



Thrivent.com • 800-847-4836

Beneficiary Statement Check or Direct Deposit Only

| |
|-------------------------|
| Thrivent ID of deceased |
|-------------------------|

Mail: PO Box 8075, Appleton, WI 54912-8075 | Fax: 800-225-2264

Use this form for making a cash election only. Other options including tax deferral options may be available to you. If interested, contact your Thrivent representative or call Death Claims at 800-847-4836.

Do not use this form if the beneficiary is a minor.

No representative of Thrivent and its subsidiaries has authority to give tax advice. Contact your tax advisor or attorney.

Section 1 - Deceased Information (required for all claims)

| | |
|---|---------------|
| Name of deceased (print first, middle, last name and suffix, as applicable) | Date of birth |
|---|---------------|

Section 2 - Beneficiary Information (required for all claims; a separate form is needed for each beneficiary)

In what capacity are you claiming these proceeds (select one)?

- Trustee
- Executor/Administrator of estate
- POA for named beneficiary
- Named beneficiary
- Legal Guardian/Custodian for named beneficiary
- Charitable Organization - Elected Officer

| | |
|--------------------------|--|
| Relationship to deceased | I am currently a client with membership of Thrivent <input type="checkbox"/> Yes - Thrivent ID of beneficiary _____ <input type="checkbox"/> No |
|--------------------------|--|

| | |
|--|---------------|
| Name of beneficiary (print first, middle, last name and suffix, as applicable) | Date of birth |
|--|---------------|

| | |
|---|---------------------|
| Residential street and mailing address of beneficiary | Area code and phone |
|---|---------------------|

| | | |
|------|-------|----------|
| City | State | ZIP code |
|------|-------|----------|

Select one: Check Direct Deposit Other (contact your representative or call Death Claims at 800-847-4836)

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|---------------------------------|
| From contract number(s) - _____ |
| Amount(s) - _____ |

Section 3 - For Direct Deposit (must be completed if any Direct Deposit is elected)

I authorize Thrivent Financial for Lutherans to make this electronic deposit and, if necessary, corrections to my bank account. My authorization is valid for electronic deposits and corrections that comply with U.S. law. U.S. law grants me certain rights when I request an electronic deposit. These laws also regulate how electronic deposits and corrections are made to my bank account. This authorization shall remain in full force and effect until I revoke it by giving 10 days prior notice to Thrivent.

| | |
|----------------------------|---------------------|
| Name of bank account owner | Bank account number |
|----------------------------|---------------------|

| | |
|--------------|----------------------|
| Name of bank | Phone number of bank |
|--------------|----------------------|

| | |
|----------------|--|
| Routing number | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
|----------------|--|

Qualified Plan, 403(b) or Tax Sheltered Annuity Distribution Acknowledgement (required for 403(b) Custodial Accounts, Tax Sheltered Annuities, Money Purchase, Profit Sharing and Nontransferable Deferred Annuities)

I 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.

Section 4 - Notification for Federal and State Income Tax 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. Except where prohibited by federal and/or state law, you can elect: 1) no withholding; 2) withholding at the minimum federal and state rates; or 3) withholding at a rate higher than the minimum rates. 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.

If you do not want to withhold, or would like a percentage other than the required withholding percentage, indicate that election below.

| | |
|--|---|
| <p>Federal Withholding</p> <p><input type="checkbox"/> Do not withhold for federal income tax.</p> <p><input type="checkbox"/> Other federal withholding</p> <p>Complete and submit to Thrivent IRS form W-4R, search W-4R here: www.irs.gov/forms-instructions, for other federal withholding.</p> | <p>State Tax Withholding</p> <p><input type="checkbox"/> Do not withhold for state income tax.*</p> <p><input type="checkbox"/> Withhold state income tax of _____ % or \$ _____</p> <p>If percentage or amount is less than the state minimum or if percentage or amount is not completed, we will withhold at your state's minimum rate.</p> |
|--|---|

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.

*If your state requires withholding we will withhold at your state's minimum rate unless you indicate a higher rate.

Mandatory Tax - If your distributions are from a 403(b) or qualified retirement plan that were eligible for rollover, you are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. Because your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state withholding.

Section 5 - Substitute W-9 and Required Signature

Taxpayer Identification number Certification

I certify under penalties of perjury that:

1. The Social Security number or Taxpayer Identification number provided is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding and
3. I am a U.S. person (including U.S. resident alien).

I must cross out item 2 above if I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on my tax return.

| | | |
|---|--------|---------------------------------------|
| Beneficiary's Social Security number | - OR - | Employer Identification number |
|---|--------|---------------------------------------|

FOR YOUR PROTECTION, state laws require the following to appear on this form: Any person who knowingly and with intent to defraud or deceive any insurance company presents false information in an application for insurance or any person files or facilitates the filing of a statement of claim containing any materially false information, or conceals information concerning any fact material to the statement, is guilty of insurance fraud, which may be a felony crime, subject to civil penalties or criminal prosecution, including fines and/or confinement in prison.

New York residents, FOR YOUR PROTECTION, state laws require the following to appear on the form: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Once I have elected this payment option, the transaction cannot be reversed.

Signature of beneficiary and capacity (i.e. trustee, guardian, elected officer with title) and date signed

X

If you have questions regarding this claim form, contact your Thrivent representative or call Death Claims at 800-847-4836.