



Thrivent Financial for Lutherans
thrivent.com • 800-847-4836



Certification of Trust

Thrivent ID

No representative of Thrivent and its subsidiaries has authority to analyze trust documents or give advice when completing this form. Consult your attorney with any questions regarding the provisions of the trust.

Section 1 - Identification of Trust

Exact name of existing trust	Date trust established
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Name of grantor

Type of trust:

☐ Irrevocable - Trust Employer Identification Number (EIN) -

☐ Revocable - By whom

Social Security number of grantor

Date of birth of grantor

A Taxpayer Identification Number (TIN) may be obtained at www.irs.gov. Distributions from annuities, settlement options, or Modified Endowments owned by a "Grantor" trust may be subject to premature distribution penalties. See Internal Revenue Code (IRC) §§ 673-677. If the trust is an irrevocable trust which qualifies as a grantor trust, contact the Operations Center for additional instructions.

Section 2 - Identification of Currently Acting Trustee(s) - Complete for all currently acting trustee(s).

Correspondence address for trust - Unless you designate otherwise, the address and phone number for the first currently acting trustee will be used as the correspondence address and phone number for the trust.

Name of currently acting trustee	Social Security number
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Address	City	Date of birth
	State	ZIP code

Phone

Name of currently acting trustee	Social Security number
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Address	City	Date of birth
	State	ZIP code

Phone

Name of currently acting trustee	Social Security number
----------------------------------	------------------------

Address	City	Date of birth
	State	ZIP code

Phone



Section 3 - Trustee Authorization to Act

☐ Yes ☐ No If there is more than one acting trustee, can co-trustees act independently?

If "no" is selected, indicate the number of **signatures required to transact** - _____

If "no" is selected, but the number of **signatures required to transact** is blank or illegible, or no box is checked, all trustees will be deemed necessary to transact. If more than one signature is required, phone transactions may not be available.

Section 4 - Beneficiary of Trust - Not applicable to Thrivent Funds

Indicate who the beneficiary of the trust is by selecting all that apply.

- ☐ The spouse, child, parent, or other person related to the insured by blood, marriage, or legal adoption, foster parents of the insured, betrothed to the insured, dependents of the insured, or estate of the insured.
If your state recognizes other relationships, such as civil union or domestic partnership, that receive the same privilege, immunity, right, or benefit of marriage, "Spouse" shall include those relationships.
- ☐ A church, church organization, educational institution, nonprofit corporation, or any corporation, community chest, fund, or foundation described in Section 501(c)(3) of the IRC of 1954, as amended.
☐ The charitable beneficiary is **irrevocably** named. ☐ The charitable beneficiary is **revocably** named.
- ☐ Other beneficiary with an insurable interest in the insured - Provide the beneficiary details in Section 6 - Additional Information below.

In order to comply with Internal Revenue Service (IRS) rules for fraternal benefit societies, when the contract is issued by Thrivent Financial for Lutherans, and other state regulations when the contract is issued by Thrivent Financial for Lutherans, the undersigned hereby certify that all of the beneficiaries of the trust now have, and will continue to have, an insurable interest in the insured by virtue of the fact that they are all beneficiaries within at least one of the classes above.

Section 5 - State Requirements

When any currently acting trustee is a resident of one of the following states, you must provide the information requested in the Additional Information section.

Michigan - Provide the date of any amendments to the trust. If no date is provided, it is deemed there are no amendments.

Oregon - Provide the state, country, or other jurisdiction whose laws were used to establish the trust. If no state, country, or other jurisdiction is provided, it is deemed Oregon.

Tennessee - Provide the name(s) of each successor trustee. If no names are provided, it is deemed that no successor trustee(s) exist(s). Thrivent may rely on the authority of one or more successors without proof of succession.

Vermont - Provide the name(s) of each original trustee and information on court supervision. If no names are provided, it is deemed that the trustee(s) named in Section 2 are the original trustee(s). If no court supervision information is provided, it is deemed that the trust is not under court supervision.

Section 6 - Additional Information



Section 7 - Mandatory Cost Basis Reporting Notice - Applicable to Thrivent Funds

Thrivent is required to report cost basis for covered shares that are redeemed from this trust account based on the method elected by the authorized person(s) for the trust. If a method is not elected, the average cost method will be used. The trust is required to use the cost basis information provided by Thrivent for covered shares; this information will also be reported to the IRS on Form 1099-B when shares are redeemed from the account. To help ensure that the cost basis on this account remains as accurate as possible, notify Thrivent of any cost basis adjustments that are needed for the account due to trust activities. Provide notification upon the death of any trust grantor(s) for revocable trusts in order for cost basis to be adjusted. Contact your tax advisor for questions on which cost basis method to select. Neither Thrivent nor its financial representatives can provide tax advice.

Section 8 - Signatures, Indemnification, and Taxpayer Identification

By signing, I agree that: 1) the trust exists; 2) I am authorized under the trust and applicable law to conduct business on those accounts/contracts owned by the trust; 3) I will promptly inform Thrivent of any changes in the representations contained in this certification; 4) all representations made in this certification are true and correct to the best of my knowledge and those representations will remain in full force and effect until Thrivent is notified through written revocation or amendment from the trustee; 5) I authorize Thrivent to rely upon the authority of one or more successors to act without proof of their succession; 6) the trustee shall indemnify and hold harmless Thrivent from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by relying in good faith upon this certification.

By signing, I also understand that no account/contract will be accepted without a valid TIN. Under penalties of perjury, I certify that: 1) the number shown on this form is the trust's correct TIN (or I am waiting for a number to be issued to the trust); 2) the trust is not subject to backup withholding because either the trust is exempt from backup withholding, has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends, or the trust has been notified by the IRS that it is no longer subject to backup withholding; and 3) the trust is a U.S. trust.

When **any** currently acting trustee is a resident of **California, Idaho, Iowa, Missouri, Nebraska, Nevada, New Jersey, or Oregon**, all currently acting trustees must sign the Certification of Trust. In all other states, only one trustee's signature is required.

Name of currently acting trustee

Signature of currently acting trustee and date signed

X

Name of currently acting trustee

Signature of currently acting trustee and date signed

X

Name of currently acting trustee

Signature of currently acting trustee and date signed

X

Affix notary stamp here (required when **any** currently acting trustee resides in Idaho, Michigan, Minnesota, Nebraska, Nevada, Tennessee, or Vermont)

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As used in this form, "Thrivent" refers to Thrivent Financial for Lutherans and its subsidiaries, including without limitation Thrivent Funds and Thrivent Financial Investor Services Inc.