

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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.	07/13/2026	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 9405																						
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.....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="height: 20px;"></td></tr><tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">4747</td></tr><tr><td>6a(2)</td><td style="text-align: right;">4289</td></tr><tr><td>6b</td><td style="text-align: right;">570</td></tr><tr><td>6c</td><td style="text-align: right;">3992</td></tr><tr><td>6d</td><td style="text-align: right;">8851</td></tr><tr><td>6e</td><td style="text-align: right;">121</td></tr><tr><td>6f</td><td style="text-align: right;">8972</td></tr><tr><td>6g(1)</td><td></td></tr><tr><td>6g(2)</td><td></td></tr><tr><td>6h</td><td style="text-align: right;">0</td></tr></table>			6a(1)	4747	6a(2)	4289	6b	570	6c	3992	6d	8851	6e	121	6f	8972	6g(1)		6g(2)		6h	0
6a(1)	4747																						
6a(2)	4289																						
6b	570																						
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6d	8851																						
6e	121																						
6f	8972																						
6g(1)																							
6g(2)																							
6h	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
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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 0
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
▶ 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 2024			
2	Assets:			
a	Market value	2a	880584179	
b	Actuarial value	2b	792525761	
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	567	46131255	46131255
b	For terminated vested participants	4108	318688935	318688935
c	For active participants	4747	421245294	421245294
d	Total	9422	786065484	786065484
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	5.35 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	24766470	
b	Expected plan-related expenses	6b	1800000	
c	Target normal cost	6c	26566470	

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	07/01/2026 Date 26-05123 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	30512
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	30512
10 Interest on line 9 using prior year's actual return of 22.27 %	0	6795
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		114259
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 5.24 %		5987
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		120246
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	37307

Part III Funding Percentages

14 Funding target attainment percentage	14	100.81 %
15 Adjusted funding target attainment percentage	15	100.82 %
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	100.01 %
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
04/07/2026	22000000	0			
Totals ▶			18(b)	22000000	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	20327952

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
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21 Discount rate:			
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %
	☐ 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	26566470	
b Excess assets, if applicable, but not greater than line 31a	31b	6422970	
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	20143500	
	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	20143500	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	20327952	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	184452	
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
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
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
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
ARTISAN PARTNERS LTD PARTNERSHIP
30-0551775

(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

BEACH POINT CAPITAL MANAGEMENT LP

80-0242162

(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

BNY MELLON INVESTMENT ADVISOR, INC

13-5673135

(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

BOSTON PARTNERS TRUST COMPANY

26-4550044

(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

GREAT GRAY TRUST CO, LLC

92-1941236

(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

MFS HERITAGE TRUST COMPANY

02-0507414

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

MUFG FUND SERVICES LTD

205 ELGIN AVE, PAV EAST CKT SQUARE 4TH FLOOR, P.O. BOX 609
GEORGE TOWN, GRAND CAYMAN KY1-1107 KY

(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

SEI TRUST COMPANY

06-1271230

(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

UBS ASSET MANAGEMENT LLC

99-1683313

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

KENNEDY CAPITAL MANAGEMENT LLC

43-1225960

(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 61 64	SERVICE PROVIDER	488410	Yes ☒ No ☐	Yes ☒ No ☐	291	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	389341	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	326434	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)

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	187961	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	169081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	128278	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)

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	105994	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	70881	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 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
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) 46319917
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) 31196094
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) 43894119
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) 51487004
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST EMERG MARKET OPPR 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) 31013892
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) 54647417
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) 40529700
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

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) 34306696
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) 45732874
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) 7846762
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) 31437975
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) 65795385
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) 65234559
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) 132848834
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL EQUITY FUND		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7275347-784	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45666173
a Name of MTIA, CCT, PSA, or 103-12 IE: KENNEDY CAP MGMT COLLECTIVE INVT TR		
b Name of sponsor of entity listed in (a): KENNEDY CAPITAL MANAGEMENT, INC.		
c EIN-PN 43-1225960-174	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37185813
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
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

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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
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
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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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	31000000	22000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	279082	219470
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)	104740060	38728566
(5) Partnership/joint venture interests	1c(5)	26282592	44877213
(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)	622471526	765143214
(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)	74866499	28134413
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	21856974	22580389

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	881496733	921683265
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	83934	168771
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	83934	168771
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	881412799	921514494

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)	22000000	
(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)		22000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	643194	
(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)	641453	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1284647
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	830384	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1220317	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2050701
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	55056506	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	57369284	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-2312778
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6841027	
(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)		58798164
(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)		3713770
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		92375531

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	48743785	
(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)		48743785
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)	594404	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1914861	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	70881	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	949905	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3530051
j Total expenses. Add all expense amounts in column (b) and enter total	2j		52273836

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		40101695
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 576036.

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 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
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	
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		3 438
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.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
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	
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		
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.	
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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).....

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 58.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 33.0 %

High-Yield Debt: 4.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 4.0 %

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

- 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_____.

Ameriprise Financial Retirement Plan
Financial Statements and Supplemental Schedules

September 30, 2025 and 2024
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, 2025 and 2024, 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, 2025 and 2024 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.

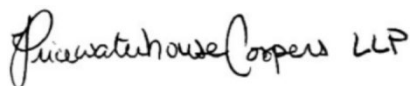
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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, 2025 and Schedule H, line 4j - Schedule of Reportable Transactions (Series of Transactions) for the year ended September 30, 2025 ("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).

The logo for PricewaterhouseCoopers LLP, featuring the company name in a stylized, handwritten-style font.

Minneapolis, Minnesota
June 24, 2026

Ameriprise Financial Retirement Plan

Statements of Net Assets Available for Benefits

	September 30,	
	2025	2024
Assets		
Investments at fair value	\$ 899,463,795	\$ 850,217,651
Interest and dividends receivable	50,495	174,765
Due from brokers	168,975	104,317
Contributions receivable	22,000,000	31,000,000
Total assets	921,683,265	881,496,733
Liabilities		
Due to brokers	168,771	83,934
Net assets available for benefits	\$ 921,514,494	\$ 881,412,799
<i>See Notes to Financial Statements.</i>		

Ameriprise Financial Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended September 30,	
	2025	2024
Employer contributions	\$ 22,000,000	\$ 31,000,000
Net investment income:		
Interest	643,194	1,320,686
Dividends	2,050,701	2,491,248
Other investment income	641,453	664,790
Net realized/unrealized appreciation	67,040,183	152,363,366
Total net investment income	70,375,531	156,840,090
Total contributions and net investment income	92,375,531	187,840,090
Benefits paid	48,743,785	46,458,272
Administrative expenses	3,530,051	3,890,338
Total benefits paid and administrative expenses	52,273,836	50,348,610
Net increase in net assets available for benefits	40,101,695	137,491,480
Net assets available for benefits at beginning of year	881,412,799	743,921,319
Net assets available for benefits at end of year	\$ 921,514,494	\$ 881,412,799

See Notes to Financial Statements.

Ameriprise Financial Retirement Plan
Notes to Financial Statements
September 30, 2025

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, base pay, performance based 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 2025 and 2024, 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 regulatory funding requirements. For the 2024 plan year (plan year beginning on October 1, 2024), the Company had a minimum required contribution of \$22 million due by June 15, 2026 which is reflected as a Contribution receivable in the Statement of Net Assets Available for Benefits as of September 30, 2025. Subsequently, the Company contributed the \$22 million on April 7, 2026 for the 2024 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 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 Bank (“trustee”) is the Plan’s trustee and Alight Solutions is the Plan’s recordkeeper. Beginning on March 2, 2026, the Plan’s trustee transitioned from Principal Bank to The Northern Trust Company.

Transactions involving funds administered by Principal Bank 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, 2025

Partnership; BNY Mellon Investment Advisor; American Core Realty Advisors, LLC; Lazard Asset Management LLC; Evanston Capital Management LLC; and UBS Asset Management (Americas), 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, 2025 and 2024, 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.

Ameriprise Financial Retirement Plan
Notes to Financial Statements
September 30, 2025

The significant actuarial assumptions used to calculate the actuarial present value of accumulated plan benefits as of September 30, 2024 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	6.75%
Assumed interest crediting rate	5.00%

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, 2024 was as follows:

Vested benefits:	
Participants currently receiving payments	\$ 41,784,455
Other vested benefits	644,526,645
	686,311,100
Non-vested benefits	
Total actuarial present value of accumulated plan benefits	\$ 686,311,100

The net increase in the actuarial present value of accumulated plan benefits for the year ended September 30, 2024 was the result of the following:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 630,188,883
Net increase (decrease) attributable to:	
Additional benefits accumulated	21,313,801
Actuarial (gains)/losses	4,849,423
Interest due to decrease in the discount period	45,579,298
Benefits paid	(46,458,272)
Assumption change ⁽¹⁾	30,837,967
Net increase	56,122,217
Actuarial present value of accumulated plan benefits at end of year	\$ 686,311,100

⁽¹⁾ Assumption change reflects a reduction in the discount rate from 7.25% to 6.75%.

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 investments of \$899,463,795 and \$850,217,651 held as of September 30, 2025 and 2024, respectively, and net investment income of \$70,375,531 and \$156,840,090 for the years ended September 30, 2025 and 2024, 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.

Ameriprise Financial Retirement Plan
Notes to Financial Statements
September 30, 2025

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.

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, 2025			
	Level 1	Level 2	Level 3	Total
Equity securities:				
U.S. small cap stocks	\$ 34,114,155	\$ 4,614,411	\$ —	\$ 38,728,566
Registered investment companies	28,134,413	—	—	28,134,413
Collective investment funds at net asset value ("NAV")	—	—	—	765,143,214 ⁽¹⁾
Real estate investment trusts at NAV	—	—	—	22,580,389 ⁽¹⁾
Hedge funds at NAV	—	—	—	44,877,213 ⁽¹⁾
Total	<u>\$ 62,248,568</u>	<u>\$ 4,614,411</u>	<u>\$ —</u>	<u>\$ 899,463,795</u>

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 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>

⁽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.

Ameriprise Financial Retirement Plan
Notes to Financial Statements
September 30, 2025

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.

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 is reported based on certain assumptions pertaining to interest 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 2021.

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 24, 2026, 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)

EIN: 13-3180631, Plan #: 002

September 30, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Number of Shares / Units or Face Amount	Cost	Current Value
See Attachment (Pages 13-29)	See Attachment	\$ 664,723,530	\$ 899,463,795

Information certified as complete and accurate by Principal Bank.

Ameriprise Financial Retirement Plan
SUPPLEMENTAL SCHEDULES

Schedule H, Line 4j — Schedule of Reportable Transactions (Series of Transactions)
Year Ended September 30, 2025

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						
	206,188,063	\$ 206,188,063	\$ —	\$ 206,188,063	\$ 206,188,063	\$ —
	225,310,592	\$ —	\$ 225,310,592	\$ 225,310,592	\$ 225,310,592	\$ —

Note: There were no category (i), (ii), or (iv) reportable transactions during the plan year ended September 30, 2025.

Information certified as complete and accurate by Principal Bank.

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AS OF SEPTEMBER 30, 2025

EIN: 13-3180631, Plan#: 002

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
GENERAL INVESTMENTS			

INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)			

01988T696 SHORT-TERM INVESTMENT FUND S10	7,846,761.630	7,846,762	7,846,762
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)		7,846,762	7,846,762
COMMON			

00402L107 ACADEMY SPORTS & OUTDOORS INC	3,100.000	63,750	155,062
00091G104 ACV AUCTIONS INC	11,950.000	195,600	118,425
000899104 ADMA BIOLOGICS INC	2,450.000	47,654	35,917
007973100 ADVANCED ENERGY INDS INC	1,530.000	151,620	260,314
00847J105 AGILYSYS INC	2,000.000	227,746	210,500
011659109 ALASKA AIR GROUP INC	2,510.000	151,700	124,948
G01767105 ALKERMES PLC	5,020.000	152,684	150,600
01749D105 ALLEGRO MICROSYSTEMS INC	4,840.000	143,606	141,328
03076K108 AMERIS BANCORP	790.000	59,188	57,915
03589W102 ANNEXON INC	34,670.000	80,346	105,744
03940C100 ARCELLX INC	1,540.000	81,510	126,434

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03945R102 ARCHER AVIATION INC CL A	12,450.000	131,331	119,271
04208T108 ARMADA HOFFLER PROPERTIES, INC.	10,650.000	118,003	74,657
04351P101 ASCENDIS PHARMA A/S	480.000	35,733	95,429
045487105 ASSOCIATED BANC CORP	1,220.000	25,846	31,366
04635X102 ASTRIA THERAPEUTICS INC	12,040.000	88,926	87,651
04956D107 ATMUS FILTRATION TECHNOLOGIES	4,500.000	185,889	202,905
05370A108 AVIDITY BIOSCIENCES INC	3,380.000	101,278	147,267
05464T104 AXSOME THERAPEUTICS INC	1,360.000	101,615	165,172
002474104 AZZ INC.	1,790.000	136,004	195,343
077347201 BEL FUSE INC	410.000	34,229	47,704
077347300 BEL FUSE INC- CL B COM	910.000	89,285	128,328
077454106 BELDEN INC	COM 1,920.000	170,017	230,918
055477103 BICARA THERAPEUTICS INC	6,130.000	65,693	96,793
G11448100 BITDEER TECHNOLOGIES GROUP CL A	6,420.000	107,469	109,718
096CVR048 BLUEPRINT MEDICINES CORP	RIGHTS EXPIRE 12/31/2049 870.000	0	0
05561Q201 BOK FINANCIAL CORPORATION	COMMON STOCK 1,260.000	109,422	140,414

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099406100 BOOT BARN HOLDINGS INC	1,040.000	98,285	172,349
100557107 BOSTON BEER COMPANY INC-CL A	480.000	138,641	101,482
103002101 BOWMAN CONSULTING GROUP LTD	4,360.000	134,234	184,690
104674106 BRADY CORPORATION	3,100.000	213,352	241,893
10948C107 BRIGHTVIEW HOLDINGS, INC.	10,450.000	165,772	140,030
109696104 BRINKS CO	3,150.000	210,090	368,109
11276H106 BROOKFIELD INFRASTRUCTURE CORP CL A	5,790.000	217,599	238,085
117043109 BRUNSWICK CORP	1,820.000	160,786	115,097
124411109 BYLINE BANCORP INC	4,190.000	86,164	116,189
127203107 CACTUS INC	5,250.000	220,898	207,218
12763L105 CADRE HOLDING INC	3,860.000	81,044	140,929
133034108 CAMDEN NATL CORP	3,910.000	147,036	150,887
13462K109 CAMPING WORLD HOLDINGS, INC.	7,340.000	146,229	115,899
14174T107 CARETRUST REIT INC	5,220.000	145,964	181,030
144285103 CARPENTER TECHNOLOGY CORP	1,250.000	134,929	306,925
149568107 CAVCO INDS INC DEL	COM 560.000	184,101	325,209

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15117B202 CELLDX THERAPEUTICS INC.,	4,490.000	176,810	116,156
M2197Q107 CELLEBRITE DI LTD	8,790.000	116,681	162,879
830830105 CHAMPION HOMES INC	2,780.000	175,671	212,309
674215207 CHORD ENERGY CORPORATION	2,460.000	326,163	244,450
171779309 CIENA CORP USD 0.01	1,450.000	72,213	211,222
17243V102 CINEMARK HOLDINGS INC	7,440.000	221,730	208,469
172755100 CIRRUS LOGIC INC	1,760.000	129,369	220,510
203607106 COMMUNITY FINANCIAL SYSTEM INC	3,130.000	179,316	183,543
204166102 COMMVault SYSTEMS INC	1,460.000	259,396	275,619
20464U100 COMPASS INC CL A	26,000.000	155,674	208,780
20786W107 CONNECTONE BANCORP, INC.	5,190.000	98,080	128,764
F21107101 CONSTELLUM SE	8,150.000	128,729	121,272
21044C107 CONSTRUCTION PARTNERS INC	3,100.000	158,995	393,700
12618T105 CRA INTL INC	1,380.000	56,780	287,771
224441105 CRANE NXT CO	2,450.000	89,332	164,322
G25457105 CREDO TECHNOLOGY GROUP HOLDING	1,240.000	149,268	180,556

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22663K107 CRINETICS PHARMACEUTICALS INC	3,110.000	112,185	129,532
23128Q101 CURBLINE PROPERTIES CORP	REAL ESTATE INVESTMENT TRUST 6,424.000	139,099	143,255
G2717B108 CUSHMAN & WAKEFIELD PLC	22,680.000	274,038	361,066
126600105 CVB FINL CORP	9,040.000	167,308	170,946
23282W605 CYTOKINETICS INC	3,241.000	141,163	178,125
23284F105 CYTOMX THERAPEUTICS INC	9,090.000	21,798	28,997
26740W109 D-WAVE QUANTUM INC	4,990.000	77,255	123,303
237266101 DARLING INGREDIENTS INC	COM 3,910.000	153,585	120,702
23954D109 DAY ONE BIOPHARMACEUTICALS INC	12,550.000	158,064	88,478
24823R105 DENALI THERAPEUTICS INC	7,680.000	110,985	111,514
254543101 DIODES INC	3,720.000	238,411	197,941
25960P109 DOUGLAS EMMETT INC	11,600.000	156,099	180,612
26701L100 DUTCH BROS INC	2,300.000	87,190	120,382
26969P108 EAGLE MATLS INC	COM 790.000	86,106	184,102
27627N105 EASTERN BANKSHARES INC	15,920.000	223,505	288,948
278768106 ECHOSTAR CORPORATION	3,990.000	119,700	304,676

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28414H103 ELANCO ANIMAL HEALTH INC	5,220.000	66,410	105,131
28618M106 ELEMENT SOLUTIONS INC	6,109.000	91,072	153,764
29272W109 ENERGIZER SPINCO INC	4,800.000	142,944	119,472
29358P101 ENSIGN GROUP INC/THE	2,440.000	262,527	421,559
30040P103 EVERTEC INC	4,430.000	146,580	149,645
302081104 EXLSERVICE HOLDINGS INC	6,680.000	294,277	294,120
G3323L100 FABRINET	1,050.000	270,572	382,851
31816X106 FIREFLY AEROSPACE INC	1,850.000	87,657	54,242
318910106 FIRST BANCORP N C	4,230.000	200,962	223,725
32026V104 FIRST FOUNDATION INC	15,530.000	194,933	86,502
32051X108 FIRST HAWAIIAN INC	7,300.000	177,374	181,259
32055Y201 FIRST INTERSTATE BANCSYSTEM IN	7,954.000	266,085	253,494
335834107 FIRST NORTHWEST BANCORP	3,810.000	48,614	29,985
33768G107 FIRSTCASH HLDGS INC	2,120.000	151,052	335,850
342909108 FLOWCO HOLDINGS INC CL A	9,700.000	225,235	144,045
343412102 FLUOR CORP NEW	3,690.000	152,765	155,238

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302520101 FNB CORP PA COM	11,724.000	134,809	188,874
35086T109 FOUR CORNERS PROPERTY TRUST, INC.	4,320.000	117,180	105,408
G39108108 GATES INDUSTRIAL CORPORATION	8,800.000	170,007	218,416
G9456A100 GOLAR LNG LTD	3,510.000	88,961	141,839
38526M106 GRAND CANYON EDUCATION INC	1,190.000	139,084	261,229
388689101 GRAPHIC PACKAGING HLDGCO	7,410.000	160,398	145,014
39874R101 GROCERY OUTLET HOLDING CORP	8,380.000	124,820	134,499
402635502 GULFPORT ENERGY CORP	1,160.000	165,553	209,937
41068X100 HA SUSTAINABLE INFRASTRUCTRE CAP INC	REAL ESTATE INVESTMENT TRUST 5,440.000	163,543	167,008
410120109 HANCOCK WHITNEY CORPORATION	3,620.000	205,065	226,648
42226A107 HEALTHEQUITY INC	1,750.000	170,354	165,848
42704L104 HERC HOLDINGS INC	2,590.000	309,915	302,149
450913108 IAMGOLD CORP	1,510.000	19,627	19,524
44930G107 ICU MED INC COM	1,440.000	189,504	172,742
451107106 IDACORP INC	COM 920.000	91,024	121,578
44951W106 IES HOLDINGS INC	1,000.000	117,313	397,650

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45245E109 IMAX CORP COM	7,400.000	123,634	242,350
453838609 INDEPENDENT BANK CORP/MI	4,250.000	100,067	131,644
45780R101 INSTALLED BUILDING PRODUCTS IN	250.000	41,702	61,665
46222L108 IONQ INC	2,370.000	96,651	145,755
450056106 IRHYTHM TECHNOLOGIES INC	1,630.000	174,627	280,344
G50871105 JAZZ PHARMACEUTICALS PLC	690.000	75,664	90,942
485924104 KARMAN HOLDINGS INC	2,650.000	113,429	191,330
49427F108 KILROY REALTY CORP COM	4,310.000	159,806	182,098
50012A108 KODIAK GAS SERVICES INC	3,440.000	125,323	127,177
50077B207 KRATOS DEFENSE & SECURITY SOLUTIONS INC. - NEW	4,050.000	61,189	370,049
514952100 LANDBRIDGE CO LLC CL A	1,230.000	25,147	65,621
51819L107 LATHAM GROUP INC	19,830.000	132,543	150,906
518613203 LAUREATE EDUCATION INC	16,640.000	216,779	524,826
50189K103 LCI INDUSTRIES	1,200.000	137,595	111,780
52476L109 LEGENCE CORP CL A	3,020.000	87,239	93,046
52490G102 LEGEND BIOTECH CORP	2,270.000	69,501	74,025

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G9001E128 LIBERTY LATIN AMERICA LTD.	12,920.000	107,463	109,045
53228F101 LIFESTANCE HEALTH GROUP INC	23,380.000	164,383	128,590
53263P105 LIMBACH HOLDINGS INC	1,840.000	226,299	178,701
546347105 LOUISIANA PAC CORP	2,200.000	221,655	195,448
55024U109 LUMENTUM HOLDINGS INC	1,760.000	88,094	286,370
55405Y100 MACOM TECHNOLOGY SOLUTIONS HOLDINGS, INC.	1,180.000	63,907	146,898
558868105 MADRIGAL PHARMACEUTICALS INC	460.000	109,651	210,984
55955D100 MAGNITE INC	5,980.000	110,142	130,244
574795100 MASIMO CORP	1,080.000	121,731	159,354
589889104 MERIT MEDICAL SYSTEMS INC	COMMON STOCK 2,740.000	208,632	228,050
59001A102 MERITAGE HOMES CORPORATION	2,320.000	182,781	168,038
N5749R100 MERUS N.V.	960.000	51,431	90,384
60471A101 MIRION TECHNOLOGIES INC CL A	5,480.000	118,368	127,465
607828100 MODINE MFG CO	1,920.000	169,365	272,947
61225M102 MONTE ROSA THERAPEUTICS INC	12,850.000	59,050	95,219
626755102 MURPHY USA INC	450.000	152,109	174,717

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63947X101 NCINO INC	5,050.000	142,057	136,906
646025106 NEW JERSEY RES CORP	2,930.000	108,105	141,080
65290E101 NEXTRACKER INC CL A	4,680.000	229,827	346,273
65540B105 NOODLES & COMPANY	11,070.000	74,937	7,036
665531307 NORTHERN OIL AND GAS INC	4,270.000	136,802	105,896
M7516K103 NOVA LTD	800.000	93,521	255,728
P73684113 ONESPAWORLD HOLDINGS LIMITED	14,600.000	162,030	308,644
683344105 ONTO INNOVATION INC	1,940.000	173,449	250,687
68404L201 OPTION CARE HEALTH INC	8,700.000	268,955	241,512
671044105 OSI SYS INC @CORP COM	800.000	182,252	199,392
69007J304 OUTFRONT MEDIA INC	REAL ESTATE INVESTMENT TRUST 8,334.000	140,641	152,679
69376K106 P10 INC	14,780.000	127,373	160,806
698884103 PAR TECHNOLOGY CORP	3,170.000	216,801	125,469
703343103 PATRICK INDUSTRIES INC	1,815.000	146,458	187,725
71367G102 PERELLA WEINBERG PARTNERS	16,430.000	175,439	350,288
46489V302 PERSPECTIVE THERAPEUTICS INC	22,250.000	159,388	76,318

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724078100 PIPER SANDLER COS	630.000	90,545	218,604
69343T107 PJT PARTNERS INC	1,230.000	90,558	218,608
733174700 POPULAR INC	820.000	44,581	104,148
73757R102 POSTAL REALTY TRUST INC	5,000.000	74,759	78,450
74340E103 PROGYN INC	8,130.000	174,841	174,958
69366J200 PTC THERAPEUTICS INC	2,650.000	139,701	162,631
75700L108 RED ROCK RESORTS, INC.	3,060.000	153,634	186,844
749527107 REV GROUP INC	6,980.000	201,071	395,557
76655K103 RIGETTI COMPUTING INC	5,090.000	78,146	151,631
767292105 RIOT PLATFORMS INC	8,430.000	114,759	160,423
78573L106 SABRA HEALTH CARE REIT, INC.	11,220.000	205,890	209,141
801056102 SANMINA CORPORATION	2,530.000	210,872	291,228
G7997W102 SEADRILL 2021 LTD	4,850.000	131,979	146,519
816300107 SELECTIVE INS GROUP INC	2,210.000	212,668	179,165
G81276100 SIGNET JEWELERS LIMITED	2,410.000	205,034	231,167
82706C108 SILICON MOTION TECHNOLOGY CORPORATION	1,560.000	111,321	147,904

FD491
SCHEDULE H (FORM 5500 - 4I-1)
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IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
82900L102 SIMPLY GOOD FOODS CO/THE	5,430.000	194,497	134,773
83418M103 SOLARIS ENERGY INFRAS INC CL A	7,170.000	185,823	286,585
844895102 SOUTHWEST GAS HOLDINGS, INC.	880.000	63,052	68,939
85914M107 STEPSTONE GROUP INC	3,930.000	138,106	256,668
859241101 STERLING INFRASTRUCTURE INC	1,110.000	107,408	377,045
556269108 STEVEN MADDEN LTD	6,680.000	178,982	223,646
860630102 STIFEL FINANCIAL CORP	540.000	36,422	61,274
86150R107 STOKE THERAPEUTICS INC	4,700.000	49,701	110,450
G85158106 STONECO LTD.	8,420.000	157,373	159,222
86333M108 STRIDE INC	410.000	59,701	61,065
86366E106 STRUCTURE THERAPEUTICS INC SPONSORED	AMERICAN DEPOSITORY RECEIPT 4,240.000	81,964	118,720
86881A100 SURGERY PARTNERS INC	8,020.000	271,340	173,553
875465106 TANGER INC	REAL ESTATE INVESTMENT TRUST 6,180.000	185,416	209,131
G87264100 TECNOGLASS INC	2,850.000	154,346	190,694
87969B101 TELOS CORP	5,770.000	195,720	39,467
88080T104 TERAULF INC	8,350.000	77,246	95,357

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880779103 TEREX CORP NEW	5,040.000	282,698	258,552
05589G102 THE BALDWIN INSURANCE GRP INC CL A	4,110.000	82,798	115,943
G0772R208 THE BANK OF N.T. BUTTERFIELD & SON	LIMITED 5,470.000	167,253	234,772
89377M109 TRANSMEDICS GROUP INC	950.000	92,294	106,590
89422G107 TRAVERE THERAPEUTICS INC	820.000	19,721	19,598
89469A104 TREEHOUSE FOODS INC	3,910.000	141,877	79,021
89679M104 TRIPLE FLAG PRECIOUS METALS CORP	670.000	19,847	19,604
87305R109 TTM TECHNOLOGIES INC	COM 3,650.000	183,713	210,240
87318A101 TWFG INC CL A	4,980.000	121,344	136,651
69349H107 TXNM ENERGY INC	2,820.000	149,651	159,471
90278Q108 UFP INDUSTRIES INC	2,130.000	238,745	199,134
90400D108 ULTRAGENYX PHARMACEUTICAL INC	2,810.000	98,025	84,525
90984P303 UNITED COMMUNITY BANKS INC/GA	6,110.000	157,387	191,549
915271100 UNIVEST FINANCIAL CORP	9,660.000	243,853	289,993
916896103 URANIUM ENERGY CORP	14,960.000	110,563	199,566
91704F104 URBAN EDGE PROPERTIES	10,300.000	174,004	210,841

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92242T101 V2X INC	2,620.000	125,584	152,196
922280102 VARONIS SYSTEMS INC	5,380.000	148,290	309,189
92243G108 VAXCYTE INC	3,890.000	174,246	140,118
92346J108 VERICEL CORP	3,150.000	127,640	99,131
92672L107 VIEWRAY INC	60,160.000	297,861	0
92686J106 VIKING THERAPEUTICS INC	770.000	19,933	20,236
92764N102 VIR BIOTECHNOLOGY INC	15,300.000	78,477	87,363
92790C104 VIRIDIAN THERAPEUTICS INC	5,670.000	88,191	122,359
92846Q107 VITA COCO CO INC/THE	3,700.000	137,865	157,139
918284100 VSE CORP	1,470.000	106,832	244,373
929566107 WABASH NATL CORP	9,210.000	92,520	90,903
93148P102 WALKER & DUNLOP INC	1,770.000	162,507	148,007
93627C101 WARRIOR MET COAL INC	1,800.000	99,625	114,552
940923105 WATERBRIDGE INFRASTRUCTURE LLC CL A	5,530.000	128,332	139,467
947890109 WEBSTER FINL CORP WATERBURY CONN	4,270.000	172,823	253,809
957638109 WESTERN ALLIANCE BANCORPORATION	3,152.000	128,198	273,341

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97650W108 WINTRUST FINL CORP	2,600.000	221,037	344,344
97717P104 WISDOMTREE INC	12,690.000	174,208	176,391
98139A105 WORKIVA INC	2,390.000	224,257	205,731
98420N105 XENON PHARMACEUTICALS INC	3,140.000	114,627	126,071
98423F109 XOMETRY INC CL A	2,330.000	29,035	126,915
98937L105 ZENAS BIOPHARMA INC	3,450.000	47,131	76,590
TOTAL COMMON		31,242,624	38,728,566
PARTNERSHIP/JOINT VENTURE INTERESTS -----			
HN0030538 A&Q GLOBAL ALPHA STRATEGIES LTD	15,000.000	15,000,000	15,363,750
665995668 AMERICAN CORE REALTY FUND, LLC	188.030	21,240,355	22,580,389
7LP0004C0 THE WEATHERLOW OFFSHORE FUND II LTD	8,319.930	8,500,000	21,366,792
TOTAL PARTNERSHIP/JOINT VENTURE INTERESTS		44,740,355	59,310,931
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	31,196,094
* 03077K818 AMERIPRISE TR CO COLLECTIVE INVT TR	FOR EMPLOYEE BENEFIT PLANS COLUMBIA 462,229.800	25,265,455	34,306,696
* 03077P486 AMERIPRISE TR CO COLLECTIVE INVT TR	FOR EMPLOYEE BENEFIT PLANS 2,247,383.480	25,090,288	31,013,892

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IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
* 03078M359 AMERIPRISE TR CO COLLECTIVE INVT TR	FOR EMPLOYEE BENEFIT PLANS 2,771,689.310	27,717,031	45,732,874
04315V749 ARTISAN MULTIPLE INVT TR	GLOBAL VALUE TR TIER 1 2,782,455.020	25,920,827	54,647,417
072993041 BEACH POINT LOAN FUND (CAYMAN) LTD.	4,112.770	5,000,000	8,146,671
101057404 BOSTON PARTNERS COLLECTIVE INVT TR	LARGE CAP VALUE EQUITY FD CL D UNIT 947,321.010	14,015,256	43,894,119
969996289 INTERMEDIATE GOVERNMENT	BOND INDEX NON-LENDABLE FUND 4,753,866.820	62,178,206	65,795,385
489358101 KENNEDY CAP MGMT COLLECTIVE INVT TR	3,465,593.010	34,655,930	37,185,813
52107C668 LAZARD/WILMINGTON EMERGING MARKETS	EQUITY ADVANTAGE CIT 2,527,737.380	20,878,194	31,437,975
969996305 LONG TERM GOVERNMENT BOND	INDEX NON-LENDABLE FUND 4,335,561.560	64,077,896	65,234,559
543504609 LOOMIS SAYLES TR CO LLC	LARGE CAP GROWTH FD CL B 700,312.890	7,675,429	51,487,004
70A120642 MORGAN STANLEY INTL EQUITY TRUST	95,734.150	8,833,031	46,319,917
PE0020977 PENDING - MFS INTERNATIONAL EQUITY	FUND CIT - CLASS 2 45,666,172.790	45,666,173	45,666,173
969996297 U.S. STRIPS 20+ YEAR BOND	INDEX NON-LENDABLE FUND 17,940,479.020	137,944,179	132,848,835
92836K607 VIRTUS COLLECTIVE INVT TR II	SUSTAINABLE GROWTH ADVISERS 1,232,655.090	30,000,000	40,529,700
TOTAL VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS		549,849,136	765,443,124
VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES			
05588E108 BNY MELLON INTERNATIONAL BOND FUND	CLASS Y 2,090,223.830	31,044,653	28,134,413

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IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		31,044,653	28,134,413
TOTAL GENERAL INVESTMENTS		664,723,530	899,463,795
		-----	-----

* Indicates party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of October 1, 2024

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	0	74	2	0	0	0	0	0	0	76
			111,831								111,447
30-34	0	0	211	43	1	0	0	0	0	0	255
			122,235	155,852							127,854
35-39	0	0	203	179	42	2	0	0	0	0	426
			132,893	160,233	181,586						149,096
40-44	0	0	228	188	214	40	2	0	0	0	672
			152,542	168,390	196,096	198,293					174,190
45-49	0	0	140	166	161	169	93	2	0	0	731
			166,060	159,509	178,123	179,556	166,874				170,455
50-54	0	0	142	131	144	120	218	47	0	0	802
			156,437	162,533	181,040	175,977	167,460	188,116			169,627
55-59	0	0	119	110	116	105	146	96	44	4	740
			156,194	152,332	182,158	170,058	167,968	171,845	125,093		163,847
60-64	0	0	86	74	71	62	75	45	68	26	507
			140,025	149,403	146,850	183,232	151,298	148,484	131,843	122,910	148,077
65-69	0	0	39	32	26	17	19	11	10	9	163
			124,032	109,957	127,962						123,460
70 & over	0	0	7	12	5	5	7	2	1	3	42
											131,996
Total	0	0	1,249	937	780	520	560	203	123	42	4,414
			141,877	157,451	180,680	176,087	163,500	167,201	128,872	135,488	159,555

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, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of October 1, 2024

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	0	77	2	0	0	0	0	0	0	79
			12,908								13,083
30-34	0	1	230	45	1	0	0	0	0	0	277
			17,703	36,154							20,768
35-39	0	0	214	196	52	2	0	0	0	0	464
			21,133	43,729	66,365						36,021
40-44	0	0	236	198	270	50	2	0	0	0	756
			26,051	50,696	81,512	111,886					58,240
45-49	0	0	152	173	179	189	94	2	0	0	789
			28,625	52,579	87,091	131,715	151,731				86,856
50-54	0	1	151	133	157	135	223	50	0	0	850
			27,941	57,976	98,243	139,939	171,380	215,799			112,073
55-59	0	0	123	117	124	111	149	99	44	4	771
			27,851	55,218	116,611	151,517	190,228	225,101	217,726		132,448
60-64	0	0	87	84	76	69	76	47	68	26	533
			24,481	50,474	98,878	161,413	199,286	224,152	239,200	275,251	139,071
65-69	0	0	44	32	30	21	19	11	11	9	177
			22,936	44,027	79,310	119,519					112,689
70 & over	0	0	8	13	7	8	8	3	1	3	51
											145,146
Total		2	1,322	993	896	585	571	212	124	42	4,747
			23,432	50,115	91,508	138,464	177,482	219,644	239,667	322,285	91,618

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, 2024

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 4.93% 4.93%
- Second segment rate 5.27% 5.27%
- Third segment rate 5.59% 5.26%
- Effective interest rate 5.35% 5.24%

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

Administrative expenses \$1,800,000

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 rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Plan Name: Ameriprise Financial Retirement Plan
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Plan Sponsor: Ameriprise Financial, Inc.
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- Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

None

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%

Plan Name: Ameriprise Financial Retirement Plan
 EIN / PN: 13-3180631 / 002
 Plan Sponsor: Ameriprise Financial, Inc.
 Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

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%

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

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631 / 002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

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.
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At-risk assumptions	Special at-risk liabilities were not calculated for 2024.
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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.
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Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
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).

Plan Name:	Ameriprise Financial Retirement Plan
EIN / PN:	13-3180631 / 002
Plan Sponsor:	Ameriprise Financial, Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

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, 2024. 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, 2024

Plan Name	Ameriprise Financial Retirement Plan
Plan Sponsor EIN	13-3180631
ERISA Plan No.	002
Plan Year End	9/30/2025

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

▶ 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 2024			
2 Assets:			
a Market value		2a	880,584,179
b Actuarial value		2b	792,525,761
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	567	46,131,255	46,131,255
b For terminated vested participants	4,108	318,688,935	318,688,935
c For active participants	4,747	421,245,294	421,245,294
d Total	9,422	786,065,484	786,065,484
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	5.35%	
6 Target normal cost			
a Present value of current plan year accruals	6a	24,766,470	
b Expected plan-related expenses	6b	1,800,000	
c Target normal cost	6c	26,566,470	

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. <i>KAR</i> 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	7/1/2026 Date 2605123 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	30,512
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	30,512
10	Interest on line 9 using prior year's actual return of <u>22.27</u> %	0	6,795
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		114,259
	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>5.24</u> %		5,987
	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		120,246
	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	37,307

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage.....	14	100.81 %
15	Adjusted funding target attainment percentage.....	15	100.82 %
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	100.01 %
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		
04/07/2026	22,000,000	0					
			Totals ►	18(b)	22,000,000	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	20,327,952

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: 4.93 % 2nd segment: 5.27 % 3rd segment: 5.59 %	☐ 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	26,566,470
b	Excess assets, if applicable, but not greater than line 31a	31b	6,422,970
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 20,143,500
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 20,143,500
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 20,327,952
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 184,452
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, Line 22 Description of Weighted Average Retirement Age as of October 1, 2024

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

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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 4.93% 4.93%
- Second segment rate 5.27% 5.27%
- Third segment rate 5.59% 5.26%
- Effective interest rate 5.35% 5.24%

Interest credit on cash balance accounts 5.00%

Administrative expenses \$1,800,000

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 rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

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- Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

None

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%

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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%

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

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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.
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At-risk assumptions	Special at-risk liabilities were not calculated for 2024.
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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.
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Methods

Valuation date	First day of plan year
-----------------------	------------------------

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

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.
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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).
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SCHEDULE SB ATTACHMENTS

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, 2024. 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.

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SCHEDULE SB ATTACHMENTS

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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Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$1,900,000 for the prior valuation to \$1,800,000 for the current valuation to account for lower expected expenses to be paid from the trust.

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Schedule SB, Line 26a Schedule of Active Participant Data as of October 1, 2024

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	0	74	2	0	0	0	0	0	0	76
			111,831								111,447
30-34	0	0	211	43	1	0	0	0	0	0	255
			122,235	155,852							127,854
35-39	0	0	203	179	42	2	0	0	0	0	426
			132,893	160,233	181,586						149,096
40-44	0	0	228	188	214	40	2	0	0	0	672
			152,542	168,390	196,096	198,293					174,190
45-49	0	0	140	166	161	169	93	2	0	0	731
			166,060	159,509	178,123	179,556	166,874				170,455
50-54	0	0	142	131	144	120	218	47	0	0	802
			156,437	162,533	181,040	175,977	167,460	188,116			169,627
55-59	0	0	119	110	116	105	146	96	44	4	740
			156,194	152,332	182,158	170,058	167,968	171,845	125,093		163,847
60-64	0	0	86	74	71	62	75	45	68	26	507
			140,025	149,403	146,850	183,232	151,298	148,484	131,843	122,910	148,077
65-69	0	0	39	32	26	17	19	11	10	9	163
			124,032	109,957	127,962						123,460
70 & over	0	0	7	12	5	5	7	2	1	3	42
											131,996
Total	0	0	1,249	937	780	520	560	203	123	42	4,414
			141,877	157,451	180,680	176,087	163,500	167,201	128,872	135,488	159,555

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

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of October 1, 2024

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	0	77	2	0	0	0	0	0	0	79
			12,908								13,083
30-34	0	1	230	45	1	0	0	0	0	0	277
			17,703	36,154							20,768
35-39	0	0	214	196	52	2	0	0	0	0	464
			21,133	43,729	66,365						36,021
40-44	0	0	236	198	270	50	2	0	0	0	756
			26,051	50,696	81,512	111,886					58,240
45-49	0	0	152	173	179	189	94	2	0	0	789
			28,625	52,579	87,091	131,715	151,731				86,856
50-54	0	1	151	133	157	135	223	50	0	0	850
			27,941	57,976	98,243	139,939	171,380	215,799			112,073
55-59	0	0	123	117	124	111	149	99	44	4	771
			27,851	55,218	116,611	151,517	190,228	225,101	217,726		132,448
60-64	0	0	87	84	76	69	76	47	68	26	533
			24,481	50,474	98,878	161,413	199,286	224,152	239,200	275,251	139,071
65-69	0	0	44	32	30	21	19	11	11	9	177
			22,936	44,027	79,310	119,519					112,689
70 & over	0	0	8	13	7	8	8	3	1	3	51
											145,146
Total		2	1,322	993	896	585	571	212	124	42	4,747
			23,432	50,115	91,508	138,464	177,482	219,644	239,667	322,285	91,618

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, 2024

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
2024	27,044,800	20,731,368	4,633,605	52,409,773
2025	21,689,811	20,503,563	4,473,578	46,666,952
2026	21,454,830	26,051,945	4,312,270	51,819,045
2027	31,105,865	17,269,589	4,151,862	52,527,316
2028	30,233,038	22,606,782	3,993,107	56,832,927
2029	29,657,540	21,314,309	3,836,601	54,808,450
2030	30,374,330	26,315,414	3,682,223	60,371,967
2031	31,099,635	26,346,200	3,529,752	60,975,587
2032	30,954,838	23,031,952	3,379,082	57,365,872
2033	31,885,716	19,338,191	3,229,478	54,453,385
2034	31,883,930	23,656,389	3,080,557	58,620,876
2035	32,427,124	23,512,926	2,931,988	58,872,038
2036	30,086,269	24,296,856	2,783,493	57,166,618
2037	30,003,876	20,729,738	2,634,856	53,368,470
2038	30,572,969	18,271,607	2,485,931	51,330,507
2039	29,542,747	19,787,773	2,336,660	51,667,180
2040	30,160,879	20,126,426	2,187,091	52,474,396
2041	30,663,095	20,210,766	2,037,437	52,911,298
2042	26,599,615	19,495,506	1,888,091	47,983,212
2043	26,134,408	19,922,935	1,739,637	47,796,980
2044	22,792,121	17,007,887	1,592,831	41,392,839
2045	21,640,927	17,596,003	1,448,538	40,685,468
2046	23,877,060	15,033,813	1,307,683	40,218,556
2047	20,299,066	13,997,805	1,171,225	35,468,096
2048	20,520,145	14,770,780	1,040,165	36,331,090
2049	16,726,335	12,097,529	915,527	29,739,391
2050	15,706,107	12,187,839	798,263	28,692,209
2051	15,948,660	12,585,443	689,184	29,223,287
2052	13,832,843	9,939,481	588,960	24,361,284

Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631 / 002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	11,661,621	9,202,179	498,058	21,361,858
2054	12,476,850	7,593,639	416,716	20,487,205
2055	10,954,517	7,384,107	344,939	18,683,563
2056	8,103,168	7,479,748	282,469	15,865,385
2057	7,324,445	5,903,086	228,851	13,456,382
2058	5,387,138	5,263,010	183,476	10,833,624
2059	5,404,537	5,636,445	145,608	11,186,590
2060	3,000,048	3,829,788	114,440	6,944,276
2061	3,532,770	2,692,573	89,125	6,314,468
2062	2,262,287	1,620,827	68,826	3,951,940
2063	2,184,184	1,994,147	52,747	4,231,078
2064	1,822,683	1,411,330	40,157	3,274,170
2065	1,320,279	1,377,258	30,402	2,727,939
2066	1,279,499	542,083	22,917	1,844,499
2067	750,161	962,079	17,219	1,729,459
2068	274,074	320,726	12,915	607,715
2069	51,446	98,538	9,685	159,669
2070	135	111,445	7,273	118,853
2071	0	454,200	5,481	459,681
2072	0	50	4,153	4,203
2073	0	30	3,173	3,203

Plan Name: Ameriprise Financial Retirement Plan
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Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of October 1, 2024

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
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 Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

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

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Plan Name: Ameriprise Financial Retirement Plan
EIN / PN: 13-3180631 / 002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

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2069	51,446	98,538	9,685	159,669
2070	135	111,445	7,273	118,853
2071	0	454,200	5,481	459,681
2072	0	50	4,153	4,203
2073	0	30	3,173	3,203

Plan Name: Ameriprise Financial Retirement Plan
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Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

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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SCHEDULE SB ATTACHMENTS

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
EIN / PN: 13-3180631 / 002
Plan Sponsor: Ameriprise Financial, Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

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, 2024

Plan Name	Ameriprise Financial Retirement Plan
Plan Sponsor EIN	13-3180631
ERISA Plan No.	002
Plan Year End	9/30/2025

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 assumed plan-related expenses added to the target normal cost were changed from \$1,900,000 for the prior valuation to \$1,800,000 for the current valuation to account for lower expected expenses to be paid from the trust.

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