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Beneficiary Designation - Life and Annuity

Guide to completing a Beneficiary Designation

1. General Information

Contract Numbers: Only listed contracts will be changed once the request is reviewed and accepted.

Insured/Annuitant/Payee Name(s): Enter the full name(s). Use a separate form for each insured unless the contract covers multiple lives.

Coverages: If the contract has one or more optional riders/coverages, each rider may require its own beneficiary designation.

2. Beneficiary Designation

Use this section for simple designations up to four (4) beneficiaries.

Naming Individual Persons

Name and Relationship: Enter the beneficiary's full name and relationship to the Insured.

Class: A primary beneficiary must be named. Contingent beneficiaries are optional. See Beneficiary Shares in the included Beneficiary Provisions for more information.

Per Stirpes: Select this only if the beneficiary's share should pass to that person's descendants if they pass away before the insured. Per Stirpes may not be used for spouse and/or parent relationships. See Per Stirpes in the Beneficiary Provisions included for more information.

UTMA (Uniform Transfers to Minor Act): See Minor Beneficiaries in the Beneficiary Provisions included for more information.

Naming an Entity (Trust/Charity/Business/Estate)

Inter Vivos Trust: Provide the exact name of the trust and the date the trust was established or Tax Identification Number (TIN). Indicate "Living Trust" in relationship/entity type field.

Testamentary Trust: Provide the exact name of the trust named in the Last Will and Testament. Indicate "Testamentary Trust" in relationship/entity type field.

Charity/Business: Provide the legal name of the Charity/Business. Include the address, Tax Identification Number, phone and email (if available).

Percentages and Contact Information

Percentages: If beneficiaries are to receive unequal percentage amounts, indicate the percentage. If percentages are used, they must equal 100% in each class.

Address, Social Security, Date of Birth, Phone and Email: Including as much information as possible about your beneficiary assists in locating the beneficiary at time of claim.

3. Additional Beneficiaries

This section may be used to continue after more than four (4) beneficiaries have been named in section 2 or for complex/custom language or legal drafted designations.

If used, each beneficiary named should include: Full Name(s), Relationship, Class, Address, SSN, DOB, Phone, and Email. Percentage, Per Stirpes, UTMA Custodian and State are all optional and should only be used if applicable.

4. Agreements and Signatures

The form must be signed by the contract owner(s).

Power of Attorney/Guardian: If an Attorney-in-Fact or Guardian is signing this form on behalf of the owner, the Power of Attorney or Guardianship document must be in full force and in effect. Additionally, the full document must be on file or submitted to Thrivent for review with any beneficiary change request.

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Beneficiary Designation - Life and Annuity

Thrivent ID _____

1. General Information *(required)*

Contract number 1 _____ Contract number 2 _____ Contract number 3 _____

Contract number 4 _____ Contract number 5 _____ Contract number 6 _____

Full name of insured/annuitant/payee *(one name only)* _____

Select all coverages to be included in this designation below.

If no box is selected, this beneficiary designation will apply to all coverages and riders under the contract number(s) listed above.

- ☐ Base Coverage
- ☐ Term Life Insurance Rider
- ☐ Child Rider (one designation applies for all children under a child rider)
- ☐ Secondary Coverage (spouse rider, joint life/annuity contract)

2. Beneficiary Designation

If no beneficiary class is selected, it will be deemed that the named beneficiary is a primary beneficiary.

Name of beneficiary/entity (one name only) _____

Relationship to insured/entity type _____

Beneficiary class (select one) ☐ Primary ☐ First contingent

Select if applicable* (see guide, section 2) ☐ Per stirpes for this beneficiary

Percentage (if not equal) _____

Address _____

City _____ State _____ ZIP code _____

Date of birth/Date of trust _____ Social Security/Tax Identification number _____

Phone number _____ Email _____

Name of UTMA custodian if beneficiary is a minor (one name only) _____

UTMA state _____

Name of beneficiary/entity (one name only) _____

Relationship to insured/entity type _____

Beneficiary class (select one) ☐ Primary ☐ First contingent

Select if applicable* (see guide, section 2) ☐ Per stirpes for this beneficiary

Percentage (if not equal) _____

Address _____

City _____ State _____ ZIP code _____

Date of birth/Date of trust _____ Social Security/Tax Identification number _____

Phone number _____ Email _____

Name of UTMA custodian if beneficiary is a minor (one name only) _____

UTMA state _____

Name of beneficiary/entity (one name only) _____

Relationship to insured/entity type _____

Beneficiary class (select one) ☐ Primary ☐ First contingent

Select if applicable* (see guide, section 2) ☐ Per stirpes for this beneficiary

Percentage (if not equal) _____

Address _____

City _____ State _____ ZIP code _____

Date of birth/Date of trust _____ Social Security/Tax Identification number _____

Phone number _____ Email _____

Name of UTMA custodian if beneficiary is a minor (one name only) _____

UTMA state _____

Name of beneficiary/entity (one name only) _____

Relationship to insured/entity type _____

Beneficiary class (select one) ☐ Primary ☐ First contingent

Select if applicable* (see guide, section 2) ☐ Per stirpes for this beneficiary

Percentage (if not equal) _____

Address _____

City _____ State _____ ZIP code _____

Date of birth/Date of trust _____ Social Security/Tax Identification number _____

Phone number _____ Email _____

Name of UTMA custodian if beneficiary is a minor (one name only) _____

UTMA state _____

3. Additional Beneficiaries *(continuation from section 2)* OR Complex Designations

Include all information requested in section 2 for each beneficiary.

4. Agreements and Signatures

All contract owners must sign. By signing this form, I certify that I have read and agree to all the provisions on Beneficiary Provisions form 28887 . This beneficiary designation is effective and revokes all previous beneficiary designations upon submission to and approval by Thrivent.

If you are signing in a capacity other than the owner, your name and title (trustee, attorney-in-fact, guardian, conservator, etc.) must be provided next to "Title".

Signature of owner _____ Date signed _____

Print name _____ Title (if applicable) _____

Signature of joint owner _____ Date signed _____

Print name _____ Title (if applicable) _____

Signature of spouse (if applicable) _____ Date signed _____

Print name _____ Title (if applicable) _____

Signature of irrevocable beneficiary (if applicable) _____

Date signed _____

Print name _____ Title (if applicable) _____

Signature of witness (required in MA, optional in all other states) _____

Date signed _____

Print name _____ Title (if applicable) _____

Thrivent approval (internal use only) _____