

## 1. Owner Information

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

Thrivent ID \_\_\_\_\_

Contract number \_\_\_\_\_ Contract number \_\_\_\_\_ Contract number \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

## 2. Required Minimum Distribution (RMD) Information

\*For one-time Required Minimum Distribution, complete form 10438, Annuity/Settlement Option Surrender Service Request

☐ Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere.

☐ First-Time Distribution - Required Beginning Date (RBD) - I have or will be attaining the age when the first required minimum distribution (RMD) must be paid out as defined in the Internal Revenue Code section 401(a)(9) and would like to delay my initial RMD payout to a date from 1/1 but prior to 4/1 of the year after I am required to begin taking required minimum distributions. Applies to the year the participant is required to begin taking required minimum distributions as defined in the Internal Revenue Code section 401(a)(9) and only to non-inherited contracts.

Payout date \_\_\_\_\_

☐ Ongoing Automatic Distribution

Payout frequency

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start date - \_\_\_\_\_

☐ IRS Joint Life Expectancy Table (only applicable to non-inherited contracts) - My sole primary beneficiary is my spouse who is more than 10 years younger than I am.

Spouse's date of birth \_\_\_\_\_

## 3. Delivery of Distribution

☐ Check

☐ Deposit into a **new** nonqualified Thrivent Mutual Fund account

☐ Deposit into an **existing** nonqualified Thrivent Mutual Fund account or Thrivent annuity

Fund/Account/Contract number \_\_\_\_\_

☐ 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 \_\_\_\_\_

## 4. 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.

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## 5. Notification for Federal and State Income Tax Withholding

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

### Federal Tax Withholding:

- ☐ Do not withhold federal income tax
- ☐ Withhold federal income tax amount of 10%
- ☐ Other federal withholding \_\_\_\_\_ %

*For more details on federal withholding, please consult IRS Form W-4R, available on the IRS website. Failure to withhold enough or underpaying estimated taxes may lead to IRS penalties.*

### State Tax Withholding:

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

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## 6. Additional Information

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## 7. 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.

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## 8. Agreements and Signatures

I authorize Thrivent to process the requested transaction and I certify I have received, read and agree to the Disclosures (pages 4-5 on this form) and any other disclosures contained in this form.

*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 \_\_\_\_\_

### Employer Certification

***Only for 403(b) Required Minimum Distributions.***

By signing, I certify that the participant (annuitant/payee) 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.

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

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### Required Minimum Distribution (RMD) Information

For variable or Multi-Year Guarantee products, the RMD will be made proportionately from each subaccount or allocation period. Specific subaccounts or allocation periods cannot be selected for the distribution.

For Fixed Indexed products, the RMD 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.

If you choose to aggregate your RMD with other contract(s), you will be responsible for calculating and distributing your aggregated amount each year. Inherited contracts cannot be aggregated with non-inherited contracts.

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

If the payment frequency is left 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 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.

### One-Time Distribution - Required Beginning Date (RBD)

Date must be from 1/1 through 3/28 of the year after the participant is required to begin taking required minimum distributions as defined in the Internal Revenue Code section 401(a)(9).

### Ongoing Automatic Distribution

For Variable Annuities, any payouts that occur on a weekend or nonbusiness day will be processed using the following business day's unit price.

Semiannual, quarterly, and monthly distributions will be adjusted so the annual required amount is distributed by December 31. RMD will be calculated using your prior year end account balance and the Actuarial Present Value (APV) if applicable on your annuity contract. The value will be divided by the applicable divisor from the Internal Revenue Service (IRS) Uniform Distribution Table, unless your spouse is your sole beneficiary and is more than 10 years younger than you. Inherited contracts use the IRS Single Table.

### IRS Joint Life Expectancy Table

The applicable divisor from the IRS Joint Life Expectancy Table will be used. If I change my beneficiary in the future so my spouse is no longer the sole primary beneficiary, I understand that I need to separately request to have my RMD calculation changed to use the IRS Uniform Distribution Table.

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### Delivery of Distribution

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.

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.

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### Notification for Federal and State Income Tax Withholding

**Notification of Withholding** - 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 the IRS website <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>

**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.

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## 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 voided check from the bank account, 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.
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## Other Disclosures

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.

I understand that this distribution represents only the minimum amount which must be distributed annually and I can receive more than the minimum either now or in the future.

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

Fixed Indexed Annuity surrenders are withdrawn 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. Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.

Withdrawal charges may apply.

I acknowledge that distributions made under the above requested RMD will result in the reporting of a taxable amount to the IRS and it cannot be reversed. Such taxable amount will be subject to income tax withholding unless the Notification for Federal and State Income Tax Withholding is completed.

**Impact of withdrawal on Guaranteed Living 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.