

Thrivent ID

Funding Agreement/Contract/Account number

Use this form to pay subsequent premium payments when funds are coming from a settlement option, immediate annuity, or mutual fund only. This does not apply to Deferred Income Settlement Options (DISO).

Section 1 - General Information

☐ Settlement Options (including variable) ☐ Single Premium Immediate Annuity ☐ Mutual Funds

Name of payor/owner (print first, middle, last name and suffix, as applicable)

Address	City		
	State	ZIP code	Phone

Section 2 - Premium Payment Request

☐ Pay initial premium and subsequent premium payments ☐ Pay only subsequent premium payments

Contract Types and Frequencies:

Annuity: Monthly, Quarterly, Semi-annual, Annual.

Retirement Choice Variable Annuity: Monthly and Annual

Traditional Life premium: Quarterly, Semi-annual, Annual; Monthly is available if being paid by Mutual Fund with no withholding.

Traditional Life loan: Billed with premium or loan only billed monthly or quarterly.

Thrivent Financial UL and VUL (premium and/or loan): Monthly, Quarterly, Semi-Annual, or Annual.

Thrivent Term IV premium: Monthly and Annual.

Thrivent Whole Life 2019 premium: Monthly and Annual.

Thrivent Protection UL and Accumulation UL/VUL premium: Monthly and Annual.

CareForward - Life with LTC premium: Monthly and Annual.

Health Premium: Quarterly and Annual; Monthly is available if being paid by Mutual Fund with no withholding.

Long Term Care Group (LTCG) premium: Automatic internal money movement unavailable for LTC contracts that begin with UXXXXXXX.

Section 3 - Contract(s) to be Paid Information

The start date is not available when a new settlement option/immediate annuity is paying for premium or loan. The start date is determined at the time of issue of the settlement option/immediate annuity. If 29-31 is chosen, the 28th will be used. If no date is selected, it will be my "monthaversay."

1. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable)			Contract number
<input type="checkbox"/> Premium - \$ _____	<input type="checkbox"/> Loan - \$ _____	<input type="checkbox"/> PUIO/APO - \$ _____	
Frequency - _____	Frequency - _____	Start date - _____	
2. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable)			Contract number
<input type="checkbox"/> Premium - \$ _____	<input type="checkbox"/> Loan - \$ _____	<input type="checkbox"/> PUIO/APO - \$ _____	
Frequency - _____	Frequency - _____	Start date - _____	

3. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable)	Contract number
<input type="checkbox"/> Premium - \$ _____ Frequency - _____	<input type="checkbox"/> Loan - \$ _____ Frequency - _____
<input type="checkbox"/> PUIO/APO - \$ _____ Start date - _____	

4. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable)	Contract number
<input type="checkbox"/> Premium - \$ _____ Frequency - _____	<input type="checkbox"/> Loan - \$ _____ Frequency - _____
<input type="checkbox"/> PUIO/APO - \$ _____ Start date - _____	

Section 4 - Notification for Federal and State Income Tax Withholding (for IRA or 403(b) mutual funds only)

(For Settlement Option/Immediate Annuity withholding changes, the federal W-4P form and/or the Certification of Voluntary Withholding of State Income Tax from Pension and Annuity Payments (form 20017) must be used.)

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 _____ %

Section 5 - Additional Information

Section 6 - Disclosures for Distribution Request

For internal product-to-product transfers only: Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract(s) to become effective only if and when:

- Thrivent (including its subsidiaries and affiliates) has approved the first application of the amount(s) requested to the receiving contract(s), as described above, or, if not, as I subsequently agree to accept; and
- With respect to any receiving contract(s) that I have applied for, as described above, Thrivent (including its subsidiaries and affiliates) has approved the issuance of the receiving contract(s), as applied for or, if not, as I subsequently agree to accept.

I fully acknowledge and understand that:

The withdrawal from my mutual fund may occur approximately 10 days before the payment due date.

The payments to the recipient contract are withdrawals from my mutual fund or settlement option/immediate annuity contract. The withdrawals will automatically increase or decrease based upon changes to the amount billed for the recipient contract and will reduce and possibly deplete the value of my mutual fund account. Subject to availability.

The withdrawals may result in reporting taxable gain to me even though the withdrawals will be applied to another Thrivent contract. I also understand that any withdrawal and reporting of any taxable gain cannot be reversed. Cancellation of other Thrivent product(s) will not negate the settlement option/immediate annuity agreement.

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.

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.

Form W-4R can be found on the IRS website <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>

Any tax withholding will be added to the withdrawal amount (net).

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.

Mandatory Tax - Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

403(b) or Tax Sheltered Annuity Distribution Acknowledgement - I acknowledge that if the distribution from the above plan is an eligible rollover distribution and is not a direct rollover to a qualified retirement plan or IRA, the taxable amount of the distribution will be subject to 20% income tax withholding. I also 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 7 - Employer Certification (complete for 403(b) automated withdrawals only)

By signing below, I certify that the participant/annuitant named on page 1 has had a distributable event (age 59 1/2, termination of employment, etc.) and is able to receive a distribution, in the form of a systematic withdrawal, in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. In the event the participant is no longer eligible to receive such systematic withdrawals, the employer will notify Thrivent in writing. 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 and date signed

X

Section 8 - Signatures

Signature of payor/owner/authorized person/trustee and date signed

X

Title (if applicable)

Signature of joint payor/owner/authorized person/trustee and date signed

X

Title (if applicable)

Name and code number of representative

Mail completed form to:

Thrivent

PO Box 8075

Appleton, WI 54912-8075

Fax:

800-225-2264