



Thrivent Financial for Lutherans  
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Member ID

## Third Party Notification for Nonpayment of Premium

This request form is part of your contract.

Name of insured (print title, first, middle, last name and suffix, as applicable)	Contract number
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I understand that 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:

- Name as designee
- Add as additional designee
- Update to existing designee
- Replace existing designee

Name of third party designee (print title, first, middle, last name and suffix, as applicable)	Phone	
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)

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