



Thrivent ID
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### Third Party Notification for Nonpayment of Premium

Name of insured (print title, first, middle, last name and suffix, as applicable)	Contract number
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I understand, as Owner, I am able to designate at least one person other than myself to receive notice for nonpayment of premium and, if required by the state where this contract was issued, that person will also receive notice of termination.

**Unless otherwise indicated below, this request will replace any third party designee currently on file.**

I elect **not** to designate any person to receive such notice.

I request the following action on the person listed below:

- Add designee** *(Will not remove existing designees)*
- Update to existing designee** *(Use when updating a Name, Phone, and/or Address)*
- Replace existing designee** *(Person listed will replace and remove all existing designees)*
- Remove individual existing designee** *(List individuals information below, only this person will be removed)*
- Remove all existing designees** *(Leave below contact section blank)*

Name of third party designee (print title, first, middle, last name and suffix, as applicable)	Phone
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Address	City	
	State	ZIP code

**Note:** If you would like to designate more than one person to receive such notice(s), you will need to complete an additional form for each designee.

**Signature (required for all requests) - Please sign below**

Signature of owner and date signed (mm/dd/yyyy)

**Send completed form to:**

Thrivent  
4321 N Ballard Road  
Appleton WI 54919-0001

**Or fax to:** 800-225-2264