



THRIVENT FINANCIAL®

Thrivent Financial for Lutherans
Appleton, Wisconsin • Minneapolis, Minnesota
Thrivent.com • 800-847-4836

Member ID

Third Party Notification for Nonpayment of Premium

Name of insured (print title, first, middle, last name and suffix, as applicable)	Contract number
---	-----------------

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.

Signatures (required)

I agree to receive notice of nonpayment of premium and, if required by the state, notice of termination from Thrivent Financial for the above contract number.

Signature of third party designee and date signed (mm/dd/yyyy)

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

This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans.

Send completed form to:

Thrivent Financial
4321 N Ballard Road
Appleton WI 54919-0001

Or fax to: 800-225-2264