

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AMERIPRISE FINANCIAL RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 10/01/2005
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMERIPRISE FINANCIAL, INC. 360 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474
2b	Employer Identification Number (EIN) 13-3180631
2c	Plan Sponsor's telephone number 612-671-3131
2d	Business code (see instructions) 523900

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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2025	MICHELLE RUDLONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor AMERIPRISE FINANCIAL EMPLOYEE BENEFITS ADMINISTRATION COMMITTEE 360 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474		3b Administrator's EIN 20-5069670	
		3c Administrator's telephone number 612-671-8617	
4 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: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	10025
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h	5231 4747 506 4039 9292 113 9405 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached <u>0</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan AMERIPRISE FINANCIAL RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERIPRISE FINANCIAL, INC.	D Employer Identification Number (EIN) 13-3180631
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	742644809	
b	Actuarial value	2b	769808187	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	542	40314137	40314137
b	For terminated vested participants	4270	298060529	298060529
c	For active participants	5231	431276359	431276359
d	Total	10043	769651025	769651025
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.24 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	26781528	
b	Expected plan-related expenses	6b	1900000	
c	Target normal cost	6c	28681528	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary KURTT A RICHMAN, F.S.A., E.A. Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 8400 NORMANDALE LAKE BOULEVARD SUITE 1700 BLOOMINGTON, MN 55437-3837 Address of the firm	06/20/2025 Date 23-05123 Most recent enrollment number 952-842-7000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	26422
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	26422
10	Interest on line 9 using prior year's actual return of <u>15.48</u> %	0	4090
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1894637
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		102500
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1997137
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	30512

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.01 %
15	Adjusted funding target attainment percentage	15	100.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/13/2025	16000000	0			
05/13/2025	15000000	0			
Totals ►			18(b)	31000000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	28669137
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	28681528
b Excess assets, if applicable, but not greater than line 31a		31b	126650
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	28554878
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	28554878
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	28669137
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	114259
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan AMERIPRISE FINANCIAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIPRISE FINANCIAL, INC.	D Employer Identification Number (EIN) 13-3180631	

Part I	Service Provider Information (see instructions)
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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) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NATIONAL FINANCIAL SERVICES
04-3523567

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN REALTY ADVISORS, LLC
33-0123114

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

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

ARTISAN PARTNERS LTD PARTNERSHIP

30-0551775

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

SUSTAINABLE GROWTH ADVISORS

05-0571266

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

BEACH POINT CAPITAL MANAGEMENT LP

80-0242162

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

PIMCO

33-0629048

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

BNY MELLON INVESTMENT ADVISOR, INC

13-5673135

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

MFS FINANCIAL SERVICES COMPANY

04-2747644

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

BOSTON PARTNERS TRUST COMPANY

26-4550044

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

BOSTON PARTNERS GLOBAL INVESTMENTS

98-0202744

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

BLACKROCK INSTITUTIONAL TRUST CO.NA

94-3112180

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

EVANSTON CAPITAL MANAGEMENT LLC

98-0464288

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

NORTHERN TRUST SECURITIES, INC.

36-3010241

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

BANK OF NEW YORK MELLON

13-5160382

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

LAZARD ASSET MANAGEMENT

05-0530199

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

GREAT GRAY TRUST CO, LLC

92-1941236

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

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

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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50	SERVICE PROVIDER	530028	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIDELITY INSTITUTIONAL ASSET MGMT

20-1733361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	409855	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MORGAN STANLEY INVESTMENT MGMT

13-3040307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	335286	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

KENNEDY CAPITAL MANAGEMENT LLC

43-1225960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	SERVICE PROVIDER	334430	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	SERVICE PROVIDER	271001	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	SERVICE PROVIDER	145166	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PRINCIPAL TRUST CO.

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 21 25 50	SERVICE PROVIDER	105720	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TOWERS WATSON DELAWARE INC.

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	SERVICE PROVIDER	81209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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 (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	

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)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan AMERIPRISE FINANCIAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMERIPRISE FINANCIAL, INC.	D Employer Identification Number (EIN) 13-3180631

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY INTERNATIONAL EQUITY		
b Name of sponsor of entity listed in (a): MORGAN STANLEY		
c EIN-PN 04-3222247-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48301649
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST US HIGH YLD BOND FD		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST CO.		
c EIN-PN 41-0007957-067	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28960330
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): BOSTON PARTNERS TRUST COMPANY		
c EIN-PN 61-1603964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52957643
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES LC GROWTH		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 84-6391546-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58798500
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST EMERG MARKET OPFR FD		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST CO.		
c EIN-PN 81-4389578-093	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24923483
a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-3653822-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52588011
a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS COLLECTIVE INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 45-1286900-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39506596

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST LARGE CAP GROWTH FD		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST CO.		
c EIN-PN 87-1921670-081	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51791916
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST LARGE CAP VALUE FUND		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST CO.		
c EIN-PN 87-1650899-183	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53281026
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK STIF		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19122526
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST CORE BOND FUND		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST CO.		
c EIN-PN 87-2266418-220	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD/WILMINGTON EMERG MKT EQUITY		
b Name of sponsor of entity listed in (a): WILMINGTON TRUST, NATIONAL ASSOCIATION		
c EIN-PN 86-1758580-674	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33527590
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INTERMEDIATE GOVT BOND IN		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 26-3774255-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40772895
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LONG TERM GOVT BOND NL		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 26-3774476-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41512966
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK U.S STRIPS 20+ YEAR BOND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 82-2249590-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76426395
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e 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):		
c EIN-PN	d Entity code	e 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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
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**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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan AMERIPRISE FINANCIAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIPRISE FINANCIAL, INC.	D Employer Identification Number (EIN) 13-3180631	

Part I	Asset and Liability Statement		
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
a Total noninterest-bearing cash	1a	2566	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	37000000	31000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	459659	279082
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	84008765	104740060
(5) Partnership/joint venture interests	1c(5)	23022033	26282592
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	494419750	622471526
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	81479161	74866499
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	24024466	21856974

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	744416400	881496733
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	495081	83934
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	495081	83934
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	743921319	881412799

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	31000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		31000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1320686	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	664790	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1985476
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1480606	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1010642	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		2491248
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	52345633	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	46820669	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5524964
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	18562463	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		114632265
(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)		13643674
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		187840090

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	46458272	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		46458272
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	635747	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2210982	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	81209	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	962400	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3890338
j Total expenses. Add all expense amounts in column (b) and enter total	2j		50348610

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		137491480
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 LLP

(2) EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
c 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.)		☒	
d 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.)		☒	
e Was this plan covered by a fidelity bond?	☒		410000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g 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?		☒	
h 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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j 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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.			

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 540499.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan AMERIPRISE FINANCIAL RETIREMENT PLAN	B Three-digit plan number (PN) 002	
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIPRISE FINANCIAL, INC.	D Employer Identification Number (EIN) 13-3180631	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 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): EIN(s): 51-0099493 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	603

Part II	Funding Information (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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes	☒ No	☐ N/A
5 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. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c 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)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 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?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 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.	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
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.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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) 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) 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)	14a 14b 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
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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) and (b): a Enter the percentage of plan assets held as: Public Equity: <u>69.0</u> % Private Equity: <u>0.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>23.0</u> % High-Yield Debt: <u>4.0</u> % Real Assets: <u>0.0</u> % Cash or Cash Equivalents: <u>2.0</u> % Other: <u>2.0</u> % b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A 22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.	
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Ameriprise Financial Retirement Plan
Financial Statements and Supplemental Schedules

September 30, 2024 and 2023
with Report of Independent Auditors

Ameriprise Financial Retirement Plan
Financial Statements and Supplemental Schedules

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Report of Independent Auditors

To the Administrator of Ameriprise Financial Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Ameriprise Financial Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of September 30, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter – Supplemental Schedules Required by ERISA

Schedule H, line 4i - Schedule of Assets (Held at End of Year) and (Acquired and Disposed of Within Year) as of September 30, 2024 and Schedule H, line 4j - Schedule of Reportable Transactions (Series of Transactions) for the year ended September 30, 2024 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

Minneapolis, Minnesota
June 25, 2025

Ameriprise Financial Retirement Plan

Statements of Net Assets Available for Benefits

	September 30,	
	2024	2023
Assets		
Cash	\$ —	\$ 2,566
Investments at fair value	850,217,651	706,954,175
Interest and dividends receivable	174,765	153,071
Due from brokers	104,317	306,588
Contributions receivable	31,000,000	37,000,000
Total assets	881,496,733	744,416,400
Liabilities		
Due to brokers	83,934	495,081
Net assets available for benefits	<u>\$ 881,412,799</u>	<u>\$ 743,921,319</u>

See Notes to Financial Statements.

Ameriprise Financial Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended September 30,	
	2024	2023
Employer contributions	\$ 31,000,000	\$ 37,000,000
Net investment income:		
Interest	1,320,686	867,195
Dividends	2,491,248	3,294,261
Other investment income	664,790	794,447
Net realized/unrealized appreciation	152,363,366	91,387,988
Total net investment income	156,840,090	96,343,891
Total contributions and net investment income	187,840,090	133,343,891
Benefits paid	46,458,272	42,348,649
Administrative expenses	3,890,338	7,856,596
Total benefits paid and administrative expenses	50,348,610	50,205,245
Net increase in net assets available for benefits	137,491,480	83,138,646
Net assets available for benefits at beginning of year	743,921,319	660,782,673
Net assets available for benefits at end of year	<u>\$ 881,412,799</u>	<u>\$ 743,921,319</u>

See Notes to Financial Statements.

Ameriprise Financial Retirement Plan
Notes to Financial Statements
September 30, 2024

1. Description of the Plan

General

The Ameriprise Financial Retirement Plan (the “Plan”), which became effective October 1, 2005, is a noncontributory defined benefit plan covering employees of Ameriprise Financial, Inc. (the “Company”) and its participating subsidiaries as defined in the Plan. Effective April 2020, the Company no longer enrolls new employees in the Plan. All plan participants are fully vested.

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.

Benefits

The Plan is a cash balance plan and the participants’ accrued benefits are based on notional account balances, which are maintained for each individual. Each pay period these balances are credited with an amount equal to 2.5% to 10% of eligible compensation (“Compensation”) as defined in the Plan. Compensation includes, but is not limited to, regular earnings, performance related cash incentive pay, commissions, shift differential and overtime. The percentage of eligible compensation is dependent upon several factors including years of service determined as of April 2020 and will no longer increase.

Employee balances are also credited with a fixed rate of interest that is updated each January 1 and is based on the average of the daily five-year U.S. Treasury Note yields for the previous October 1 through November 30, with a minimum crediting rate of 5% and a maximum crediting rate of 10%. For both 2024 and 2023, the annual interest rate was 5%.

Plan Fees and Expenses

Certain expenses of administering the Plan, such as, but not limited to, recordkeeping fees, trustee fees, investment consulting fees, actuarial fees, investment manager fees, and Pension Benefit Guaranty Corporation premiums are paid from the assets of the Plan as permitted by applicable regulations. All other expenses are paid by the Company.

Funding

The Company may from time to time contribute to the Plan in order to fund the benefits provided by the Plan to participants. The Company is advised each plan year by an actuarial consulting firm as to the amount the Company is required to contribute to meet certain minimum funding requirements. For the 2023 plan year (plan year beginning on October 1, 2023), the Company had a minimum required contribution of \$31.2 million due by June 15, 2025. Subsequent to September 30, 2024, the Company contributed \$16 million on March 13, 2025 and \$15 million on May 13, 2025 for a total of \$31 million for the 2023 plan year. When accumulated with interest, these contributions fulfill the minimum funding requirement. At times when it deems it beneficial to do so, the Company may contribute more than the required minimum but does not intend to exceed the Internal Revenue Code (the “Code”) maximum deductible limit. Contributions made, if any, for the 2023 and 2022 plan years after their respective plan year-ends are included in Contributions receivable in the Statements of Net Assets Available for Benefits. Contributions by the Company may be made in cash or in any other form of assets that is acceptable to the custodian of the Plan’s assets.

Administration of Plan Assets and Parties-In-Interest

Principal Custody Solutions is the Plan’s trustee and Alight Solutions is the Plan’s recordkeeper.

Transactions involving funds administered by Principal Custody Solutions 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.

Assets of the Plan are invested in accordance with the directions of the Ameriprise Financial Benefit Plans Investment Committee (the “Committee”), whose members are appointed by appointing fiduciaries as specified in the Plan. No members of the Committee received compensation from the Plan for performing these duties. The Committee has the authority to appoint investment managers to make investment decisions.

Investment managers include: Beach Point Capital Management; BlackRock Institutional Trust Company, N.A.; Fidelity Institutional Asset Management; Kennedy Capital Management, Inc.; Morgan Stanley Asset Management Inc.; Columbia Management Investment Advisors, LLC; Ameriprise Trust Company; Boston Partners Collective Investment Trust; Loomis, Sayles & Company L.P.; Massachusetts Financial Services Company; Virtus Fund Advisors, LLC; Sustainable Growth Advisors LLC; Artisan Partners Limited

Ameriprise Financial Retirement Plan
Notes to Financial Statements
September 30, 2024

Partnership; BNY Mellon Investment Advisor; American Core Realty Advisors, LLC; Lazard Asset Management LLC; and Evanston Capital Management LLC.

Columbia Management Investment Advisors, LLC and Ameriprise Trust Company are wholly owned subsidiaries of the Company and, therefore, are related parties and parties-in-interest. Only related party and parties-in-interest fees for investment funds where a prohibited transaction exemption applies were paid by the plan; otherwise, the fees were paid by the Company.

The Plan is administered by the Ameriprise Financial Employee Benefits Administration Committee ("EBAC"), a named fiduciary of the Plan. Members of the EBAC are appointed by appointing fiduciaries as specified in the Plan. Certain administrative functions are delegated to officers or employees of the Company. No such officer or employee received compensation from the Plan for performing these duties.

Payment of Benefits

At retirement or other termination of employment, an amount equal to the vested balance which is then credited to a participant's account is payable to the participant in the form of an immediate or deferred lump sum or annuity. Vested balances up to \$7,000 will be distributed as a lump sum payment within 60 days of termination of employment. Balances up to \$1,000 will be paid directly to the participant and balances of \$1,000 to \$7,000 will be rolled over to a safe harbor individual retirement account. Terminated participants with balances greater than \$7,000 can defer payment until the required minimum distribution age.

2. Significant Accounting Policies

Basis of Presentation and Use of Estimates

The accompanying financial statements are prepared in accordance with U.S. generally accepted accounting principles ("GAAP") which 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.

Benefits Paid

Benefits paid are recorded when paid.

Valuation of Investments and Income Recognition

Investments are reported at fair value. See Note 6 for information on the Plan's accounting policies related to valuation of investments. Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded as earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as the change in fair value of investments.

The Plan's investment policy allows investment managers to use certain derivatives as substitute equivalent instruments within an asset class. As of September 30, 2024 and 2023, the Plan held no derivatives.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future estimated payments, including permissible lump-sum distributions, that are attributable under the Plan's provisions to the service that employees have earned through the valuation date. Benefits payable are based on amounts allocated to participant accounts during their period of eligible service with the Company. These allocations are calculated based on age (in some cases), service and certain compensation earned as an eligible employee.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuarial consulting firm, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used to calculate the actuarial present value of accumulated plan benefits have not changed from the prior year end and are as follows:

Mortality basis	Pri-2012, mortality table projected generationally using scale MP-2021
Average retirement age	62
Assumed annual rate of return on investments and discount rate, net of expenses paid by the plan	7.25%
Assumed interest crediting rate	5.00%

Ameriprise Financial Retirement Plan
Notes to Financial Statements
September 30, 2024

The Plan uses the latest mortality projection scale which was published by the Society of Actuaries (“SOA”) in October 2021. These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of September 30, 2023 was as follows:

Vested benefits:	
Participants currently receiving payments	\$ 34,294,638
Other vested benefits	595,894,245
	<u>630,188,883</u>
Non-vested benefits	
Total actuarial present value of accumulated plan benefits	<u>\$ 630,188,883</u>

The net increase in the actuarial present value of accumulated plan benefits for the year ended September 30, 2023 was the result of the following:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 605,066,721
Net increase (decrease) attributable to:	
Additional benefits accumulated	21,573,970
Actuarial (gains)/losses	(793,159)
Interest due to decrease in the discount period	43,923,171
Benefits paid	(42,348,649)
Assumption changes	2,766,829
Net increase	<u>25,122,162</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 630,188,883</u>

4. Plan Termination

Although the Company has no present intention to terminate the Plan, the Company periodically reviews alternative means of providing retirement benefits to its employees to take into account opportunities available under existing and newly proposed legislation. In the event of a full or partial termination, assets will be allocated in accordance with the provisions of Title IV of ERISA and any residual assets remaining after satisfaction of the Plan’s benefit liabilities shall revert to the Company. The Plan’s benefits are insured by the Pension Benefit Guaranty Corporation, up to specified limitations under applicable law.

5. Certified Financial Data

Total cash and investments of \$850,217,651 and \$706,956,741 held at September 30, 2024 and 2023, respectively, and net investment income (loss) of \$156,840,090 and \$96,343,891 for the years ended September 30, 2024 and 2023, respectively, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee. In addition, financial information presented in the attached Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions was certified as complete and accurate by the trustee.

6. 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.

Ameriprise Financial Retirement Plan
Notes to Financial Statements
September 30, 2024

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:

Asset Category	September 30, 2024			
	Level 1	Level 2	Level 3	Total
Equity securities:				
U.S. small cap stocks	\$ 94,491,252	\$ 10,248,808	\$ —	\$ 104,740,060
Registered investment companies	74,866,499	—	—	74,866,499
Collective investment funds at net asset value (“NAV”)	—	—	—	622,471,526 ⁽¹⁾
Real estate investment trusts at NAV	—	—	—	21,856,974 ⁽¹⁾
Hedge funds at NAV	—	—	—	26,282,592 ⁽¹⁾
Total	<u>\$ 169,357,751</u>	<u>\$ 10,248,808</u>	<u>\$ —</u>	<u>\$ 850,217,651</u>

Asset Category	September 30, 2023			
	Level 1	Level 2	Level 3	Total
Equity securities:				
U.S. small cap stocks	\$ 76,265,296	\$ 7,743,469	\$ —	\$ 84,008,765
Registered investment companies	81,479,161	—	—	81,479,161
Collective investment funds at NAV	—	—	—	494,419,751 ⁽¹⁾
Real estate investment trusts at NAV	—	—	—	24,024,465 ⁽¹⁾
Hedge funds at NAV	—	—	—	23,022,033 ⁽¹⁾
Total	<u>\$ 157,744,457</u>	<u>\$ 7,743,469</u>	<u>\$ —</u>	<u>\$ 706,954,175</u>

⁽¹⁾ Amounts are comprised of certain investments that are measured at fair value using the NAV (or its equivalent) as a practical expedient and have not been classified in 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. Observable inputs used to value securities can include reported trades, benchmark yields, issuer spreads and non-binding broker quotes. All other assets of the Plan are valued using NAV.

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.

Assets

Equity Securities

The fair value of equity securities classified as Level 1 use quoted prices in active markets. The fair value of equity securities classified as Level 2 is determined based on a market approach using observable inputs.

Registered Investment Companies

The fair value of mutual funds is determined by the NAV which represents the exit price. These funds are classified as Level 1 as they are traded in active markets and quoted prices are available.

Ameriprise Financial Retirement Plan
Notes to Financial Statements
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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. 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.

Real Estate Investment Trusts and Hedge Funds

The fair value of real estate investment trusts and hedge funds is determined by the NAV of the funds. The NAV is used as a practical expedient and is based upon the total net assets held by the respective fund. These funds are excluded from classification in the fair value hierarchy. The Plan has the ability to redeem its investment in the fund at the NAV on the redemption date. The purpose of investments in real estate investment trusts is to permit the financing, acquiring, constructing, renovating, owning, holding, selling, leasing, transferring, exchanging and operating, directly or indirectly, of interests in institutional grade office, retail, industrial, commercial, multi-family projects or properties. Redemption requests must be made at least 10 days prior to the end of a given calendar quarter and shall be given effect at the end of such calendar quarter. Investments in hedge funds include investments in a multi-strategy fund and an off-shore fund managed to track the performance of broad fund of fund indices. Redemption requests must be made 95 days and 65 days before the last business day of the quarter for the multi-strategy fund and offshore fund, respectively, following twelve months after the issuance of the shares. There were no unfunded commitments for the real estate investment trusts and hedge funds.

7. Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, equity market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that a change in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

8. Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service ("IRS") dated February 25, 2021 indicating that the Plan is qualified under the Code, and therefore, the related trust under the Plan is tax exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Effective January 1, 2017, 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 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 that it is no longer subject to income tax examinations for years prior to 2020.

9. 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 June 25, 2025, the date the financial statements were available to be issued.

**Ameriprise Financial Retirement Plan
SUPPLEMENTAL SCHEDULES**

Schedule H, Line 4i — Schedule of Assets (Held at End of Year)

September 30, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares / Units or Face Amount	Cost	Current Value
See Attachment (Pages 13-34)	See Attachment	\$ 599,696,319	\$ 850,217,651

Information certified as complete and accurate by Principal Custody Solutions.

Schedule H, Line 4i — Schedule of Assets (Acquired and Disposed of Within Year)

September 30, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares / Units or Face Amount	Cost of Acquisition	Proceeds from Dispositions
None	—	\$ —	\$ —

Information certified as complete and accurate by Principal Custody Solutions

Ameriprise Financial Retirement Plan
SUPPLEMENTAL SCHEDULES

Schedule H, Line 4j — Schedule of Reportable Transactions (Series of Transactions)
Year Ended September 30, 2024

Category (iii) — Series of transactions in the same security in excess of 5% of the fair value of plan assets

Description of Assets	Shares/Units or Face Amount	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Principal/BlackRock Short Term Investment Fund						
	433,526,863	\$433,526,863	\$ —	\$433,526,863	\$ 433,526,863	\$ —
	431,625,480	\$ —	\$431,625,480	\$431,625,480	\$ 431,625,480	\$ —

Note: There were no category (i), (ii), or (iv) reportable transactions during the plan year ended September 30, 2024.

Information certified as complete and accurate by Principal Custody Solutions

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GENERAL INVESTMENTS			

INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)			

PF9980004 SHORT-TERM INVESTMENT FUND A S1	19,122,526.180	19,122,526	19,122,526
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)		19,122,526	19,122,526
COMMON			

000360206 AAON INC	COM PAR \$0.004 2,290.000	202,096	246,954
00402L107 ACADEMY SPORTS & OUTDOORS INC	5,970.000	122,770	348,409
00404A109 ACADIA HEALTHCARE CO INC	800.000	29,926	50,728
00508Y102 ACUITY BRANDS (HOLDING COMPANY) INC	RR. 1,072.000	108,304	295,218
005098108 ACUSHNET HOLDINGS CORP	2,925.000	197,241	186,469
00091G104 ACV AUCTIONS INC	13,260.000	205,193	269,576
00653Q102 ADAPTHEALTH CORP	27,836.000	412,887	312,598
006739106 ADDUS HOMECARE CORP	2,656.000	241,375	353,328
000899104 ADMA BIOLOGICS INC	19,701.000	157,705	393,823
00751Y106 ADVANCE AUTO PTS INC	COM 3,360.000	274,512	131,006
007973100 ADVANCED ENERGY INDS INC	2,580.000	248,419	271,519

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00760J108 AEHR TEST SYSTEMS	10,170.000	162,424	130,685
00810F106 AERSALE CORP	16,730.000	249,623	84,487
00847J105 AGILYSYS INC	2,460.000	267,679	268,066
011311107 ALAMO GROUP INC COM	3,146.000	280,574	566,689
01749D105 ALLEGRO MICROSYSTEMS INC	8,390.000	250,893	195,487
018522300 ALLETE INC	9,121.000	555,154	585,477
02083X103 ALPINE INCOME PROPERTY TRUST, INC.	12,052.000	221,976	219,346
024013104 AMERICAN ASSETS TRUST INC	9,017.000	320,647	240,934
398182303 AMERICAN HEALTHCARE REIT INC	REAL ESTATE INVESTMENT TRUST 1,690.000	33,659	44,109
029899101 AMERICAN STATES WATER COMPANY COM	4,367.000	354,828	363,727
03062T105 AMERICAS CAR-MART INC	2,890.000	195,870	121,149
001744101 AMN HEALTHCARE SERVICES INC	3,320.000	179,976	140,735
032724106 ANAPTYSBIO INC	7,400.000	178,464	247,900
00182C103 ANI PHARMACEUTICALS INC	5,514.000	185,088	328,965
03753U106 APELLIS PHARMACEUTICALS INC	4,370.000	177,892	126,031
03770N101 APOGEE THERAPEUTICS INC	4,520.000	125,372	265,505

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03820C105 APPLIED INDL TECHNOLOGIES INC COM	4,301.000	464,045	959,682
03852U106 ARAMARK	9,470.000	240,178	366,773
03940C100 ARCELLX INC	3,810.000	201,659	318,173
04041L106 ARIS WATER SOLUTION INC	36,925.000	379,157	622,925
04208T108 ARMADA HOFFLER PROPERTIES, INC.	19,710.000	218,389	213,459
04335A105 ARVINAS INC	10,520.000	431,641	259,108
04351P101 ASCENDIS PHARMA A/S	1,200.000	89,333	179,172
00191U102 ASGN INCORPORATED	4,970.000	330,186	463,353
04523Y105 ASPEN AEROGELS INC	8,370.000	196,085	231,765
045487105 ASSOCIATED BANC CORP	14,060.000	297,861	302,852
046224101 ASTEC INDS INC	4,646.000	226,251	148,393
04635X102 ASTRIA THERAPEUTICS INC	16,820.000	155,540	185,188
01741R102 ATI INC	5,610.000	213,990	375,365
642045108 ATLAS ENERGY SOLUTIONS INC	19,069.000	402,012	415,704
05280R100 AUTOLUS THERAPEUTICS PLC SPONSORED	AMERICAN DEPOSITORY RECEIPT 44,370.000	238,808	161,063
05368X102 AVIDXCHANGE HOLDINGS INC	13,140.000	148,368	106,565

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05379B107 AVISTA CORP	COM 8,306.000	311,061	321,858
054540208 AXCELIS TECHNOLOGIES INC	2,474.000	313,502	259,399
05464T104 AXSOME THERAPEUTICS INC	3,840.000	286,912	345,101
05478C105 AZEK CO INC/THE	5,950.000	263,892	278,460
002474104 AZZ INC.	10,646.000	604,257	879,466
05990K106 BANC OF CALIFORNIA INC	29,307.000	353,375	431,692
06417N103 BANK OZK	14,971.000	461,914	643,603
06652K103 BANKUNITED INC	7,613.000	259,537	277,418
067806109 BARNES GROUP INC COM	11,788.000	376,719	476,353
077454106 BELDEN INC	COM 7,458.000	682,382	873,556
07831C103 BELLRING BRANDS INC	6,842.000	170,466	415,446
09239B109 BLACKLINE INC	5,490.000	301,579	302,719
095306106 BLUE BIRD CORP	1,960.000	103,779	94,002
09627Y109 BLUEPRINT MEDICINES CORP	3,990.000	203,665	369,075
05561Q201 BOK FINANCIAL CORPORATION	COMMON STOCK 2,340.000	203,213	244,811
099406100 BOOT BARN HOLDINGS INC	2,670.000	226,022	446,638

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100557107 BOSTON BEER COMPANY INC-CL A	760.000	225,784	219,746
103002101 BOWMAN CONSULTING GROUP LTD	8,340.000	256,768	200,827
104674106 BRADY CORPORATION	3,260.000	213,605	249,814
10948C107 BRIGHTVIEW HOLDINGS, INC.	14,473.000	118,283	227,805
109641100 BRINKER INTL INC	6,480.000	374,496	495,914
109696104 BRINKS CO	5,830.000	372,538	674,181
11275Q107 BROOKFIELD INFRASTRUCTURE CORP CL A	10,240.000	386,756	444,723
117043109 BRUNSWICK CORP	3,370.000	297,719	282,473
124411109 BYLINE BANCORP INC	7,760.000	159,579	207,735
127203107 CACTUS INC	8,060.000	332,475	480,940
12740C103 CADENCE BANK	18,380.000	557,361	585,403
12763L105 CADRE HOLDING INC	9,840.000	206,598	373,428
128246105 CALAVO GROWERS INC	12,228.000	406,545	348,865
G17766109 CAMBIUM NETWORKS CORP	32,775.000	366,504	59,978
133034108 CAMDEN NATL CORP	7,240.000	272,260	299,157
13462K109 CAMPING WORLD HOLDINGS, INC.	12,180.000	270,322	295,000

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13765N107 CANNAE HOLDINGS INC	8,490.000	151,102	161,819
144285103 CARPENTER TECHNOLOGY CORP	6,320.000	457,366	1,008,546
14888U101 CATALYST PHARMACEUTICAL PARTNE	27,990.000	415,370	556,441
149568107 CAVCO INDS INC DEL	COM 1,476.000	417,612	632,082
15117B202 CELLDX THERAPEUTICS INC.,	7,880.000	334,431	267,841
M2197Q107 CELLEBRITE DI LTD	15,470.000	202,123	260,515
155923105 CENTURI HOLDINGS INC	9,620.000	235,317	155,363
15872M104 CHAMPIONX CORP	9,465.000	217,409	285,370
16115Q308 CHART INDUSTRIES INC	2,398.000	352,078	297,688
163086101 CHEFS' WAREHOUSE HOLDINGS INC	4,659.000	197,733	195,725
163851108 CHEMOURS CO/THE	7,650.000	269,438	155,448
674215207 CHORD ENERGY CORPORATION	2,320.000	350,709	302,134
171779309 CIENA CORP USD 0.01	3,700.000	184,267	227,883
172755100 CIRRUS LOGIC INC	2,800.000	196,448	347,788
17888H103 CIVITAS RESOURCES INC	11,539.000	811,020	584,681
19240Q201 COGENT BIOSCIENCES INC	20,300.000	169,325	219,240

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19239V302 COGENT COMMUNICATIONS HOLDINGS, INC	4,640.000	278,263	352,269
197236102 COLUMBIA BANKING SYSTEM INC	19,187.000	410,086	500,973
20369C106 COMMUNITY HEALTHCARE TRUST INC	13,485.000	439,509	244,753
20464U100 COMPASS INC CL A	33,470.000	204,162	204,502
20602D101 CONCENTRIX CORP	2,000.000	163,226	102,500
20786W107 CONNECTONE BANCORP, INC.	7,710.000	135,445	193,136
F21107101 CONSTELLUM SE	13,440.000	216,896	218,534
21044C107 CONSTRUCTION PARTNERS INC	4,930.000	230,426	344,114
22002T108 COPT DEFENSE PROPERTIES	REAL ESTATE INVESTMENT TRUST 7,744.000	199,913	234,876
218352102 CORCEPT THERAPEUTICS INC	COM 2,625.000	93,177	121,485
12618T105 CRA INTL INC	COM 2,550.000	104,920	447,066
224408104 CRANE HOLDINGS CO	2,160.000	129,627	341,885
224441105 CRANE NXT CO	4,530.000	165,173	254,133
22663K107 CRINETICS PHARMACEUTICALS INC	5,320.000	184,585	271,852
G2717B108 CUSHMAN & WAKEFIELD PLC	41,970.000	507,115	572,051
23282W605 CYTOKINETICS INC	4,871.000	207,198	257,189

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235825205 DANA INCORPORATED	32,731.000	472,281	345,639
252828108 DIANTHUS THERAPEUTICS INC	2,760.000	69,894	75,569
254543101 DIODES INC	7,490.000	519,304	480,034
25960P109 DOUGLAS EMMETT INC	20,230.000	271,576	355,441
26969P108 EAGLE MATLS INC	COM 3,498.000	329,503	1,006,200
27627N105 EASTERN BANKSHARES INC	25,310.000	346,243	414,831
277276101 EASTGROUP PPTYS INC COM	1,429.000	216,765	266,966
28618M106 ELEMENT SOLUTIONS INC	9,269.000	126,330	251,746
29272W109 ENERGIZER SPINCO INC	8,070.000	238,051	256,303
292765104 ENERPAC TOOL GROUP CORP	9,627.000	280,036	403,275
29337E102 ENLIVEN THERAPEUTICS INC	8,080.000	112,269	206,363
29355X107 ENPRO INC	1,925.000	245,825	312,197
29358P101 ENSIGN GROUP INC/THE	3,530.000	347,779	507,685
293712105 ENTERPRISE FINL SVCS CORP	COM 6,417.000	195,500	328,935
G3198U102 ESSENT GROUP LTD	5,790.000	217,465	372,239
29670E107 ESSENTIAL PROPERTIES REALTY	TRUST, INC. 5,928.000	126,990	202,441

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29882P106 EUROPEAN WAX CENTER INC	19,810.000	326,157	134,708
30040P103 EVERTEC INC	5,930.000	195,625	200,968
313148306 FED AGRIC MTG CORP	CL C 880.000	140,667	164,921
32026V104 FIRST FOUNDATION INC	24,730.000	333,091	154,315
32055Y201 FIRST INTERSTATE BANCSYSTEM IN	16,974.000	567,831	520,762
335834107 FIRST NORTHWEST BANCORP	7,050.000	89,955	75,435
336901103 FIRST SOURCE CORP	9,028.000	377,519	540,597
33768G107 FIRSTCASH HLDGS INC	4,650.000	321,657	533,820
33830T103 FIVE STAR BANCORP	9,103.000	200,573	270,632
34379V103 FLUENCE ENERGY INC	11,720.000	229,008	266,161
302492103 FLYWIRE CORP	13,440.000	391,316	220,282
302520101 FNB CORP PA COM	21,704.000	249,564	306,243
34965K107 FORTREA HLDGS INC	5,230.000	123,239	104,600
35086T109 FOUR CORNERS PROPERTY TRUST, INC.	13,830.000	375,138	405,357
G3730V105 FTAI AVIATION LTD	4,240.000	149,933	563,496
359694106 FULLER H B CO	5,745.000	294,597	456,038

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G39108108 GATES INDUSTRIAL CORPORATION	20,374.000	348,632	357,564
37253A103 GENTHERM INC.	4,090.000	199,829	190,390
374689107 GIBRALTAR INDS INC	COM 7,474.000	401,427	522,657
377322102 GLAUKOS CORP	3,710.000	251,989	483,339
M5216V106 GLOBAL-E ONLINE LTD	5,200.000	191,397	199,888
36251C103 GMS INC	1,990.000	165,396	180,234
38046C109 GOGO INC	23,300.000	327,500	167,294
G9456A100 GOLAR LNG LTD	9,660.000	235,378	355,102
38526M106 GRAND CANYON EDUCATION INC	2,660.000	310,893	377,321
388689101 GRAPHIC PACKAGING HLDGCO	10,120.000	220,009	299,451
392709101 GREEN BRICK PARTNERS INC	4,896.000	181,511	408,914
402635502 GULFPORT ENERGY CORP	1,810.000	253,967	273,944
40637H109 HALOZYME THERAPEUTICS INC	COM 8,593.000	360,177	491,863
420261109 HAWKINS INC	3,139.000	119,055	400,128
423452101 HELMERICH & PAYNE INC	4,227.000	136,075	128,585
426927109 HERITAGE COMMERCE CORP	30,192.000	302,752	298,297

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428291108 HEXCEL CORP NEW COM	5,252.000	356,739	324,731
431571108 HILLENBRAND INC	6,170.000	289,444	171,526
436893200 HOME BANCSHARES INC/CONWAY AR	17,362.000	398,177	470,337
444097109 HUDSON PACIFIC PROPERTIES INC	18,777.000	129,732	89,754
447462102 HURON CONSULTING GROUP INC	1,821.000	178,739	197,943
44891N208 IAC INC	3,850.000	203,527	207,207
44925C103 ICF INTERNATIONAL INC	1,710.000	112,894	285,211
G4740B105 ICHOR HOLDINGS LTD	22,082.000	665,092	702,428
451107106 IDACORP INC	4,388.000	372,150	452,359
44951W106 IES HOLDINGS INC	4,556.000	344,605	909,469
45245E109 IMAX CORP COM	12,900.000	208,302	264,579
45258J102 IMMUNOVANT INC	4,110.000	131,240	117,176
453204109 IMPINJ INC	590.000	50,477	127,747
453838609 INDEPENDENT BANK CORP/MI	7,870.000	185,301	262,465
45384B106 INDEPENDENT BK GROUP INC	6,860.000	297,670	395,548
45765U103 INSIGHT ENTERPRISES INC COM	2,951.000	408,466	635,616

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457669307 INSMED INC	4,650.000	122,146	339,450
457730109 INSPIRE MEDICAL SYSTEMS INC	1,440.000	227,560	303,912
45780R101 INSTALLED BUILDING PRODUCTS IN	1,567.000	225,957	385,905
45774W108 INSTEEL INDS INC COM	2,986.000	96,701	92,835
450056106 IRHYTHM TECHNOLOGIES INC	3,010.000	322,470	223,462
47103J105 JANUX THERAPEUTICS INC	1,930.000	93,580	87,680
479167108 JOHNSON OUTDOORS, INC.	4,624.000	246,436	167,389
48020Q107 JONES LANG LASALLE INC	1,420.000	231,403	383,130
492327101 KEROS THERAPEUTICS INC	4,190.000	159,190	243,313
49803T300 KITE REALTY GROUP TRUST	18,531.000	380,067	492,183
50077B207 KRATOS DEFENSE & SECURITY SOLUTIONS	16,690.000	252,159	388,877
511656100 LAKELAND FINL CORP	4,844.000	287,850	315,441
514952100 LANDBRIDGE CO LLC	6,670.000	136,369	260,930
518613203 LAUREATE EDUCATION INC	31,950.000	416,230	530,690
50189K103 LCI INDUSTRIES	2,560.000	293,536	308,582
525558201 LEMAITRE VASCULAR INC	4,354.000	155,246	404,443

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50187T106 LGI HOMES INC	2,410.000	263,251	285,633
53115L104 LIBERTY ENERGY INC CL A	19,460.000	358,394	371,491
G9001E128 LIBERTY LATIN AMERICA LTD.	16,630.000	151,938	157,819
53228F101 LIFESTANCE HEALTH GROUP INC	28,320.000	213,176	198,240
546347105 LOUISIANA PAC CORP	2,030.000	211,945	218,144
55024U109 LUMENTUM HOLDINGS INC	7,590.000	379,905	481,054
529043101 LXP INDUSTRIAL TRUST	REAL ESTATE INVESTMENT TRUST 38,520.000	417,046	387,126
55405Y100 MACOM TECHNOLOGY SOLUTIONS HOLDINGS, INC.	2,570.000	129,837	285,938
558868105 MADRIGAL PHARMACEUTICALS INC	1,070.000	255,058	227,075
574795100 MASIMO CORP	2,000.000	225,428	266,660
576690101 MATERION CORP	1,994.000	110,901	223,049
589378108 MERCURY SYSTEMS INC	2,737.000	110,818	101,269
589889104 MERIT MEDICAL SYSTEMS INC	COMMON STOCK 4,890.000	370,164	483,279
N5749R100 MERUS N.V.	4,290.000	229,833	214,328
59064R109 MESA LABORATORIES INC	3,346.000	519,691	434,512
600551204 MILLER INDUSTRIES INC	829.000	33,128	50,569

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55306N104 MKS INSTRS INC	COM 1,630.000	132,560	177,197
61559X104 MOONLAKE IMMUNOTHERAPEUTICS CL A	4,010.000	207,185	202,184
626755102 MURPHY USA INC	640.000	182,547	315,437
630402105 NAPCO SECURITY TECHNOLOGIES INC	8,050.000	273,154	325,703
633707104 NATIONAL BANK HOLDINGS CORP	13,697.000	478,800	576,644
G6375R107 NATIONAL ENERGY SERVICES	REUNITED CORP. 21,850.000	207,496	201,676
637870106 NATIONAL STORAGE AFFILIATES TR	7,496.000	400,028	361,307
646025106 NEW JERSEY RES CORP	5,430.000	200,345	256,296
65290E101 NEXTRACKER INC CL A	7,610.000	324,023	285,223
629209305 NMI HOLDINGS INC	8,410.000	189,349	346,408
65540B105 NOODLES & COMPANY	20,490.000	138,705	24,588
665531307 NORTHERN OIL AND GAS INC	21,568.000	521,372	763,723
M7516K103 NOVA LTD	1,840.000	215,097	383,346
675232102 OCEANEERING INTL INC	15,310.000	219,785	380,760
678026105 OIL STATES INTERNATIONAL INC	42,114.000	261,329	193,724
P73684113 ONESPAWORLD HOLDINGS LIMITED	22,480.000	223,517	371,145

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683344105 ONTO INNOVATION INC	1,670.000	128,733	346,625
68404L201 OPTION CARE HEALTH INC	8,790.000	278,134	275,127
68621T102 ORIGIN BANCORP INC	11,791.000	376,667	379,199
688239201 OSHKOSH CORPORATION	3,136.000	330,609	314,259
69007J106 OUTFRONT MEDIA INC.	15,410.000	253,069	283,236
690732102 OWENS & MINOR INC COM	23,543.000	420,902	369,390
69376K106 P10 INC	22,060.000	181,894	236,263
69380Q107 PACS GROUP INC	5,390.000	199,032	215,438
703343103 PATRICK INDUSTRIES INC	3,038.000	364,208	432,520
704699107 PEAPACK GLADSTONE FINANCIAL CO	7,136.000	200,992	195,598
G8232Y101 PENGUIN SOLUTIONS INC	14,190.000	298,842	297,281
71367G102 PERELLA WEINBERG PARTNERS	32,110.000	342,870	620,044
71377A103 PERFORMANCE FOOD GROUP CO	4,140.000	181,578	324,452
46489V302 PERSPECTIVE THERAPEUTICS INC	12,900.000	181,490	172,215
71844V201 PHILLIPS EDISON & CO INC	8,267.000	268,405	311,749
72346Q104 PINNACLE FINL PARTNERS INC	8,105.000	500,530	794,047

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724078100 PIPER SANDLER COS	3,547.000	391,179	1,006,674
69343T107 PJT PARTNERS INC	2,270.000	167,127	302,682
729132100 PLEXUS CORP COM	2,307.000	98,967	315,390
729640102 PLYMOUTH INDUSTRIAL REIT, INC	13,660.000	211,794	308,716
731068102 POLARIS INDUSTRIES INC.	1,814.000	148,556	150,997
733174700 POPULAR INC	1,530.000	83,182	153,413
73757R102 POSTAL REALTY TRUST INC	9,240.000	138,155	135,274
737630103 POTLATCHDELTIC CORPORATION	6,744.000	260,565	303,817
740367404 PREFERRED BANK/LOS ANGELES CA	1,229.000	95,813	98,627
74167P108 PRIMO WATER CORPORATION	14,660.000	251,657	370,165
74317M104 PROFICIENT AUTO LOGISTICS INC	6,160.000	92,231	87,349
743312100 PROGRESS SOFTWARE CORP	5,270.000	278,790	355,040
747316107 QUAKER CHEM CORP	3,822.000	720,516	643,969
74874Q100 QUINSTREET INC	18,340.000	290,504	350,844
75281A109 RANGE RES CORP	10,060.000	293,340	309,446
753422104 RAPID7 INC	7,340.000	381,732	292,793

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75700L108 RED ROCK RESORTS, INC.	5,650.000	283,671	307,586
758075402 REDWOOD TR INC COM	26,285.000	192,509	203,183
759916109 REPLIGEN CORP	1,320.000	208,963	196,442
774515100 ROCKY BRANDS, INC.	7,890.000	347,568	251,375
816300107 SELECTIVE INS GROUP INC	6,770.000	690,249	631,641
G8068L108 SHARKNINJA INC	3,530.000	181,428	383,746
82706C108 SILICON MOTION TECHNOLOGY CORPORATION	2,530.000	183,224	153,672
82900L102 SIMPLY GOOD FOODS CO/THE	9,810.000	352,345	341,094
829073105 SIMPSON MFG INC COM	2,330.000	224,008	445,659
829214105 SIMULATIONS PLUS INC	5,478.000	226,649	175,406
82981J851 SITE CENTERS CORP	REAL ESTATE INVESTMENT TRUST 5,367.000	306,127	324,704
82983N108 SITIO ROYALTIES CORP CL A	7,370.000	189,237	153,591
78454L100 SM ENERGY CO	10,196.000	386,247	407,534
840441109 SOUTHSTATE CORP	3,026.000	232,567	294,067
848574109 SPIRIT AEROSYSTEMS HODL-CL A	7,690.000	217,327	250,002
00773J202 SPYRE THERAPEUTICS INC	7,120.000	202,698	209,399

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85914M107 STEPSTONE GROUP INC	7,890.000	277,266	448,389
859241101 STERLING INFRASTRUCTURE INC	3,480.000	283,663	504,670
556269108 STEVEN MADDEN LTD	7,185.000	229,104	351,993
860630102 STIFEL FINANCIAL CORP	10,431.000	449,618	979,471
86366E106 STRUCTURE THERAPEUTICS INC SPONSORED	AMERICAN DEPOSITORY RECEIPT 3,640.000	150,431	159,760
86745K104 SUNNOVA ENERGY INTERNATIONAL I	14,740.000	165,674	143,568
8676EP108 SUNOPTA INC	COM 14,610.000	122,770	93,212
86881A100 SURGERY PARTNERS INC	12,400.000	468,271	399,776
87157D109 SYNAPTICS INC	COM 3,400.000	383,133	263,772
875465106 TANGER INC	REAL ESTATE INVESTMENT TRUST 9,770.000	290,709	324,169
G87110105 TECHNIPFMC LIMITED	14,320.000	123,841	375,614
G87264100 TECNOGLASS INC	5,270.000	285,405	361,838
87969B101 TELOS CORP	10,680.000	362,268	38,341
88025T102 TENABLE HOLDINGS INC	10,830.000	387,347	438,832
880779103 TEREX CORP NEW	6,970.000	404,952	368,783
88224Q107 TEXAS CAP BANCSHARES INC	COM 5,947.000	351,593	424,973

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05589G102 THE BALDWIN INSURANCE GRP INC CL A	12,500.000	236,952	622,500
G0772R208 THE BANK OF N.T. BUTTERFIELD & SON	LIMITED 10,120.000	309,432	373,226
563571405 THE MANITOWOC COMPANY INC	16,960.000	173,272	163,155
89377M109 TRANSMEDICS GROUP INC	1,190.000	92,541	186,830
89469A104 TREEHOUSE FOODS INC	6,190.000	223,035	259,856
G9087Q102 TRONOX HOLDINGS PLC	15,870.000	274,057	232,178
89785X101 TRUEBLUE INC	14,420.000	187,395	113,774
87318A101 TWFG INC CL A	6,910.000	160,312	187,399
90278Q108 UFP INDUSTRIES INC	5,677.000	452,032	744,879
902681105 UGI CORP NEW COM	5,976.000	164,461	149,520
90385V107 ULTRA CLEAN HLDGS INC	COM 5,370.000	215,107	214,424
903002103 UMH PROPERTIES, INC.	11,146.000	173,067	219,242
90984P303 UNITED COMMUNITY BANKS INC/GA	10,970.000	280,973	319,008
915271100 UNIVEST FINANCIAL CORP	18,110.000	457,161	509,615
916896103 URANIUM ENERGY CORP	15,160.000	119,469	94,144
91704F104 URBAN EDGE PROPERTIES	19,070.000	322,161	407,907

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92242T101 V2X INC	4,850.000	232,474	270,921
920253101 VALMONT INDS INC	1,241.000	231,488	359,828
922280102 VARONIS SYSTEMS INC	9,750.000	258,274	550,875
92243G108 VAXCYTE INC	6,170.000	291,867	705,046
92511U102 VERRA MOBILITY CORP	8,770.000	214,271	243,894
92672L107 VIEWRAY INC	60,160.000	297,861	0
92790C104 VIRIDIAN THERAPEUTICS INC	13,530.000	210,445	307,808
918284100 VSE CORP	2,640.000	150,361	218,407
929566107 WABASH NATL CORP	18,059.000	254,970	346,552
938824109 WAFD INC	11,507.000	324,914	401,019
93148P102 WALKER & DUNLOP INC	2,920.000	273,740	331,683
93627C101 WARRIOR MET COAL INC	2,010.000	128,771	128,439
947890109 WEBSTER FINL CORP WATERBURY CONN	COM 7,910.000	320,147	368,685
95082P105 WESCO INTL INC	COM 2,926.000	420,893	491,509
957638109 WESTERN ALLIANCE BANCORPORATION	6,632.000	269,737	573,602
G9618E107 WHITE MOUNTAINS INSURANCE GROUP INC	COM 180.000	258,351	305,316

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97650W108 WINTRUST FINL CORP	11,512.000	812,851	1,249,397
G98196101 WNS HOLDINGS LTD	5,470.000	264,207	288,324
98139A105 WORKIVA INC	4,080.000	379,887	322,810
984017103 XENIA HOTELS & RESORTS INC	25,035.000	299,439	369,767
98420N105 XENON PHARMACEUTICALS INC	6,560.000	239,475	258,267
98423F109 XOMETRY INC CL A	12,760.000	159,010	234,401
TOTAL COMMON		85,076,096	104,740,060
PARTNERSHIP/JOINT VENTURE INTERESTS			
665995668 AMERICAN CORE REALTY FUND, LLC	182.700	20,601,699	21,856,974
7LP0004C0 THE WEATHERLOW OFFSHORE FUND II LTD	8,319.930	8,500,000	18,681,824
TOTAL PARTNERSHIP/JOINT VENTURE INTERESTS		29,101,699	40,538,797
VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS			
03077K776 AMERIPRISE TR CO COLLECTIVE INVT TR	FOR EMPLOYEE BENEFIT PLANS 1,307,464.120	14,931,240	28,960,330
03077K818 AMERIPRISE TR CO COLLECTIVE INVT TR	FOR EMPLOYEE BENEFIT PLANS COLUMBIA 788,429.230	43,095,498	51,791,916
03077P486 AMERIPRISE TR CO COLLECTIVE INVT TR	FOR EMPLOYEE BENEFIT PLANS 2,247,383.480	25,090,288	24,923,483
03078M359 AMERIPRISE TR CO COLLECTIVE INVT TR	FOR EMPLOYEE BENEFIT PLANS 3,700,071.280	37,000,896	53,281,026

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04315V749 ARTISAN MULTIPLE INVT TR	GLOBAL VALUE TR TIER 1 3,220,331.320	30,000,000	52,588,011
072993041 BEACH POINT LOAN FUND (CAYMAN) LTD.	4,112.770	5,000,000	7,600,769
101057404 BOSTON PARTNERS COLLECTIVE INVT TR	LARGE CAP VALUE EQUITY FD CL D UNIT 1,302,694.120	19,244,891	52,957,643
969996289 INTERMEDIATE GOVERNMENT	BOND INDEX NON-LENDABLE FUND 3,050,558.210	39,193,862	40,772,895
52107C668 LAZARD/WILMINGTON EMERGING MARKETS	EQUITY ADVANTAGE CIT 3,248,230.910	26,829,209	33,527,590
969996305 LONG TERM GOVERNMENT BOND	INDEX NON-LENDABLE FUND 2,665,693.730	40,093,730	41,512,966
543504609 LOOMIS SAYLES TR CO LLC	LARGE CAP GROWTH FD CL B 1,012,894.050	11,101,319	58,798,500
70A120642 MORGAN STANLEY INTL EQUITY TRUST	109,316.350	10,086,207	48,301,649
969996297 U.S. STRIPS 20+ YEAR BOND	INDEX NON-LENDABLE FUND 9,192,524.970	74,984,945	76,426,395
92836K607 VIRTUS COLLECTIVE INVT TR II	SUSTAINABLE GROWTH ADVISERS 1,232,655.090	30,000,000	39,506,596
TOTAL VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS		406,652,086	610,949,768
VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES			
05588E108 BNY MELLON INTERNATIONAL BOND FUND	CLASS Y 2,042,601.470	30,452,708	27,595,546
552966806 MFS INTERNATIONAL EQUITY FUND #403	1,266,978.100	29,291,205	47,270,953
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		59,743,912	74,866,499
TOTAL GENERAL INVESTMENTS		599,696,319	850,217,651

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of October 1, 2023

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	19	112	0	0	0	0	0	0	0	131
			100,150								100,708
30-34	0	26	233	37	0	0	0	0	0	0	296
		104,641	117,889	146,517							120,304
35-39	0	26	280	172	66	0	0	0	0	0	544
		133,711	139,639	153,766	189,809						149,909
40-44	0	19	225	190	210	54	2	0	0	0	700
			142,912	164,201	185,066	172,830					163,776
45-49	0	23	177	143	184	198	75	1	0	0	801
		129,236	163,190	149,128	171,514	174,500	162,079				164,249
50-54	0	19	166	130	162	159	237	31	3	0	907
			160,042	160,126	172,106	177,001	164,293	178,537			166,495
55-59	0	18	137	99	112	122	140	87	61	2	778
			142,177	156,114	175,369	155,734	160,995	156,945	134,535		154,898
60-64	0	12	96	74	72	75	61	36	68	31	525
			135,052	132,032	158,577	149,478	151,726	132,587	130,178	118,816	140,420
65-69	0	3	32	30	25	23	17	10	8	6	154
			109,520	109,578	125,846	119,370					121,980
70 & over	0	0	9	11	7	5	6	1	1	3	43
											120,516
Total	0	165	1,467	886	838	636	538	166	141	42	4,879
		128,333	137,836	152,037	174,602	165,679	160,468	154,195	130,935	133,476	152,853

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ameriprise Financial Retirement Plan

EIN / PN: 13-3180631/002

Plan Sponsor: Ameriprise Financial, Inc.

Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of October 1, 2023

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	20	115	0	0	0	0	0	0	0	135
		8,279	10,742								10,377
30-34	0	30	249	41	0	0	0	0	0	0	320
		8,491	17,009	33,744							18,355
35-39	0	26	295	189	81	0	0	0	0	0	591
		12,233	22,049	40,882	68,885						34,059
40-44	0	21	232	200	265	62	2	0	0	0	782
		12,959	23,608	49,710	76,910	110,211					55,178
45-49	0	23	190	154	205	215	76	1	0	0	864
		11,933	27,610	49,678	85,434	126,263	147,417				80,076
50-54	0	21	172	133	175	173	243	32	3	0	952
		13,041	27,830	56,543	97,261	146,951	168,438	202,713			108,168
55-59	0	18	142	104	119	132	141	90	61	2	809
			25,880	56,376	112,812	138,724	179,642	213,457	229,925		124,123
60-64	0	12	98	83	82	79	62	36	68	31	551
			23,455	48,390	100,218	145,178	199,421	195,527	236,789	278,163	127,587
65-69	0	3	37	32	32	29	17	11	9	6	176
			18,641	43,987	78,602	113,230					114,044
70 & over	0	0	11	12	8	8	6	2	1	3	51
											120,674
Total	0	174	1,541	948	967	698	547	172	142	42	5,231
		11,426	22,278	48,463	88,930	133,456	172,449	207,205	238,122	344,432	84,048

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ameriprise Financial Retirement Plan

EIN / PN: 13-3180631/002

Plan Sponsor: Ameriprise Financial, Inc.

Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month June
- Interest rate basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:

Reflecting Corridors

Not Reflecting Corridors

- First segment rate 4.75% 3.03%
- Second segment rate 5.00% 4.11%
- Third segment rate 5.74% 4.27%
- Effective interest rate 5.24% 4.12%

Interest credit on cash balance accounts 5.00%

Administrative expenses \$1,900,000

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality:

- Healthy Separate IRS-prescribed annuitant and non-annuitant tables with “static” projection of assumed mortality improvements based on the RP/MP-2014 Society of Actuaries study and subsequent updates, including the use of the MP-2021 mortality improvement scale.
- Disabled Separate IRS-prescribed annuitant and non-annuitant tables with “static” projection of assumed mortality improvements based on the RP/MP-2014 Society of Actuaries study and subsequent updates, including the use of the MP-2021 mortality improvement scale.

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Disability None

Termination (not due to disability or retirement) rates Rates varying by age and service
Representative Termination Rates

Percentage assumed to leave during the year		
Attained Age	Less than 5 years of service	Greater than 5 years of service
<25	20.0%	16.0%
25-29	18.0%	12.0%
30-34	18.0%	12.0%
35-39	18.0%	8.0%
40-44	15.0%	8.0%
45-49	15.0%	8.0%
50+	15.0%	8.0%

Retirement Rates varying by age, average age is 62

Age	Percentage assumed to retire during the year
55	8.0%
56	8.0%
57	8.0%
58	8.0%
59	8.0%
60	12.5%
61	12.5%
62	15.0%
63	15.0%
64	15.0%
65	25.0%
66	25.0%
67	25.0%
68	25.0%
69	25.0%
70	25.0%
71	25.0%
72+	100.0%

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Form of payment and benefit commencement date:

- Active participants Value of cash balance account payable as a lump sum distribution. Payment is assumed to be immediate upon termination for 40% of the participants, 3 years after termination for 15% of the participants, 18% at age 65 and the remaining 27% at age 73. An actuarial increase of 3.5% is applied to commencements at age 73.
- Deferred inactive participants Value of cash balance account payable as a lump sum distribution. Payment is assumed to be 3 years after termination for 25% of the participants, 30% at age 65 and the remaining 45% at age 73. An actuarial increase of 5.0% is applied to commencements at age 73.

Percent married 100%

Spouse age Wife three years younger than husband

Covered pay Pensionable earnings, which was determined for valuation purposes as the sum of:

- a) base pay rate as of September 30 preceding the measurement date;
- b) a proportional increase based on the ratio of year-to-date overtime, shift differentials and commissions to year-to-date base pay; and
- c) a three-year average of bonuses paid.

At-risk assumptions Special at-risk liabilities were not calculated for 2023.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of the report were valued. WTW has reviewed the plan provisions with Ameriprise, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of October 1, 2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Ameriprise Financial Retirement Plan
EIN / PN:	13-3180631/002
Plan Sponsor:	Ameriprise Financial, Inc.
Valuation Date:	October 1, 2023

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts for a calendar year using the average of the daily 5-year U.S. Treasury note yields for the previous October 1 through November 30, with a minimum of 5% and a maximum of 10% (but not greater than the average of the daily 30-year U.S. Treasury yields for the previous October). The assumption for the long-term level of the 5-year Treasury rate is determined based on current rates, as well as historical spreads between high-quality corporate bond rates and Treasury rates. Market conditions at the measurement date are also considered. The nature of this variable is asymmetric due to the 5% floor.

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on an experience study conducted in 2021 and expectations for future years.
Retirement	Retirement rates are based on an experience study conducted in 2021 and expectations for future years.
Form of payment and benefit commencement date	The percentage of participants assumed to take a lump sum and the timing of that lump sum election are based on an experience study conducted in 2021 and expectations for future years.

Plan Name:	Ameriprise Financial Retirement Plan
EIN / PN:	13-3180631/002
Plan Sponsor:	Ameriprise Financial, Inc.
Valuation Date:	October 1, 2023

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of June 2022 to June 2023.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables, based on RP-2014 and subsequent Society of Actuaries studies, adopted by the IRS in December 2022 in Notice 2022-22.
- The assumed plan-related expenses added to the target normal cost were changed from \$5,900,000 for the prior valuation to \$1,900,000 for the current valuation to account for lower expected expenses to be paid from the trust.
- The payment-timing assumption was updated to reflect the change in the Required Minimum Distribution (RMD) age to 73 and an increase in the estimated actuarial increases for delayed retirements due to the continuing higher interest rates.

Change in methods since prior valuation None.

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

Plan Name	Ameriprise Financial Retirement Plan
Plan Sponsor EIN	13-3180631
ERISA Plan No.	002
Plan Year End	9/30/2024

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).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Ameriprise Financial Retirement Plan		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ameriprise Financial, Inc.		D Employer Identification Number (EIN) 13-3180631	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2023			
2	Assets:			
a	Market value.....	2a	742,644,809	
b	Actuarial value	2b	769,808,187	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	542	40,314,137	40,314,137
b	For terminated vested participants.....	4,270	298,060,529	298,060,529
c	For active participants.....	5,231	431,276,359	431,276,359
d	Total	10,043	769,651,025	769,651,025
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a	Funding target disregarding prescribed at-risk assumptions.....	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate.....	5	5.24%	
6	Target normal cost			
a	Present value of current plan year accruals.....	6a	26,781,528	
b	Expected plan-related expenses	6b	1,900,000	
c	Target normal cost.....	6c	28,681,528	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Kurt A Richman, F.S.A., E.A. KAR Signature of actuary Kurt A Richman, F.S.A., E.A. Type or print name of actuary Willis Towers Watson US LLC Firm name 8400 Normandale Lake Boulevard Suite 1700 Bloomington MN 55437-3837 Address of the firm	6/20/25 Date 2305123 Most recent enrollment number 952-842-7000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	26,422
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	26,422
10	Interest on line 9 using prior year's actual return of <u>15.48</u> %	0	4,090
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,894,637
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		102,500
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1,997,137
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	30,512

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.01 %
15	Adjusted funding target attainment percentage	15	100.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/13/2025	16,000,000	0			
05/13/2025	15,000,000	0			
Totals ►			18(b)	31,000,000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	28,669,137
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.00 % 3rd segment: 5.74 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....		21b 4
22	Weighted average retirement age		22 62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years.....		28 0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)		29 0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		30 0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....		31a 28,681,528
b	Excess assets, if applicable, but not greater than line 31a		31b 126,650
32	Amortization installments:		
a	Net shortfall amortization installment	Outstanding Balance 0	Installment 0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 28,554,878
35	Balances elected for use to offset funding requirement.....	Carryover balance 0	Prefunding balance 0
36	Additional cash requirement (line 34 minus line 35)		36 28,554,878
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 28,669,137
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 114,259
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years.....		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ameriprise Financial, Inc.
EIN/PN	13-3180631/002
Plan Name	Ameriprise Financial Retirement Plan
Valuation Date	October 1, 2023
Enrolled Actuary	Kurt A. Richman, F.S.A., E.A.
Enrollment Number	23-05123

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of October 1, 2023

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

X	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.080	1,000	1.000000	0.080000	4.400000
56	0.080	920	0.920000	0.073600	4.121600
57	0.080	846	0.846400	0.067712	3.859584
58	0.080	779	0.778688	0.062295	3.613112
59	0.080	716	0.716393	0.057311	3.381375
60	0.125	659	0.659082	0.082385	4.943111
61	0.125	577	0.576696	0.072087	4.397310
62	0.150	505	0.504609	0.075691	4.692866
63	0.150	429	0.428918	0.064338	4.053274
64	0.150	365	0.364580	0.054687	3.499970
65	0.250	310	0.309893	0.077473	5.035764
66	0.250	232	0.232420	0.058105	3.834928
67	0.250	174	0.174315	0.043579	2.919775
68	0.250	131	0.130736	0.032684	2.222515
69	0.250	98	0.098052	0.024513	1.691399
70	0.250	74	0.073539	0.018385	1.286934
71	0.250	55	0.055154	0.013789	0.978989
72	1.000	41	0.041366	0.041366	2.978334

Average age at retirement 61.910842

Rounded for Schedule SB item 22 62

Plan Name: Ameriprise Financial Retirement Plan
 EIN / PN: 13-3180631/002
 Plan Sponsor: Ameriprise Financial, Inc.
 Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month June
- Interest rate basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates:

Reflecting Corridors

Not Reflecting Corridors

- First segment rate 4.75% 3.03%
- Second segment rate 5.00% 4.11%
- Third segment rate 5.74% 4.27%
- Effective interest rate 5.24% 4.12%

**Interest credit on cash
balance accounts** 5.00%

Administrative expenses \$1,900,000

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality:

- Healthy Separate IRS-prescribed annuitant and non-annuitant tables with “static” projection of assumed mortality improvements based on the RP/MP-2014 Society of Actuaries study and subsequent updates, including the use of the MP-2021 mortality improvement scale.
- Disabled Separate IRS-prescribed annuitant and non-annuitant tables with “static” projection of assumed mortality improvements based on the RP/MP-2014 Society of Actuaries study and subsequent updates, including the use of the MP-2021 mortality improvement scale.

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Disability None

Termination (not due to disability or retirement) rates Rates varying by age and service
Representative Termination Rates

Percentage assumed to leave during the year		
Attained Age	Less than 5 years of service	Greater than 5 years of service
<25	20.0%	16.0%
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45-49	15.0%	8.0%
50+	15.0%	8.0%

Retirement Rates varying by age, average age is 62

Age	Percentage assumed to retire during the year
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57	8.0%
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60	12.5%
61	12.5%
62	15.0%
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65	25.0%
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69	25.0%
70	25.0%
71	25.0%
72+	100.0%

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Form of payment and benefit commencement date:

- Active participants Value of cash balance account payable as a lump sum distribution. Payment is assumed to be immediate upon termination for 40% of the participants, 3 years after termination for 15% of the participants, 18% at age 65 and the remaining 27% at age 73. An actuarial increase of 3.5% is applied to commencements at age 73.
- Deferred inactive participants Value of cash balance account payable as a lump sum distribution. Payment is assumed to be 3 years after termination for 25% of the participants, 30% at age 65 and the remaining 45% at age 73. An actuarial increase of 5.0% is applied to commencements at age 73.

Percent married 100%

Spouse age Wife three years younger than husband

Covered pay Pensionable earnings, which was determined for valuation purposes as the sum of:

- a) base pay rate as of September 30 preceding the measurement date;
- b) a proportional increase based on the ratio of year-to-date overtime, shift differentials and commissions to year-to-date base pay; and
- c) a three-year average of bonuses paid.

At-risk assumptions Special at-risk liabilities were not calculated for 2023.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
---------------------------	---

Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
---	--

Benefits not valued	All benefits described in the Plan Provisions section of the report were valued. WTW has reviewed the plan provisions with Ameriprise, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.
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Sources of Data and Other Information

The plan sponsor through its third party administrator, furnished participant data as of October 1, 2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Ameriprise Financial Retirement Plan
EIN / PN:	13-3180631/002
Plan Sponsor:	Ameriprise Financial, Inc.
Valuation Date:	October 1, 2023

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts for a calendar year using the average of the daily 5-year U.S. Treasury note yields for the previous October 1 through November 30, with a minimum of 5% and a maximum of 10% (but not greater than the average of the daily 30-year U.S. Treasury yields for the previous October). The assumption for the long-term level of the 5-year Treasury rate is determined based on current rates, as well as historical spreads between high-quality corporate bond rates and Treasury rates. Market conditions at the measurement date are also considered. The nature of this variable is asymmetric due to the 5% floor.

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on an experience study conducted in 2021 and expectations for future years.
Retirement	Retirement rates are based on an experience study conducted in 2021 and expectations for future years.
Form of payment and benefit commencement date	The percentage of participants assumed to take a lump sum and the timing of that lump sum election are based on an experience study conducted in 2021 and expectations for future years.

Plan Name:	Ameriprise Financial Retirement Plan
EIN / PN:	13-3180631/002
Plan Sponsor:	Ameriprise Financial, Inc.
Valuation Date:	October 1, 2023

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of June 2022 to June 2023.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables, based on RP-2014 and subsequent Society of Actuaries studies, adopted by the IRS in December 2022 in Notice 2022-22.
- The assumed plan-related expenses added to the target normal cost were changed from \$5,900,000 for the prior valuation to \$1,900,000 for the current valuation to account for lower expected expenses to be paid from the trust.
- The payment-timing assumption was updated to reflect the change in the Required Minimum Distribution (RMD) age to 73 and an increase in the estimated actuarial increases for delayed retirements due to the continuing higher interest rates.

Change in methods since prior valuation None.

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The following changes were made to non-prescribed actuarial assumptions for 2023:

- The assumed plan-related expenses added to the target normal cost were changed from \$5,900,000 for the prior valuation to \$1,900,000 for the current valuation to account for lower expected expenses to be paid from the trust.
- The payment-timing assumption was updated to reflect the change in the Required Minimum Distribution (RMD) age to 73 and an increase in the estimated actuarial increases for delayed retirements due to the continuing higher interest rates.

Plan Name: Ameriprise Financial Retirement Plan
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Valuation Date: October 1, 2023

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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on May 6, 2021.

Covered Employees Regular full-time or regular part-time employees of Ameriprise employed in the United States, or outside the United States if the employee is a member of the career expatriate staff (receiving qualifying compensation), Field Vice President, Group Vice President, AEFA Field Employee Leaders (with a contract), or an Advisor (with AEFA Financial Advisor's Agreement) and routinely scheduled to work at least 20 hours per week. Effective March 1, 2010, Advisors are no longer eligible for continued accruals in the plan, and AASI corporate employees became eligible. Effective May 1, 2010, acquired Columbia employees became eligible. Effective October 2, 2019 only an individual who is an active participant within the pay period for the pay date of April 10, 2020 can participate in the plan.

Participation Date First day of pay period in which one year of service is completed.

Definitions

Years of service 12-month period of employment with Ameriprise.

Pensionable earnings Base salary plus overtime, shift differential, certain commissions and bonuses from Ameriprise. Lump sum severance pay, imputed income, long-term incentive pay and nonqualified deferred compensation are excluded.

Allocation percentage For a calendar year, the percentage from the following tables based on the employee's attained age and completed years of service at December 31 of the year. Contribution credits were frozen at their levels as of December 31, 2020 as approved in the plan amendment on October 2, 2019.

New Schedule	
Years of Service at December 31	Allocation Percentage
Less than 5	2.50%
5-9	3.25%
10-14	4.00%
15 and over	5.00%

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Effective March 1, 2010, current participants will remain at their current 2010 allocation percentage under the old schedule (below) until the new schedule is more favorable. Participants not eligible before March 1, 2010, receive allocations based on the new schedule.

Old Schedule	
Age + Service at December 31	Allocation Percentage
Less than 35	2.50%
35-44	3.25%
45-59	4.25%
60-74	5.75%
75-89	8.00%
90 and over	10.00%

Interest credit

The fixed interest rate for a calendar year determined as the average of the daily 5-year U.S. Treasury note yields for the previous October 1 through November 30. The minimum is 5% and the maximum is 10% (but not greater than the average of the daily 30-year U.S. Treasury yields for the previous October).

Pension benefit

Cash balance account, payable as a lump sum distribution, equal to the sum of (1), (2) and (3):

- (1) The July 1, 1995, opening account balance (see below).
- (2) Allocations each pay period equal to the year's allocation percentage times pensionable earnings for the pay period.
- (3) Interest credits accrued daily from July 1, 1995, for (1) or from the allocation date for (2) up to the lump sum payment date.

The July 1, 1995, opening account balance is the actuarial equivalent of the June 30, 1995, accrued benefit, determined as follows:

- For each active participant in the prior American Express or IDS Retirement Plan on June 30, 1995, the accrued benefit payable at age 65 was determined based upon the service, earnings and benefit formula on that date.
- The present value of the June 30, 1995, accrued benefit was determined using a deferred to age 65 straight life annuity factor based on a 6% interest rate and the 1984 Unisex Pensioner mortality table.

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- For participants who were over age 45 on June 30, 1995, the present value was increased by a percentage of the value of the early retirement benefit payable under the prior plan at the participant's earliest retirement date (age 55 with 10 years of service, or age 55 for prior IDS plan participants). The percentage for participants eligible for early retirement on June 30, 1995, was 100%. The percentage for participants not yet eligible for early retirement on June 30, 1995, was 100% minus 10% for each year from June 30, 1995, to the participant's earliest retirement date (but not less than 0%).

Eligibility for Benefits

Normal or postponed retirement	Retirement on the first day of any month following the attainment of age 65.
Vested termination	Termination for reasons other than death or retirement after completing three years of vesting service. Participants who were part of the Auto & Home transaction are fully vested in their benefits upon sale to AmFam, Inc. on October 1, 2019.
Preretirement disability	Termination of employment due to disability (full vesting).
Preretirement death benefit	Termination of employment due to death (full vesting).

Benefits Paid Upon the Following Events

Normal or postponed retirement	Cash balance account determined at the retirement date. Benefits paid after a participant's Normal Retirement Date will be no less than the actuarial equivalent of the participant's accrued benefit as of the Normal Retirement Date.
Vested termination	Cash balance account determined at the termination date. Payment may be deferred, but not beyond age 65, with continuing interest credits.
Preretirement disablement	Cash balance account determined at the disability date. Payment may be deferred, but not beyond age 65, with continuing interest credits.

Plan Name:	Ameriprise Financial Retirement Plan
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If the participant was vested before the disability date and elects to defer payment, allocations of pensionable earnings and service and interest credits will continue during the disability, but not beyond age 65.

Preretirement death

Cash balance account determined at the date of death payable to the surviving spouse or other beneficiary (with spousal consent). The spouse may defer payment, but not beyond the participant's age 65.

Other Plan Provisions

Forms of payment

The normal form of payment is a single life annuity for single participants and a 50% contingent annuitant annuity with the spouse as the designated beneficiary for married participants. In addition, for preretirement death benefits, the normal form of payment is a single life annuity for surviving spouses and an immediate lump sum distribution equal to the cash balance account for other beneficiaries.

The optional forms of payment are a lump sum distribution equal to the cash balance account for all participants and surviving spouses, a single life annuity for married participants and a 50% or 75% contingent annuitant annuity with any designated beneficiary for all participants. Spousal consent is required for an optional form of payment.

The amount of an annuity is the actuarial equivalent of the cash balance account. For this purpose, actuarial equivalence is based on the prescribed mortality table under Internal Revenue Code Section 417(e)(3) and the applicable segment rates based on the Plan's October lookback month.

Cash balance accounts of \$5,000 or less are paid as immediate lump sum distributions.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code as in effect on the first day of the plan year (October 1) immediately preceding the calendar year. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Plan Name: Ameriprise Financial Retirement Plan
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Special Provisions for Prior Plan Participants

For participants in the prior American Express or IDS Retirement Plan as in effect before July 1, 1995, the following special provisions apply:

- The June 30, 1995, accrued benefit under the prior plan is guaranteed as a minimum annuity and the present value of this accrued benefit is guaranteed as a minimum lump sum distribution.
- Participants in the prior American Express Plan have their years of service before July 1, 1995, determined under the provisions of the prior plan. In addition, participants with at least 3 years of service on June 30, 1995, under the prior American Express Plan have their years of service for purposes of vesting and eligibility for the minimum accrued benefit determined under the provisions of the prior plan or the current plan, whichever produces more service.
- Participants in the prior IDS Plan with at least 3 years of service before July 1, 1995, will be vested at the earlier of the completion of 5 years of service and the attainment of age 55. In addition, participants in the prior IDS Plan who were age 55 before July 1, 1995, are vested.
- Participants in a prior plan may choose a separate form of payment for the June 30, 1995, accrued benefit:
 - For American Express, the separate forms are a 50% or 100% survivor's benefit option, a 25% or 100% contingent annuitant option, and a level income option.
 - For IDS, the separate forms are a life annuity benefit, a life annuity benefit with payments guaranteed for a period certain of 5, 10 or 15 years, a 50% contingent annuitant benefit, a 50% or 100% joint & survivor benefit, and either a 50% contingent annuitant benefit or a 50% joint & survivor benefit with payments guaranteed for a period certain of 10 years.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

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Schedule SB, Line 26a Schedule of Active Participant Data as of October 1, 2023

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	19	112	0	0	0	0	0	0	0	131
			100,150								100,708
30-34	0	26	233	37	0	0	0	0	0	0	296
		104,641	117,889	146,517							120,304
35-39	0	26	280	172	66	0	0	0	0	0	544
		133,711	139,639	153,766	189,809						149,909
40-44	0	19	225	190	210	54	2	0	0	0	700
			142,912	164,201	185,066	172,830					163,776
45-49	0	23	177	143	184	198	75	1	0	0	801
		129,236	163,190	149,128	171,514	174,500	162,079				164,249
50-54	0	19	166	130	162	159	237	31	3	0	907
			160,042	160,126	172,106	177,001	164,293	178,537			166,495
55-59	0	18	137	99	112	122	140	87	61	2	778
			142,177	156,114	175,369	155,734	160,995	156,945	134,535		154,898
60-64	0	12	96	74	72	75	61	36	68	31	525
			135,052	132,032	158,577	149,478	151,726	132,587	130,178	118,816	140,420
65-69	0	3	32	30	25	23	17	10	8	6	154
			109,520	109,578	125,846	119,370					121,980
70 & over	0	0	9	11	7	5	6	1	1	3	43
											120,516
Total	0	165	1,467	886	838	636	538	166	141	42	4,879
		128,333	137,836	152,037	174,602	165,679	160,468	154,195	130,935	133,476	152,853

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ameriprise Financial Retirement Plan

EIN / PN: 13-3180631/002

Plan Sponsor: Ameriprise Financial, Inc.

Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of October 1, 2023

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	20	115	0	0	0	0	0	0	0	135
		8,279	10,742								10,377
30-34	0	30	249	41	0	0	0	0	0	0	320
		8,491	17,009	33,744							18,355
35-39	0	26	295	189	81	0	0	0	0	0	591
		12,233	22,049	40,882	68,885						34,059
40-44	0	21	232	200	265	62	2	0	0	0	782
		12,959	23,608	49,710	76,910	110,211					55,178
45-49	0	23	190	154	205	215	76	1	0	0	864
		11,933	27,610	49,678	85,434	126,263	147,417				80,076
50-54	0	21	172	133	175	173	243	32	3	0	952
		13,041	27,830	56,543	97,261	146,951	168,438	202,713			108,168
55-59	0	18	142	104	119	132	141	90	61	2	809
			25,880	56,376	112,812	138,724	179,642	213,457	229,925		124,123
60-64	0	12	98	83	82	79	62	36	68	31	551
			23,455	48,390	100,218	145,178	199,421	195,527	236,789	278,163	127,587
65-69	0	3	37	32	32	29	17	11	9	6	176
			18,641	43,987	78,602	113,230					114,044
70 & over	0	0	11	12	8	8	6	2	1	3	51
											120,674
Total	0	174	1,541	948	967	698	547	172	142	42	5,231
		11,426	22,278	48,463	88,930	133,456	172,449	207,205	238,122	344,432	84,048

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ameriprise Financial Retirement Plan

EIN / PN: 13-3180631/002

Plan Sponsor: Ameriprise Financial, Inc.

Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	26,276,150	14,861,221	4,064,136	45,201,507
2024	21,203,031	21,711,277	3,927,521	46,841,829
2025	21,776,112	22,621,051	3,782,741	48,179,904
2026	30,905,104	16,054,469	3,637,514	50,597,087
2027	29,652,828	17,958,597	3,493,249	51,104,674
2028	30,741,048	22,665,786	3,350,327	56,757,161
2029	29,975,190	20,511,761	3,209,237	53,696,188
2030	30,808,558	24,917,754	3,069,850	58,796,162
2031	31,268,870	18,856,575	2,931,972	53,057,417
2032	31,176,228	21,102,312	2,795,518	55,074,058
2033	32,544,368	18,932,212	2,659,827	54,136,407
2034	32,367,947	21,360,953	2,524,570	56,253,470
2035	33,245,237	23,573,133	2,389,463	59,207,833
2036	30,068,566	21,980,047	2,254,276	54,302,889
2037	29,370,182	18,818,654	2,118,857	50,307,693
2038	30,669,458	17,579,764	1,983,167	50,232,389
2039	29,098,281	18,596,088	1,847,307	49,541,676
2040	30,048,999	18,592,255	1,711,512	50,352,766
2041	30,916,723	19,555,269	1,576,186	52,048,178
2042	26,454,579	16,604,292	1,441,921	44,500,792
2043	25,647,024	18,685,196	1,309,483	45,641,703
2044	21,960,093	15,675,971	1,179,814	38,815,878
2045	21,299,651	16,365,402	1,053,965	38,719,018
2046	22,883,376	13,184,215	933,022	37,000,613
2047	19,322,700	12,938,873	818,028	33,079,601
2048	19,673,558	14,165,045	709,927	34,548,530
2049	16,319,288	11,386,406	609,521	28,315,215
2050	15,436,795	11,481,902	517,460	27,436,157
2051	14,726,762	10,854,525	434,198	26,015,485
2052	12,947,877	9,552,798	359,962	22,860,637
2053	10,908,714	9,048,402	294,726	20,251,842

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631/002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	11,579,214	7,512,329	238,241	19,329,784
2055	10,465,205	7,025,214	190,076	17,680,495
2056	7,585,448	6,740,732	149,643	14,475,823
2057	6,797,303	4,991,575	116,235	11,905,113
2058	5,012,754	5,475,106	89,075	10,576,935
2059	4,812,497	5,671,268	67,350	10,551,115
2060	2,933,159	3,864,712	50,247	6,848,118
2061	3,209,646	2,578,266	36,999	5,824,911
2062	2,122,422	1,610,940	26,897	3,760,259
2063	1,861,722	1,936,705	19,311	3,817,738
2064	1,655,126	1,436,163	13,697	3,104,986
2065	1,223,659	1,168,498	9,601	2,401,758
2066	1,082,758	463,075	6,651	1,552,484
2067	679,965	1,011,081	4,553	1,695,599
2068	225,527	424,176	3,078	652,781
2069	53,969	75,243	2,054	131,266
2070	123	111,327	1,351	112,801
2071	0	453,362	875	454,237
2072	0	25	557	582

Plan Name: Ameriprise Financial Retirement Plan
 EIN / PN: 13-3180631/002
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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ameriprise Financial, Inc.
EIN/PN	13-3180631/002
Plan Name	Ameriprise Financial Retirement Plan
Valuation Date	October 1, 2023
Enrolled Actuary	Kurt A. Richman, F.S.A., E.A.
Enrollment Number	23-05123

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of October 1, 2023

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.080	1,000	1.000000	0.080000	4.400000
56	0.080	920	0.920000	0.073600	4.121600
57	0.080	846	0.846400	0.067712	3.859584
58	0.080	779	0.778688	0.062295	3.613112
59	0.080	716	0.716393	0.057311	3.381375
60	0.125	659	0.659082	0.082385	4.943111
61	0.125	577	0.576696	0.072087	4.397310
62	0.150	505	0.504609	0.075691	4.692866
63	0.150	429	0.428918	0.064338	4.053274
64	0.150	365	0.364580	0.054687	3.499970
65	0.250	310	0.309893	0.077473	5.035764
66	0.250	232	0.232420	0.058105	3.834928
67	0.250	174	0.174315	0.043579	2.919775
68	0.250	131	0.130736	0.032684	2.222515
69	0.250	98	0.098052	0.024513	1.691399
70	0.250	74	0.073539	0.018385	1.286934
71	0.250	55	0.055154	0.013789	0.978989
72	1.000	41	0.041366	0.041366	2.978334

Average age at retirement 61.910842

Rounded for Schedule SB item 22 62

Plan Name: Ameriprise Financial Retirement Plan
 EIN / PN: 13-3180631/002
 Plan Sponsor: Ameriprise Financial, Inc.
 Valuation Date: October 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

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2026	30,905,104	16,054,469	3,637,514	50,597,087
2027	29,652,828	17,958,597	3,493,249	51,104,674
2028	30,741,048	22,665,786	3,350,327	56,757,161
2029	29,975,190	20,511,761	3,209,237	53,696,188
2030	30,808,558	24,917,754	3,069,850	58,796,162
2031	31,268,870	18,856,575	2,931,972	53,057,417
2032	31,176,228	21,102,312	2,795,518	55,074,058
2033	32,544,368	18,932,212	2,659,827	54,136,407
2034	32,367,947	21,360,953	2,524,570	56,253,470
2035	33,245,237	23,573,133	2,389,463	59,207,833
2036	30,068,566	21,980,047	2,254,276	54,302,889
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2040	30,048,999	18,592,255	1,711,512	50,352,766
2041	30,916,723	19,555,269	1,576,186	52,048,178
2042	26,454,579	16,604,292	1,441,921	44,500,792
2043	25,647,024	18,685,196	1,309,483	45,641,703
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2048	19,673,558	14,165,045	709,927	34,548,530
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2050	15,436,795	11,481,902	517,460	27,436,157
2051	14,726,762	10,854,525	434,198	26,015,485
2052	12,947,877	9,552,798	359,962	22,860,637
2053	10,908,714	9,048,402	294,726	20,251,842

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SCHEDULE SB ATTACHMENTS

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2055	10,465,205	7,025,214	190,076	17,680,495
2056	7,585,448	6,740,732	149,643	14,475,823
2057	6,797,303	4,991,575	116,235	11,905,113
2058	5,012,754	5,475,106	89,075	10,576,935
2059	4,812,497	5,671,268	67,350	10,551,115
2060	2,933,159	3,864,712	50,247	6,848,118
2061	3,209,646	2,578,266	36,999	5,824,911
2062	2,122,422	1,610,940	26,897	3,760,259
2063	1,861,722	1,936,705	19,311	3,817,738
2064	1,655,126	1,436,163	13,697	3,104,986
2065	1,223,659	1,168,498	9,601	2,401,758
2066	1,082,758	463,075	6,651	1,552,484
2067	679,965	1,011,081	4,553	1,695,599
2068	225,527	424,176	3,078	652,781
2069	53,969	75,243	2,054	131,266
2070	123	111,327	1,351	112,801
2071	0	453,362	875	454,237
2072	0	25	557	582

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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on May 6, 2021.

Covered Employees Regular full-time or regular part-time employees of Ameriprise employed in the United States, or outside the United States if the employee is a member of the career expatriate staff (receiving qualifying compensation), Field Vice President, Group Vice President, AEFA Field Employee Leaders (with a contract), or an Advisor (with AEFA Financial Advisor's Agreement) and routinely scheduled to work at least 20 hours per week. Effective March 1, 2010, Advisors are no longer eligible for continued accruals in the plan, and AASI corporate employees became eligible. Effective May 1, 2010, acquired Columbia employees became eligible. Effective October 2, 2019 only an individual who is an active participant within the pay period for the pay date of April 10, 2020 can participate in the plan.

Participation Date First day of pay period in which one year of service is completed.

Definitions

Years of service 12-month period of employment with Ameriprise.

Pensionable earnings Base salary plus overtime, shift differential, certain commissions and bonuses from Ameriprise. Lump sum severance pay, imputed income, long-term incentive pay and nonqualified deferred compensation are excluded.

Allocation percentage For a calendar year, the percentage from the following tables based on the employee's attained age and completed years of service at December 31 of the year. Contribution credits were frozen at their levels as of December 31, 2020 as approved in the plan amendment on October 2, 2019.

New Schedule	
Years of Service at December 31	Allocation Percentage
Less than 5	2.50%
5-9	3.25%
10-14	4.00%
15 and over	5.00%

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Effective March 1, 2010, current participants will remain at their current 2010 allocation percentage under the old schedule (below) until the new schedule is more favorable. Participants not eligible before March 1, 2010, receive allocations based on the new schedule.

Old Schedule	
Age + Service at December 31	Allocation Percentage
Less than 35	2.50%
35-44	3.25%
45-59	4.25%
60-74	5.75%
75-89	8.00%
90 and over	10.00%

Interest credit

The fixed interest rate for a calendar year determined as the average of the daily 5-year U.S. Treasury note yields for the previous October 1 through November 30. The minimum is 5% and the maximum is 10% (but not greater than the average of the daily 30-year U.S. Treasury yields for the previous October).

Pension benefit

Cash balance account, payable as a lump sum distribution, equal to the sum of (1), (2) and (3):

- (1) The July 1, 1995, opening account balance (see below).
- (2) Allocations each pay period equal to the year's allocation percentage times pensionable earnings for the pay period.
- (3) Interest credits accrued daily from July 1, 1995, for (1) or from the allocation date for (2) up to the lump sum payment date.

The July 1, 1995, opening account balance is the actuarial equivalent of the June 30, 1995, accrued benefit, determined as follows:

- For each active participant in the prior American Express or IDS Retirement Plan on June 30, 1995, the accrued benefit payable at age 65 was determined based upon the service, earnings and benefit formula on that date.
- The present value of the June 30, 1995, accrued benefit was determined using a deferred to age 65 straight life annuity factor based on a 6% interest rate and the 1984 Unisex Pensioner mortality table.

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- For participants who were over age 45 on June 30, 1995, the present value was increased by a percentage of the value of the early retirement benefit payable under the prior plan at the participant's earliest retirement date (age 55 with 10 years of service, or age 55 for prior IDS plan participants). The percentage for participants eligible for early retirement on June 30, 1995, was 100%. The percentage for participants not yet eligible for early retirement on June 30, 1995, was 100% minus 10% for each year from June 30, 1995, to the participant's earliest retirement date (but not less than 0%).

Eligibility for Benefits

Normal or postponed retirement	Retirement on the first day of any month following the attainment of age 65.
Vested termination	Termination for reasons other than death or retirement after completing three years of vesting service. Participants who were part of the Auto & Home transaction are fully vested in their benefits upon sale to AmFam, Inc. on October 1, 2019.
Preretirement disability	Termination of employment due to disability (full vesting).
Preretirement death benefit	Termination of employment due to death (full vesting).

Benefits Paid Upon the Following Events

Normal or postponed retirement	Cash balance account determined at the retirement date. Benefits paid after a participant's Normal Retirement Date will be no less than the actuarial equivalent of the participant's accrued benefit as of the Normal Retirement Date.
Vested termination	Cash balance account determined at the termination date. Payment may be deferred, but not beyond age 65, with continuing interest credits.
Preretirement disablement	Cash balance account determined at the disability date. Payment may be deferred, but not beyond age 65, with continuing interest credits.

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If the participant was vested before the disability date and elects to defer payment, allocations of pensionable earnings and service and interest credits will continue during the disability, but not beyond age 65.

Preretirement death

Cash balance account determined at the date of death payable to the surviving spouse or other beneficiary (with spousal consent). The spouse may defer payment, but not beyond the participant's age 65.

Other Plan Provisions

Forms of payment

The normal form of payment is a single life annuity for single participants and a 50% contingent annuitant annuity with the spouse as the designated beneficiary for married participants. In addition, for preretirement death benefits, the normal form of payment is a single life annuity for surviving spouses and an immediate lump sum distribution equal to the cash balance account for other beneficiaries.

The optional forms of payment are a lump sum distribution equal to the cash balance account for all participants and surviving spouses, a single life annuity for married participants and a 50% or 75% contingent annuitant annuity with any designated beneficiary for all participants. Spousal consent is required for an optional form of payment.

The amount of an annuity is the actuarial equivalent of the cash balance account. For this purpose, actuarial equivalence is based on the prescribed mortality table under Internal Revenue Code Section 417(e)(3) and the applicable segment rates based on the Plan's October lookback month.

Cash balance accounts of \$5,000 or less are paid as immediate lump sum distributions.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code as in effect on the first day of the plan year (October 1) immediately preceding the calendar year. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

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Special Provisions for Prior Plan Participants

For participants in the prior American Express or IDS Retirement Plan as in effect before July 1, 1995, the following special provisions apply:

- The June 30, 1995, accrued benefit under the prior plan is guaranteed as a minimum annuity and the present value of this accrued benefit is guaranteed as a minimum lump sum distribution.
- Participants in the prior American Express Plan have their years of service before July 1, 1995, determined under the provisions of the prior plan. In addition, participants with at least 3 years of service on June 30, 1995, under the prior American Express Plan have their years of service for purposes of vesting and eligibility for the minimum accrued benefit determined under the provisions of the prior plan or the current plan, whichever produces more service.
- Participants in the prior IDS Plan with at least 3 years of service before July 1, 1995, will be vested at the earlier of the completion of 5 years of service and the attainment of age 55. In addition, participants in the prior IDS Plan who were age 55 before July 1, 1995, are vested.
- Participants in a prior plan may choose a separate form of payment for the June 30, 1995, accrued benefit:
 - For American Express, the separate forms are a 50% or 100% survivor's benefit option, a 25% or 100% contingent annuitant option, and a level income option.
 - For IDS, the separate forms are a life annuity benefit, a life annuity benefit with payments guaranteed for a period certain of 5, 10 or 15 years, a 50% contingent annuitant benefit, a 50% or 100% joint & survivor benefit, and either a 50% contingent annuitant benefit or a 50% joint & survivor benefit with payments guaranteed for a period certain of 10 years.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

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ERISA Plan No.	002
Plan Year End	9/30/2024

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).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The following changes were made to non-prescribed actuarial assumptions for 2023:

- The assumed plan-related expenses added to the target normal cost were changed from \$5,900,000 for the prior valuation to \$1,900,000 for the current valuation to account for lower expected expenses to be paid from the trust.
- The payment-timing assumption was updated to reflect the change in the Required Minimum Distribution (RMD) age to 73 and an increase in the estimated actuarial increases for delayed retirements due to the continuing higher interest rates.

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