



Transfer/Direct Rollover/ Conversion Request

Member ID

Section 1 - General Information

Destination of assets: Variable Deferred Annuity Deferred Income Annuity
 Fixed Deferred Annuity Fixed Immediate Annuity

Name of participant/IRA owner

Phone Social Security number

Current account/contract number Name of fund

Name of current custodian/financial institution

Address of current custodian/financial institution City
State ZIP code Phone

Section 2 - Transaction Information

Transaction requested (select one):

Internal Transfer External Transfer Direct Rollover Conversion Spousal Rollover Due to Death

From	To	Plan Type
		Roth IRA - if coming from a Roth IRA, furnish original Roth IRA start date _____ (mm/yyyy)
		Traditional IRA
		SEP
		SIMPLE IRA - if coming from SIMPLE IRA, furnish original SIMPLE IRA start date _____ (mm/yyyy)
		SARSEP
		Qualified Retirement Plan (e.g. pension, 401(k), profit sharing) if the plan accepts rollovers. If a 403(b) plan, complete 403(b) Transfer/Exchange/Rollover/Conversion Request (form 24965). Form 24965 is not used for 403(b) death claims.
		Roth 401(k)
		Governmental 457 Plan

For **Inherited/beneficiary IRA** contract or fund/accounts, complete Inherited IRA/Roth IRA Beneficiary Option/Funding Request (form 27058).

An Asset Transfer Disclosure (form 50133) is required to complete most transactions between accumulation products.

Transfer - This transaction is not taxable. It will not be reported to the IRS. This is the only option allowed when moving money from a Thrivent Brokerage Account using this form.

Direct Rollover - This transaction is not taxable, but will be reported to the IRS. Current plan administrator paperwork may be required. Contact the former employer or the plan administrator for their required forms. A triggering event must occur to do a rollover from a qualified retirement plan or governmental 457 plan. RMD must be distributed prior to the rollover taking place. If completing a direct rollover from Thrivent Brokerage, contact Securities Brokerage Services for the appropriate form and further instructions.

Conversion (including qualified rollover contributions) - This transaction will be taxable. Complete tax withholding election in Section 7. It will be reported to the IRS. A SIMPLE IRA cannot be converted within two years of your initial SIMPLE IRA contribution. RMD must be distributed prior to the conversion taking place. You must complete the withholding election in Section 7. Conversions are not allowed between Thrivent Brokerage and other Thrivent products. The conversion must take place between two Thrivent Brokerage accounts before being transferred to another Thrivent product.

Cost basis - After-tax money in a traditional IRA cannot be rolled over to a qualified retirement plan, unless the plan permits. You, as IRA owner, are responsible for determining if there is cost basis in your traditional IRA and assuring that cost basis is not rolled over, if the plan does not accept cost basis. Cost basis information should be verified with your tax advisor. Thrivent is not responsible for the accuracy of this information or the tracking of cost basis.

Section 3 - Required Minimum Distribution (RMD) Information

Complete this section if you will be 70 ½ or older this year (unless your qualified retirement plan has a delay of retirement provision), and/or the date of death of your spouse was after his/her required beginning date for a spousal rollover.

Transfer - I have or will be taking this contract or fund/account's current year RMD from another source or I will complete a separate RMD request form to take future RMD payments from the contract or fund/account these funds are moving to. If the funds are being placed into a Qualifying Longevity Annuity Contract (QLAC), the current year RMD cannot be taken from the QLAC after the transfer. In that case, I have taken the current year RMD from this contract/account before the transfer or, if the funds are coming from an IRA/403(b), I have/will be taking the current year RMD from another IRA/403(b).

Rollover/Conversion - I have taken this contract or fund/account's current year RMD from this contract or fund/account or from another source. For a spousal rollover, I have taken the decedent's RMD and my RMD, if applicable, for year(s) after the year of death.

RMD for Qualified Retirement Plans, 403(b)s and IRAs cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from IRA, etc.). RMD must be taken prior to sending the funds to Thrivent.

Distribute my RMD to me before completing my request (including decedent's RMD for a spousal rollover).

My RMD amount (including decedent's RMD for a spousal rollover) for this contract or fund/account is
\$ _____. Complete the Notification for Federal and State Income Tax Withholding in Section 7.

Prior year end value of current contract or fund/account
(include Actuarial Present Value (APV), if applicable)
\$ _____

Do not complete if funds are being placed into
an Immediate Annuity.

The calculation of your required minimum distribution is based on many factors, including the prior December 31 account balance. The calculation is accurate only to the extent the prior December 31 account balance that was provided to us is accurate. We will not be responsible for an inaccurate calculation that results from providing us with inaccurate account balance information.

Section 4 - Distribution Information (for distributing company)

Transfers - If no box above is checked, RMD will not be distributed prior to the transfer taking place. Any current year RMD amounts to be distributed must be requested by the client.

Rollovers/Conversions - RMD **must be** distributed prior to the rollover/conversion taking place.

Triggering Event Information - Required if Direct Rollover from Qualified Retirement Plan or Governmental 457 Plan

Name of employer-sponsored plan _____

Triggering event _____

Date of event _____

Distribution Instructions to Plan Administrator/Trustee

Redeem/Liquidate: entire value partial value - \$ _____ or _____ %
Total estimated value - \$ _____

Redeem/Liquidate: immediately, or at maturity date _____

This is authorization to redeem the above contract or fund/account. To ensure proper credit send a copy of this form with the check to the address indicated below. Reference the account owner's name and contract number on the check. Only cash or cash equivalents can be accepted. Shares of stocks and bonds must be liquidated prior to transfer. **If requesting a distribution from Thrivent Brokerage, the positions in the brokerage account must be liquidated prior to request of the transfer.** A request to redeem for the entire value will result in closure of the brokerage account.

Make check payable to:

Thrivent
 PO Box 8075
 Appleton WI 54912-8075

Section 5 - Intended Destination of Dollars

Product Type (FA, VA, DIA, SPIA)	Contract Number	Amount or Percent (percentage total must equal 100)			Change Allocation*
		\$	or	%	<input type="checkbox"/>
		\$	or	%	<input type="checkbox"/>
		\$	or	%	<input type="checkbox"/>
		\$	or	%	<input type="checkbox"/>
		\$	or	%	<input type="checkbox"/>
		\$	or	%	<input type="checkbox"/>

***Variable Annuity Deposit Notice** - The funds requested on this form will be applied based on the most recent premium allocation instructions on record at Thrivent, unless the change allocation box is checked and a Variable Products Allocation Change/Remittance Request (form V6406) is submitted.

***Fixed Annuity Deposit Notice** - If funds requested on this form are going into a Multi-Year Guarantee product, the premiums will be allocated according to the allocation instructions on record at Thrivent, unless the change allocation box is checked and a Fixed Period Allocation Remittance Request (form 23275) is submitted.

Section 6 - Additional Information

**Section 7 - Notification for Federal and State Income Tax Withholding
(for Conversions, Qualified Rollover Contributions, or Required Minimum Distributions only)**

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 no box is checked, federal (10%) and possibly state income tax will be withheld.

Federal Tax Withholding (must be at least 10%):

- Do not withhold federal income tax
- Withhold federal income tax amount of \$ _____ or _____ %. If dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

State Tax Withholding:

- Do not withhold state income tax*
- Withhold the applicable state income tax amount of \$ _____ or _____ %. If 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.

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.

Any tax withholding will be subtracted from the taxable amount (gross).

Section 8 - Request for Waiver of Surrender Charges (subject to availability)

For annuity products only:

- Confinement to health care facility still applicable. Information already on file at the corporate office.
- Request for Waiver of Surrender Charges for Health Care Confinement (form 14804) will be sent to the corporate office separately.
- A letter from the nursing home concerning Waiver of Surrender charges will be sent to the corporate office separately.
- A letter from an attending physician or doctor indicating a life expectancy of less than 12 months will be sent to Thrivent separately. Attending physician cannot be a family member.
- Statement of Total Disability (forms 5040 and 5041) will be sent to the corporate office separately.
- Proof of state unemployment benefits will be sent to Thrivent separately.
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Section 9 - Disclosures of Distribution Request

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

- Thrivent (including its subsidiaries and affiliates) has approved the 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.

Fixed Indexed Annuity surrenders are withdrawn from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient. Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.

Notice to Qualified Plan Trustee(s) - Trustee(s) of Qualified Retirement Plans (such as Money Purchase Plans, Profit Sharing Plans, 401(k) Plans, Defined Benefit Plans, etc.) or 457(b) Plans must provide the Qualified Joint and Survivor Annuity Notice, when applicable, to plan participants. Your Thrivent representative will provide you with the required participant-specific benefit illustration to accompany the Qualified Joint and Survivor Annuity Notice. If a form of benefit other than the Qualified Joint and Survivor Annuity is elected, spousal consent must be obtained. Trustee(s) are also required to provide participants with a Distribution Disclosure Notice.

If you do not have the above referenced notices, Thrivent has generic notices for your use. These notices should be reviewed by your tax advisor to verify suitability for your plan. You are responsible for providing the applicable notices and obtaining any required signatures. Thrivent does not require a copy of these notices be sent to our office.

Generic Notices Available

- Qualified Joint and Survivor Annuity Notice (form 15081)
- Spousal Consent (form 9336)
- 403(b) and Qualified Plan Distribution Disclosure (form 9972)

Annuities - When a qualified plan is requesting a rollover to the plan participant's IRA within the same contract, the trustee(s) hereby transfer all rights, title, and interest in the contract to the participant listed in Section 1.

Section 10 - Signatures

Your financial institution may require your signature to be guaranteed. Call them for requirements.


Select the following if it applies:

- A signature guarantee is required by the current custodian/financial institution. Obtain a signature guarantee or complete the Registered Representative Attestation (form 26731) to have the Operations Center affix a Medallion signature guarantee.
- You know or strongly suspect that an ink original signature is required by the current custodian/financial institution. Print this form and complete the signature section.
- Client will provide company specific paperwork, in place of this transfer/direct rollover/conversion request form, to the current custodian/financial institution.

Authorization to Release Information

I authorize Thrivent to request information by telephone or in writing regarding the status of this transaction or receive information necessary to ensure proper tax reporting. This authorization will expire and be considered invalid 30 days following the date the account/contract is terminated but not to exceed one (1) year from the date signed. I understand I have the right to receive a copy of this authorization and revoke this authorization at any time by submitting a written request to Thrivent.

I irrevocably designate the funds distributed to be applied as indicated (direct rollover/transfer/conversion).

Signature of participant/owner/plan trustee X	Date signed
Signature of participant/owner/plan trustee X	Date signed
Acceptance of Rollover/Transfer/Conversion by Thrivent, Thrivent Life Insurance Company: Authorized signature of corporate employee 	Medallion Signature Guarantee Seal or Notary Seal

Name and code number of representative

Mail completed form to:

Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:

800-225-2264

This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans. If used in this form, "Thrivent" refers to Thrivent Financial for Lutherans and Thrivent Life Insurance Company.