
|     | FNMA 15YR 3.000% 09/01/2029                               | 72,215                             |               | 76,591               |
|     | FNMA 15YR 3.000% 09/01/2031                               | 353,016                            |               | 370,822              |
|     | FNMA 15YR 3.000% 09/01/2032                               | 913,039                            |               | 961,715              |
|     | FNMA 15YR 3.000% 09/01/2033                               | 290,682                            |               | 305,146              |
|     | FNMA 15YR 3.000% 10/01/2030                               | 174,853                            |               | 183,884              |
|     | FNMA 15YR 3.000% 10/01/2030                               | 171,468                            |               | 180,221              |
|     | FNMA 15YR 3.000% 10/01/2030                               | 188,180                            |               | 197,920              |
|     | FNMA 15YR 3.000% 10/01/2031                               | 78,005                             |               | 82,063               |
|     | FNMA 15YR 3.000% 11/01/2030                               | 114,022                            |               | 119,561              |
|     | FNMA 15YR 3.000% 11/01/2031                               | 429,245                            |               | 451,259              |
|     | FNMA 15YR 3.000% 11/01/2031                               | 230,881                            |               | 242,878              |
|     | FNMA 15YR 3.000% 11/01/2033                               | 398,308                            |               | 418,042              |
|     | FNMA 15YR 3.000% 11/01/2033                               | 233,518                            |               | 245,136              |
|     | FNMA 15YR 3.500% 01/01/2026                               | 2,370                              |               | 2,497                |
|     | FNMA 15YR 3.500% 01/01/2026                               | 37,106                             |               | 39,090               |
|     | FNMA 15YR 3.500% 01/01/2027                               | 55,824                             |               | 58,830               |
|     | FNMA 15YR 3.500% 01/01/2027                               | 11,852                             |               | 12,484               |
|     | FNMA 15YR 3.500% 01/01/2029                               | 3,331                              |               | 3,526                |
|     | FNMA 15YR 3.500% 01/01/2030                               | 140,703                            |               | 148,553              |
|     | FNMA 15YR 3.500% 01/01/2034                               | 309,903                            |               | 327,308              |
|     | FNMA 15YR 3.500% 02/01/2026                               | 24,441                             |               | 25,745               |
|     | FNMA 15YR 3.500% 02/01/2026                               | 6,906                              |               | 7,275                |
|     | FNMA 15YR 3.500% 02/01/2026                               | 70,068                             |               | 73,825               |
|     | FNMA 15YR 3.500% 02/01/2029                               | 7,112                              |               | 7,525                |
|     | FNMA 15YR 3.500% 02/01/2029                               | 119,212                            |               | 126,128              |
|     | FNMA 15YR 3.500% 02/01/2030                               | 110,666                            |               | 116,970              |
|     | FNMA 15YR 3.500% 02/01/2031                               | 120,610                            |               | 127,180              |
|     | FNMA 15YR 3.500% 02/01/2032                               | 131,634                            |               | 139,258              |
|     | FNMA 15YR 3.500% 02/01/2033                               | 246,420                            |               | 260,701              |
|     | FNMA 15YR 3.500% 02/01/2034                               | 104,333                            |               | 110,194              |

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**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2021**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value |
|-----|-----------------------------------------------------------|------------------------------------|---------------|----------------------|
|     | FNMA 15YR 3.500% 03/01/2032                               | 61,652                             |               | 64,896               |
|     | FNMA 15YR 3.500% 03/01/2033                               | 92,212                             |               | 97,495               |
|     | FNMA 15YR 3.500% 04/01/2026                               | 375                                |               | 395                  |
|     | FNMA 15YR 3.500% 04/01/2026                               | 7,242                              |               | 7,629                |
|     | FNMA 15YR 3.500% 04/01/2026                               | 35,229                             |               | 37,104               |
|     | FNMA 15YR 3.500% 04/01/2027                               | 10,789                             |               | 11,411               |
|     | FNMA 15YR 3.500% 04/01/2030                               | 37,997                             |               | 40,232               |
|     | FNMA 15YR 3.500% 04/01/2030                               | 43,206                             |               | 45,756               |
|     | FNMA 15YR 3.500% 04/01/2033                               | 7,300                              |               | 7,718                |
|     | FNMA 15YR 3.500% 04/01/2034                               | 271,947                            |               | 287,477              |
|     | FNMA 15YR 3.500% 05/01/2033                               | 8,124                              |               | 8,591                |
|     | FNMA 15YR 3.500% 06/01/2026                               | 1,837                              |               | 1,935                |
|     | FNMA 15YR 3.500% 06/01/2027                               | 26,262                             |               | 27,633               |
|     | FNMA 15YR 3.500% 06/01/2029                               | 48,509                             |               | 51,355               |
|     | FNMA 15YR 3.500% 06/01/2030                               | 88,292                             |               | 93,547               |
|     | FNMA 15YR 3.500% 06/01/2032                               | 198,694                            |               | 210,246              |
|     | FNMA 15YR 3.500% 07/01/2029                               | 78,445                             |               | 83,037               |
|     | FNMA 15YR 3.500% 07/01/2032                               | 156,330                            |               | 165,378              |
|     | FNMA 15YR 3.500% 08/01/2026                               | 1,813                              |               | 1,910                |
|     | FNMA 15YR 3.500% 08/01/2026                               | 16,281                             |               | 17,216               |
|     | FNMA 15YR 3.500% 08/01/2027                               | 20,519                             |               | 21,724               |
|     | FNMA 15YR 3.500% 08/01/2029                               | 134,567                            |               | 142,393              |
|     | FNMA 15YR 3.500% 08/01/2029                               | 182,798                            |               | 192,421              |
|     | FNMA 15YR 3.500% 08/01/2032                               | 185,375                            |               | 195,984              |
|     | FNMA 15YR 3.500% 08/01/2032                               | 122,878                            |               | 130,004              |
|     | FNMA 15YR 3.500% 08/01/2033                               | 74,715                             |               | 79,031               |
|     | FNMA 15YR 3.500% 08/01/2033                               | 74,703                             |               | 78,853               |
|     | FNMA 15YR 3.500% 09/01/2026                               | 7,403                              |               | 7,800                |
|     | FNMA 15YR 3.500% 09/01/2026                               | 8,320                              |               | 8,767                |
|     | FNMA 15YR 3.500% 09/01/2028                               | 9,405                              |               | 9,901                |
|     | FNMA 15YR 3.500% 09/01/2029                               | 245,106                            |               | 259,496              |
|     | FNMA 15YR 3.500% 09/01/2029                               | 103,916                            |               | 109,694              |
|     | FNMA 15YR 3.500% 09/01/2033                               | 500,768                            |               | 528,027              |
|     | FNMA 15YR 3.500% 10/01/2026                               | 190,483                            |               | 200,605              |
|     | FNMA 15YR 3.500% 10/01/2026                               | 13,002                             |               | 13,682               |
|     | FNMA 15YR 3.500% 10/01/2026                               | 49,283                             |               | 51,933               |
|     | FNMA 15YR 3.500% 10/01/2026                               | 474                                |               | 499                  |
|     | FNMA 15YR 3.500% 10/01/2028                               | 54,699                             |               | 57,874               |
|     | FNMA 15YR 3.500% 10/01/2029                               | 42,583                             |               | 44,919               |
|     | FNMA 15YR 3.500% 11/01/2025                               | 47,915                             |               | 50,439               |
|     | FNMA 15YR 3.500% 11/01/2026                               | 414                                |               | 441                  |
|     | FNMA 15YR 3.500% 11/01/2026                               | 104,807                            |               | 110,426              |
|     | FNMA 15YR 3.500% 11/01/2028                               | 81,861                             |               | 86,654               |

\* Indicates Party-in-interest

\*\* Cost information not required for participant-directed investments

\*\*\* The Self-Directed Brokerage Account includes Party-in-interest investment options

**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2021**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value |
|-----|-----------------------------------------------------------|------------------------------------|---------------|----------------------|
|     | FNMA 15YR 3.500% 12/01/2025                               | 9,605                              |               | 10,111               |
|     | FNMA 15YR 3.500% 12/01/2028                               | 53,638                             |               | 56,744               |
|     | FNMA 15YR 3.500% 12/01/2028                               | 8,369                              |               | 8,860                |
|     | FNMA 15YR 3.500% 12/01/2029                               | 17,593                             |               | 18,574               |
|     | FNMA 15YR 3.500% 12/01/2032                               | 260,432                            |               | 276,231              |
|     | FNMA 15YR 4.000% 01/01/2029                               | 19,800                             |               | 20,829               |
|     | FNMA 15YR 4.000% 01/01/2029                               | 19,800                             |               | 20,829               |
|     | FNMA 15YR 4.000% 01/01/2029                               | 19,800                             |               | 20,829               |
|     | FNMA 15YR 4.000% 01/01/2029                               | 19,800                             |               | 20,829               |
|     | FNMA 15YR 4.000% 07/01/2025                               | 3,547                              |               | 3,724                |
|     | FNMA 15YR 4.000% 08/01/2026                               | 3,877                              |               | 4,071                |
|     | FNMA 15YR 4.000% 09/01/2025                               | 1,126                              |               | 1,181                |
|     | FNMA 15YR 4.000% 11/01/2026                               | 25,813                             |               | 27,154               |
|     | FNMA 15YR 4.500% 05/01/2024                               | 5,922                              |               | 6,159                |
|     | FNMA 15YR 5.000% 02/01/2023                               | 1,604                              |               | 1,653                |
|     | FNMA 15YR 5.000% 04/01/2024                               | 1,320                              |               | 1,361                |
|     | FNMA 15YR UMBS 2.000% 05/01/2035                          | 1,324,413                          |               | 1,361,038            |
|     | FNMA 15YR UMBS 2.000% 06/01/2035                          | 1,066,789                          |               | 1,093,619            |
|     | FNMA 15YR UMBS 2.000% 07/01/2035                          | 1,221,134                          |               | 1,251,846            |
|     | FNMA 15YR UMBS 2.000% 08/01/2035                          | 1,614,932                          |               | 1,655,548            |
|     | FNMA 15YR UMBS 2.500% 02/01/2035                          | 339,908                            |               | 352,129              |
|     | FNMA 15YR UMBS 2.500% 05/01/2035                          | 1,243,744                          |               | 1,286,145            |
|     | FNMA 15YR UMBS 2.500% 08/01/2034                          | 353,673                            |               | 365,724              |
|     | FNMA 15YR UMBS 2.500% 09/01/2034                          | 126,126                            |               | 130,403              |
|     | FNMA 15YR UMBS 2.500% 10/01/2034                          | 684,610                            |               | 707,842              |
|     | FNMA 15YR UMBS 2.500% 12/01/2034                          | 265,149                            |               | 274,685              |
|     | FNMA 15YR UMBS 3.000% 07/01/2034                          | 293,138                            |               | 306,454              |
|     | FNMA 15YR UMBS 3.000% 12/01/2034                          | 530,821                            |               | 556,083              |
|     | FNMA 15YR UMBS SUPER 2.000% 07/01/2035                    | 1,099,293                          |               | 1,126,941            |
|     | FNMA 15YR UMBS SUPER 2.000% 09/01/2035                    | 1,858,369                          |               | 1,905,107            |
|     | FNMA 15YR UMBS SUPER 2.000% 10/01/2035                    | 1,979,259                          |               | 2,029,038            |
|     | FNMA 6M LIBOR ARM 1.538% 03/01/2034 VARIABLE              | 15,291                             |               | 15,599               |
|     | FNMA 6M LIBOR ARM 1.540% 11/01/2032 VARIABLE              | 4,917                              |               | 4,955                |
|     | FNMA 6M LIBOR ARM 1.665% 12/01/2032 VARIABLE              | 14,457                             |               | 14,533               |
|     | FNMA 6M LIBOR ARM 1.667% 09/01/2035 VARIABLE              | 24,065                             |               | 24,680               |
|     | FNMA 7/1 HYBRID ARM 1.918% 01/01/2034 VARIABLE            | 6,472                              |               | 6,505                |
|     | FNMA 7/1 HYBRID ARM 1.995% 03/01/2036 VARIABLE            | 3,114                              |               | 3,231                |
|     | FNMA 7/1 HYBRID ARM 2.044% 01/01/2036 VARIABLE            | 643                                |               | 667                  |
|     | FNMA MEGA 15YR REMIC-BACKED 3.500% 11/01/2025             | 72,551                             |               | 76,434               |
|     | FNMA_03-W11 2.993% 06/25/2033 VARIABLE                    | 105                                |               | 107                  |
|     | UMBS 15YR TBA (REG B) 2.000% 01/18/2037                   | 11,600,000                         |               | 11,882,750           |
|     | UMBS 15YR TBA (REG B) 2.500% 01/18/2037                   | 17,400,000                         |               | 17,990,648           |
|     | FHLMC_K025 2.682% 10/25/2022                              | 497,840                            |               | 504,388              |

\* Indicates Party-in-interest

\*\* Cost information not required for participant-directed investments

\*\*\* The Self-Directed Brokerage Account includes Party-in-interest investment options

**Ameriprise Financial 401(k) Plan**  
**Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)**  
**December 31, 2021**

| (a)      | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Shares/Units<br>or Face Amount | (d)<br>Cost** | (e)<br>Current Value    |
|----------|-----------------------------------------------------------|------------------------------------|---------------|-------------------------|
|          | FHLMC_K030 3.250% 04/25/2023                              | 523,006                            |               | 536,601                 |
|          | FHLMC_K032 3.310% 05/25/2023                              | 2,175,000                          |               | 2,244,026               |
|          | FHLMC_K043 2.532% 10/25/2023                              | 145,427                            |               | 147,829                 |
|          | FHLMC_K066 2.797% 12/25/2026                              | 581,535                            |               | 606,996                 |
|          | FHLMC_K092 3.125% 10/25/2028                              | 358,664                            |               | 383,917                 |
|          | FHLMC_K725 2.666% 05/25/2023                              | 191,896                            |               | 193,137                 |
|          | Total investment contracts                                |                                    |               | 196,985,332             |
|          | <b>Wrapper Contracts</b>                                  |                                    |               |                         |
|          | American General- 698492                                  |                                    |               | 3,174                   |
|          | American United Life - S00031                             |                                    |               | 585                     |
|          | JP Morgan Chase                                           |                                    |               | 2,829                   |
|          | Prudential - GA-64293                                     |                                    |               | 1,771                   |
|          | TRANSAMERICA - MDA00723TR                                 |                                    |               | 511                     |
|          | TRANSAMERICA - MDA00724TR                                 |                                    |               | 3,369                   |
|          | Total wrapper contracts                                   |                                    |               | 12,239                  |
|          | Total fully benefit-responsive investment contracts       |                                    |               | 196,997,571             |
| <b>*</b> | <b>Loans to Participants</b>                              |                                    |               |                         |
|          | Various Loans, 3.25% — 9.95% due through 2051             |                                    |               | 27,058,208              |
|          | Less: Deemed distributions                                |                                    |               | (193,799)               |
|          | Net participant loans                                     |                                    |               | 26,864,409              |
|          | <b>Assets Held at End of Year per Form 5500</b>           |                                    |               | <b>\$ 3,178,600,183</b> |

\* Indicates Party-in-interest

\*\* Cost information not required for participant-directed investments

\*\*\* The Self-Directed Brokerage Account includes Party-in-interest investment options

## SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Employee Benefits Administration Committee has duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

AMERIPRISE FINANCIAL, INC.

(Registrant)

Date: June 29, 2022

By /s/ Michelle Rudlong

Michelle Rudlong

Delegate

Employee Benefits Administration Committee

## EXHIBIT INDEX

| Exhibit              | Description                                                                           |
|----------------------|---------------------------------------------------------------------------------------|
| <a href="#">23.1</a> | Consent of PricewaterhouseCoopers LLP, Independent Registered Public Accounting Firm. |

**Consent of Independent Registered Public Accounting Firm**

We hereby consent to the incorporation by reference in the Registration Statements on Form S-8 (No. 333-128790, No. 333-156074 and No. 333-238913) of Ameriprise Financial, Inc. of our report dated June 29, 2022 relating to the financial statements and supplemental schedule of Ameriprise Financial 401(k) Plan, which appears in this Form 11-K.

/s/ PricewaterhouseCoopers LLP  
Minneapolis, Minnesota  
June 29, 2022

|                         |                                         |
|-------------------------|-----------------------------------------|
| <b>Plan Name</b>        | <b>AMERIPRISE FINANCIAL 401(K) PLAN</b> |
| <b>Plan Sponsor EIN</b> | <b>13-3180631</b>                       |
| <b>ERISA Plan No.</b>   | <b>001</b>                              |
| <b>Plan Year End</b>    | <b>12/31/2021</b>                       |

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

| <b>Form/Schedule</b> | <b>Line Item</b> | <b>Description</b>                       |
|----------------------|------------------|------------------------------------------|
| 5500 Schedule H      | Line 4i          | Schedule of Assets (Held at End of Year) |