



## Beneficiary Statement Check or Direct Deposit Only

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

**Use this form** for making a cash distribution only. Other options including tax deferral options may be available to you. If interested, contact your Financial Advisor or call the Beneficiary Claim Support Team at 920-628-6312.

Once a claim election has been processed, the transaction cannot be reversed.

**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.

### 1. Deceased Information (required for all claims)

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

### 2. Claimant Information

*If the claimant is not a part of the Thrivent membership and would like to join, form 15659 is needed.*

I am claiming these proceeds in the following capacity

- ☐ Named beneficiary   
 ☐ Guardian/Custodian/POA for named beneficiary   
 ☐ Executor/Administrator of estate  
☐ Trustee   
 ☐ Funeral Home/Non-Charitable Organization   
 ☐ Charitable Organization - Elected Officer

Name of Trust/Entity/Organization \_\_\_\_\_

Claimant Name \_\_\_\_\_ Thrivent ID \_\_\_\_\_

Sex \_\_\_\_\_ Date of birth \_\_\_\_\_ Relationship to deceased \_\_\_\_\_

Primary residential/mailling address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Select one: ☐ Check    ☐ Direct Deposit    ☐ Other (contact your Financial Advisor or call the Beneficiary Claim Support Team at 920-628-6312)

If no box is checked, a check will be sent to the address listed in *Claimant information*.

From contract number(s) - \_\_\_\_\_  
 Amount(s) - \_\_\_\_\_

### 3. For Direct Deposit

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.

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

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

Type of account: ☐ Checking    ☐ Savings

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

#### 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.



#### 4. Withholding

##### Federal and State Withholding Election

If no box is checked, 10% federal income tax will be withheld and State income tax may be required.

##### Federal Tax Withholding:

- ☐ Do not withhold for federal income tax
- ☐ Withhold federal income tax amount of 10%
- ☐ Other federal withholding - Complete and submit IRS Form W-4R along with this form.

##### State Tax Withholding:

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

**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 Thrivent Online Forms Utility or [www.irs.gov/formsinstructions](http://www.irs.gov/formsinstructions)

**State Withholding** - 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.

#### 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.

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

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

Date signed

**X**

Name of Claimant \_\_\_\_\_