

# Annuity/Settlement Option Surrender Service Request

## 1. Owner Information

*Thrivent ID and email are optional in the state of California.*

Thrivent ID \_\_\_\_\_ Contract number \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_

## 2. Surrender Details

- ☐ Full surrender (*this will close the contract*)
- ☐ One-time partial surrender amount
- ☐ Amount \$ \_\_\_\_\_
- ☐ Amount that is penalty free
- ☐ Maximum Partial Surrender
- ☐ Ongoing Automatic Payout Option (APO)
- ☐ New ☐ Change ☐ Cancel
- Payout frequency
- ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually
- Start date - \_\_\_\_\_
- Automatic payout options (select one)
- ☐ Interest only
- ☐ Fixed amount \$ \_\_\_\_\_
- ☐ Fixed percentage \_\_\_\_\_ %

## 3. Specific Subaccount Surrender

For Fixed Indexed products, the surrender will be taken from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient.

For variable or Multi-Year Guarantee products, indicate account(s) from which payout should be made. If no amounts are indicated, surrenders will be taken proportionately from all subaccounts or allocation periods containing a value.

Subaccount Name or Allocation Period	Amount or Percent
_____	\$ _____ %
_____	\$ _____ %
_____	\$ _____ %

## 4. Delivery of Payment (*If no box is checked, the distribution will be sent via check.*)

- ☐ Check
- ☐ Direct Deposit

### Complete bank information for direct deposit

Full name of bank account owner(s) \_\_\_\_\_

Full name of bank \_\_\_\_\_

Account type ☐ Checking ☐ Savings

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

- ☐ Deposit into an existing Thrivent Mutual Fund account \_\_\_\_\_
- ☐ Deposit into a new Thrivent Mutual Fund account.
- ☐ Apply to another Thrivent contract/account. Only available for one-time partial or complete surrenders.

Contract number	Premium amount	Loan repayment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

---

**5. Request for Waiver of Surrender Charges** (subject to availability) *Optional in the state of California.*

- ☐ Confinement to health care facility still applicable. Information already on file at Thrivent.
- ☐ Request for Waiver of Surrender Charges for Health Care Facilities Confinement form will be sent to Thrivent separately.
- ☐ A letter from the nursing home concerning waiver of surrender charges will be sent to Thrivent separately.
- ☐ A letter from an attending physician or doctor indicating a life expectancy of less than 12 months will be sent to Thrivent separately. Attending physician cannot be a family member.
- ☐ A Claimant's Statement for Total Disability form and an Attending Physician's Statement of Disability form will be sent to Thrivent separately.
- ☐ Proof of state unemployment benefits will be sent to Thrivent separately.

---

**6. Withholding and Charges**

**Surrender Charges and Tax Withholding Amount**

Select one:

- ☐ **NET Request:** *You will receive the amount requested. Your account balance will be reduced by this amount plus any applicable surrender charges and tax withholding.*
- ☐ **GROSS Request:** *You will receive the amount requested less any applicable surrender charges and tax withholding.*

If neither is checked, the default is NET Request.

**Federal and State Withholding Election**

***If no box is checked, 10% federal income tax will be withheld and State withholding will occur as required by your state of residence.***

***For 403(b) or qualified Retirement plan please review Mandatory Tax listed in the Disclosure Section.***

**Federal Tax Withholding:**

- ☐ Do not withhold federal income tax
- ☐ Withhold federal income tax amount of 10%
- ☐ Other federal withholding - Complete and submit to Thrivent IRS form W-4R.

**State Tax Withholding:**

- ☐ Do not withhold state income tax
- ☐ Other state withholding \_\_\_\_\_ %

---

**7. Additional Information**

---

**8. Plan Trustee Certification**

**For Qualified Retirement Plan Surrenders from Deferred Annuities**

By signing in section 10, I certify that the participant (owner) named in section 1 has had a distributable event (age 59 1/2, termination of employment, financial hardship, etc.) and is able to receive a distribution in accordance with the terms and conditions of the plan owning the contract. I also acknowledge the trustee signature requirements have been satisfied in accordance with the terms of the plan.

Is this complete surrender a result of qualified retirement plan (401(k), profit sharing plan, etc) ☐ Yes ☐ No  
termination? (If no box is marked, Thrivent will assume this complete surrender is **not** the  
result of a plan termination.)

---

**9. Validation (see validation requirements in disclosure section)**

Medallion Signature Guarantee Seal or Notary Seal and authorized signature

For Medallion Signature Guarantee, seal and signature and original document must be mailed. Fax will not be accepted.

---

**10. Agreements and Signatures**

I authorize Thrivent to process the requested distribution and I certify: 1) I have received, read, and agree to the Disclosures (pages 4-6 of this form) and any other disclosures contained in this form; 2) I understand this transaction may be taxable and subject to surrender charges; 3) I understand I have the opportunity to request a quote of the taxable gain and surrender charges prior to requesting this transaction; and 4) I understand this transaction, including any distribution of taxable gain or assessment of surrender charges, cannot be reversed.

*If you are signing in any capacity other than the owner/controller/assignee, a title (power-of-attorney, conservator, guardian, trustee, authorized person, etc.) must be provided.*

Signature of owner/controller/assignee \_\_\_\_\_

Date signed \_\_\_\_\_

Title \_\_\_\_\_

Signature of owner/controller/assignee \_\_\_\_\_

Date signed \_\_\_\_\_

Title \_\_\_\_\_

**Employer Certification**

***Only for 403(b) surrenders/APO from deferred annuities.***

By signing, I certify that the participant (owner) named in section 1 has had a distributable event (age 59 1/2, termination of employment, financial hardship, etc.) and is able to receive a distribution in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. In addition, I certify that I am an authorized representative of the employer.

☐ Hardship surrender only (does not apply to APO) - By checking this box, I certify the distributable event is financial hardship.

Name of employer \_\_\_\_\_

Name of authorized representative of employer \_\_\_\_\_

Title of authorized representative of employer \_\_\_\_\_

Signature of authorized representative of employer \_\_\_\_\_

Date signed \_\_\_\_\_

**Send completed form to:**

**Fax: 800-225-2264**

Thrivent  
PO Box 8075  
Appleton WI 54912-8075

## Disclosures

---

### Surrender Details

**I fully acknowledge and understand that by distributing the amount requested from my contract/agreement, the following may result:**

Upon complete surrender, I understand that all insurance coverage provided by this contract and the rights of all beneficiaries under this contract cease as of the date this form is properly signed.

**Taxable Gain** - The distributions may result in the reporting of taxable gains to me.

**Penalty Tax** - An IRS premature distribution penalty may apply to the taxable portion of the surrender if I am under age 59 1/2 or if this is a SIMPLE IRA and I have participated for less than two years.

**Surrender charges may apply.**

**A market value adjustment (MVA) may apply** to distributions from a Fixed Period Allocation.

Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.

**Automatic Payout Option (APO)** - Only available on Deferred Annuities and FPDAs. If we receive this form in good order after your selected start date, the start date shall be deemed the first business day (or Valuation Date for variable products) that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

If 29-31 is chosen, the 28th will be used. If no date is entered, your distribution amount will be the 15th.

Allow 2-5 business days after date selected for funds to be available to you.

Interest only payment must be at least \$25.00. Not available for FPDA or Advisor/Flex.

Fixed - Amount - FPDA only - payment amounts under \$200 will require direct deposit or payment to another Thrivent product.

Fixed Percent - % of cash value to be distributed at the time of each surrender. i.e. .8% monthly = 9.6%, or approximately 10% annually. Not available for FPDA.

If the payment frequency is blank, illegible or invalid, you are deemed to have elected annual distribution. If annual distribution is elected, but the month is left blank, illegible or invalid, you are deemed to have elected December. If the date of the distribution is left blank, illegible or invalid, you are deemed to have elected the 15th and for distributions to begin when this date next occurs.

If funds are being removed from a specific subaccount, and the value of that subaccount drops below the requested distribution amount, the value in that subaccount will be depleted and the balance will be taken proportionately from the remaining subaccounts. Subsequent payouts will be removed proportionately from all the remaining subaccounts, unless otherwise instructed.

**Impact of Withdrawal on Guaranteed Lifetime Withdrawal Benefit (GLWB) rider** - If you have a GLWB rider and a withdrawal results in a GLWB Excess Surrender as defined by the GLWB rider, all GLWB guaranteed values will be reduced. Please see the prospectus for details.

**For Income Builder GLWB Rider Only:** Be advised that the first withdrawal will set your withdrawal percentage.

**For an annuity with the Long-Term Care (LTC) Insurance Rider** - If the reason for your surrender request is due to the need to pay for LTC costs, make a claim from your LTC benefits instead of taking a partial surrender from your annuity.

**Impact of Surrender or Partial Surrender on LTC Insurance Benefits** - I understand that if the LTC Insurance Rider is present, a request to surrender, or a request for a partial surrender which results in the Accumulated Value being less than the required minimum, the LTC Insurance Rider will terminate and all LTC benefits will cease (although nonforfeiture benefits may be available). I understand that if the LTC Insurance Rider is present, a request for a partial surrender will result in a reduction of my available LTC Insurance benefits. Partial surrenders may be subject to income taxation.

I understand that the distribution and any taxable gain resulting from this distribution cannot be reversed once the distribution is processed. Such taxable gain will be subject to federal and state income tax withholding, unless the federal and state tax withholding election is completed.

Transactions are processed as of market close on the day the form is received in good order. If the withdrawal amount requested will cause the value of the contract to fall below the required minimum balance due to market fluctuation, the maximum amount available will be withdrawn.

## **Disclosure and Important Information Regarding Qualified Charitable Distributions (QCD)**

- Use only when IRA owner is 70 1/2 or older.
- The IRS defines QCD as an otherwise taxable distribution from an IRA (other than an ongoing SEP or SIMPLE IRA) owned by an individual who has attained the required age that is paid directly from the IRA to a qualified charity.
- The charity must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions. Certain charities do not qualify; such as, sponsoring charities of donor-advised funds, private foundations and supporting organizations.
- Consult a tax professional to discuss this option as it is your responsibility to ensure the distribution made with this form complies with the IRS rules.
- Thrivent will report this distribution to the IRS on IRS Form 1099-R.

---

## **Specific Subaccount Surrender**

Minimum requirements may apply. Allocations of percentages are subject to availability. If a specific subaccount or allocation period is chosen, and the percentage field is entered, the percentage requested will be based on the specific subaccount or allocation period value, not the entire contract value. If more than 3 subaccounts, use section 7 - Additional Information.

---

## **Delivery of Payment**

**Direct Deposit** - I authorize Thrivent to make this electronic deposit and, if necessary, corrections to my bank account. I further authorize Thrivent to act upon future electronic deposit instructions I provide to my representative or directly to Thrivent. My authorization is valid for electronic deposits and corrections that comply with U.S. law. This authorization shall remain in full force and effect until I revoke it by giving 10 day prior notice to Thrivent.

**Checks** - For contracts with multiple owners, disbursement checks may be made payable to only the primary owner. If only the primary owner's name appears as the payee on a disbursement check from a contract with multiple owners, it is the responsibility of the primary owner to obtain signatures of the other owners prior to cashing the check. If the disbursement results in taxable income, the tax information will be reported to all owners.

When providing bank information on this form, you authorize Thrivent to use a Third-Party Service Provider to verify account and account owner information. Account and/or account owner information that cannot be verified may result in a delay in processing. This Third-Party Service Provider is a consumer reporting agency under the Fair Credit Reporting Act. By signing this form, you understand and agree that a consumer report, including credit reports, criminal records and driving records, among other forms of information obtained from private and public record sources, may be obtained on you as part of this transaction.

**For internal product-to-product transfers only** - Only available for One-time Partial or Complete Surrenders. Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract(s) to become effective only if and when:

Thrivent (including its subsidiaries and affiliates) has approved the first application of the amount(s) requested to the receiving contract(s), as described above, or, if not, as I subsequently agree to accept; and  
with respect to any receiving contract(s) that I have applied for, as described above, Thrivent (including its subsidiaries and affiliates) has approved the issuance of the receiving contract(s), as applied for or, if not, as I subsequently agree to accept.

---

## **Withholding and Charges**

**Notification of Withholding and Surrender Charges (Not Applicable for FPDAs)** - You are liable for federal and state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Check with your tax advisor to determine if withholding is necessary.

Form W-4R can be found on Thrivent Online Forms Utility or [www.irs.gov/formsinstructions](http://www.irs.gov/formsinstructions)

**State Withholding** - If withholding is indicated and the dollar amount or percentage is less than the state minimum, or if amount or percentage is not completed, we will withhold at your State's minimum rate.

**Residents of Connecticut** - submit the Form CT-W4P to indicate your withholding election with this form. If you do not submit Form CT-W4P with this form, Thrivent will use your most recently-submitted CT-W4P, if one is on file. If you do not submit Form CT-W4P with this form and you have not previously submitted Form CT-W4P, the maximum rate will be withheld. You have the right to revoke or change your withholding election at least 10 days prior to the effective date of the distribution.

**Mandatory Tax** - Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

**Roth IRA Distributions** - No tax withholding will be withheld from your Roth IRA.

**Qualified Charitable Distribution** - No tax withholding will be withheld from your qualified annuity.

---

## Plan Trustee Certification

**Notice to Qualified Plan Trustee(s)** - Trustee(s) of Qualified Retirement Plans (such as Money Purchase Plans, Profit Sharing Plans, 401(k) Plans, Defined Benefit Plans, etc.) or 457(b) Plans must provide the Qualified Joint and Survivor Annuity Notice, when applicable, to plan participants. Your Thrivent representative will provide you with the required participant-specific benefit illustration to accompany the Qualified Joint and Survivor Annuity Notice. If a form of benefit other than the Qualified Joint and Survivor Annuity is elected, spousal consent must be obtained. Trustee(s) are also required to provide participants with a Distribution Disclosure Notice.

If you do not have the above referenced notices, Thrivent has generic notices for your use. These notices should be reviewed by your tax advisor to verify suitability for your plan. You are responsible for providing the applicable notices and obtaining any required signatures. Thrivent does not require a copy of these notices be sent to our office.

Generic Notices Available:

- Qualified Joint and Survivor Annuity Notice form
- Spousal Consent form
- 403(b) and Qualified Plan Distribution Disclosure form

---

## Validation

For your protection, validation of your identity is requested for certain variable and non-variable contract transactions. Surrender/disbursement transactions:

- a. Greater than \$499,999 will require a Medallion Signature Guarantee for variable contract transactions and a Notary Public for non-variable contract transactions.
- b. Greater than \$99,999 and up to \$499,999 will require one of the following forms of validation:
  - Attestation by a Thrivent representative
  - A Notary Public
  - A Medallion Signature Guarantee (not available for fixed contracts)
- c. Greater than \$10,000, less than \$99,999, and the address of record changed within the prior 15 days will require a Notary Public or attestation by a Thrivent representative.
- d. Greater than \$10,000, less than \$99,999, and the bank information provided has been on record for less than 15 days will require a Notary Public, or attestation by a Thrivent representative.
- e. Requesting special distribution instructions will also require one of the three forms of validation listed in (b) above. Examples include: Request to send proceeds to an address other than the one listed on your contract and/or request to make proceeds payable to someone other than the current owner.
  - A Notary Public or Medallion Signature Guarantee may generally be obtained at any national bank.

---

## Agreements and Signatures

**403(b) or Tax Sheltered Annuity Distribution Acknowledgement** - I acknowledge that if this distribution is an eligible rollover distribution from a 403(b) and is not a direct rollover to a qualified retirement plan or IRA, the taxable amount of the distribution will be subject to 20% income tax withholding. I also acknowledge that I have received and read the 403(b) and Qualified Plan Distribution Disclosure (form 9972). I acknowledge that I have the right to delay making a decision regarding the distribution from the above plan for at least 30 days after receiving the 403(b) and Qualified Plan Distribution form and have been given this opportunity. I hereby elect to waive my right to the 30 day waiting period and request Thrivent to make this distribution as soon as administratively possible. Due to the tax consequences, I have been advised to seek competent tax advice pertaining to this distribution.