



**For Substantially Equal Periodic Payments (Early Advantage),** complete a Substantially Equal Periodic Payments Early Advantage Request form.

**For Annuity Long-Term Care Insurance Rider,** an automatic payout option is not available.

### Section 1 - General Information

- Fixed Deferred Annuity                     
  Variable Deferred Annuity                     
  Flexible Payout Deposit Agreement

Name of annuitant/payee (print title, first, middle, last name and suffix, as applicable)

Address of owner	City		
	State	ZIP code	Phone

### Section 2 - Automatic Payout Option Selection Information

Automatic Payout Option (APO) selection not available on pre-merger AAL APRA and SPDA contracts.

- New** APO                     
  **Cancel** existing APO                     
  **Change** existing APO

Payout frequency:     Monthly     Quarterly     Semiannually     Annually

Start date -        /        /         
                  month    day 1-28    year

If 29-31 is chosen, the 28th will be used. If no date is entered, your distribution date will be the 15th.

**Option desired** (subject to availability):

- Interest Only - Payment must be at least \$25.00. (Not available for FPDA or AdvisorFlex.)  
 Fixed Amount of \$ \_\_\_\_\_ \* (For FPDA only - Payment amounts under \$200 will require direct deposit or payment to another Thrivent Financial product.)  
 Fixed Percentage of \_\_\_\_\_ % of cash value to be distributed at the time of each withdrawal. (i.e. .8% monthly = 9.6%, or approximately 10% annually. Not available for FPDA.)

**Any withdrawal charges should be:**

- Added to withdrawal amount requested (net).  
 Subtracted from withdrawal amount requested (gross).

**Any tax withholding should be:**

- Added to withdrawal amount requested (net).  
 Subtracted from withdrawal amount requested (gross).

If no boxes are checked, charges and withholding will be a **net** distribution.

For Fixed Indexed products, the withdrawal will be taken 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.

For variable or Multi-Year Guarantee products, indicate account(s) from which payout should be made. If no amounts are indicated, withdrawals will be taken proportionately from all subaccounts or allocation periods containing a value. Not applicable for Fixed Indexed Annuities.

Subaccount Name or Allocation Period	Amount or Percent*	Subaccount Name or Allocation Period	Amount or Percent*
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %

\*Minimum requirements may apply. Allocations of percentages are subject to availability. If a specific subaccount or allocation period is chosen, and the percentage field is entered, the percentage requested will be based on the specific subaccount or allocation period value, not the entire contract value.

**Section 3 - Distribution Option Desired**

Send entire amount by:  Check  Direct Deposit  
 Deposit into an existing Thrivent Mutual Fund account - \_\_\_\_\_  
 Deposit into a new Thrivent Mutual Fund account. Complete a new business application.

**For Direct Deposit only**, complete bank information below.  New request  Bank change

Name of account owner		Account number
Name of joint account owner		
Name of bank		Bank phone
Address		Routing number
City		Type of account:
State	ZIP code	<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings

If I have elected to have my payout check deposited in an account at another bank, I authorize Thrivent Financial to begin making such deposits (and corrections, if needed) to the bank indicated above. This bank is authorized to accept and/or correct deposits to my account. This authority shall remain in effect until I revoke it by terminating my contract or by giving prior notice to Thrivent Financial.

I have verified with the bank that this information is correct. I certify that this is my account. I agree and understand that Thrivent Financial is not responsible for any deposits made based on this information.

For contracts with multiple owners, disbursement checks may be made payable to only the primary owner. If only the primary owner's name appears as the payee on a disbursement check from a contract with multiple owners, it is the responsibility of the primary owner to obtain signatures of the other owners prior to cashing the check. If the disbursement results in taxable income, the tax information will be reported to all owners.

**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 Financial (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 Financial (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.

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**Section 4 - Request for Waiver of Surrender Charges (subject to availability)**

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- Confinement to health care facility still applicable. Information already on file at Thrivent Financial.
  - Request for Waiver of Surrender Charges for Health Care Facilities Confinement form will be sent to Thrivent Financial separately.
  - A letter from the nursing home concerning waiver of surrender charges will be sent to Thrivent Financial separately.
  - A letter from an attending physician or doctor indicating a life expectancy of less than 12 months will be sent to Thrivent Financial separately. Attending physician cannot be a family member.
  - A Claimant's Statement for Total Disability form and an Attending Physician's Statement of Disability form will be sent to Thrivent Financial separately.
  - Proof of state unemployment benefits will be sent to Thrivent Financial separately.
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**Section 5 - Additional Information**

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**Section 6 - Disclosures of Distribution Request**

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I fully acknowledge and understand that by distributing the amounts requested from my Thrivent Financial contract/agreement, the following may result:

**Taxable Gain** - The distributions may result in the reporting of taxable gains to me.

**Penalty Tax** - An IRS premature distribution penalty may apply to the taxable portion of the withdrawals if I am under age 59 1/2.

**Withdrawal charges may apply.**

**A market value adjustment (MVA) may apply** to distributions from a Fixed Period Allocation.

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**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.

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**Impact of Withdrawal on Guaranteed Living Withdrawal Benefit (GLWB) Rider**

I understand that if a GLWB rider is present and a withdrawal request results in a GLWB Excess Surrender as defined by the GLWB rider contract, all GLWB guaranteed values will be reduced. The Benefit Base and Survivor Benefit, if any, will be reduced by at least the amount of the Excess Surrender or in the same proportion the Account Value is reduced. The Guaranteed Withdrawal Amount for the next contract year will be reduced in the same proportion as the Benefit Base.

I understand that any taxable gain resulting from these automatic payouts **cannot be reversed once the distributions are processed**. Such taxable gains will be subject to federal and state income tax withholding, unless the Notification for Federal and State Income Tax Withholding is completed. I also understand the distributions I am requesting cannot be reversed once they are processed.

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If we receive this form in good order after your selected start date, the start date shall be deemed the first business day, or Valuation Date (for variable products or mutual funds), that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

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**403(b) or Tax Sheltered Annuity Distribution Acknowledgement**

I acknowledge that if this distribution is an eligible rollover distribution from a 403(b) 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 Financial 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.

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**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 Financial 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 Financial 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 Financial 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)

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**Section 7 - Notification for Federal and State Income Tax Withholding (Not Applicable for FPDAs)**

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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.

**Roth Distributions** - No tax withholding will be withheld from your Roth IRA.

**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.

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**Section 8 - Employer Certification (complete for 403(b) Automated Payout Option only)**

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By signing below, I certify that the participant (annuitant/payee) named on page 1 has had a distributable event (age 59 1/2, termination of employment, financial hardship, 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 Financial 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**

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**Section 9 - Validation**

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For your protection, validation of your identity is requested for certain variable and non-variable contract transactions.

Surrender/disbursement transactions:

- a. Greater than \$499,999 will require a Medallion Signature Guarantee for variable contract transactions and a Notary Public for non-variable contract transactions.
- b. Greater than \$99,999 and up to \$499,999 will require one of the following forms of validations:
  - Attestation by a Thrivent Financial representative
  - A Notary Public
  - A Medallion Signature Guarantee (not available for fixed contracts)
- c. Greater than \$9,999, less than \$99,999, and the address of record changed within the prior 15 days will require a Notary Public or attestation by a Thrivent Financial representative.
- d. Greater than \$9,999, less than \$99,999, and the bank information provided has been on record for less than 15 days will require a voided check from the bank account, a Notary Public, or attestation by a Thrivent Financial representative.
- e. Requesting special distribution instructions will also require one of the three forms of validation listed in (b) above. Examples include: Request to send proceeds to an address other than the one listed on your contract and/or request to make proceeds payable to someone other than the current owner.

A Notary Public or Medallion Signature Guarantee may generally be obtained at any national bank.

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Medallion Signature Guarantee Seal or Notary Seal

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**Section 10 - Signatures**

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Signature of owner/controller/assignee\* and date signed

**X**

Title (if applicable)

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Signature of joint owner/controller/assignee\* and date signed

**X**

Title (if applicable)

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**\*Absolutely Assigned Contracts** - Absolute assignee is: 1) Person(s) - individual(s) signature required; or 2) Business Entity - one authorized signer's signature is required. Business Entity Authorization (form 23438) must be on file; or 3) Qualified Retirement Plan - plan trustee(s) signature is required. Qualified Retirement Plan Certification (form 24742) must be on file. 457 plans and nonqualified deferred compensation plans require Business Entity Authorization (form 23438) on file.

**Collaterally Assigned Contracts** - Owner and collateral assignee; one officer's signature and title for a corporation, church or partnership.

**Irrevocable Beneficiary** - All irrevocable beneficiaries' signatures are required if the contract(s) contains irrevocable beneficiaries.

Name and code number of representative

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**Mail completed form to:** Thrivent Financial, 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 Financial" refers to Thrivent Financial for Lutherans and Thrivent Life Insurance Company.**