

Thrivent ID

Select only one (Thrivent is not able to support cross product aggregation):

- Mutual Fund
Fixed Deferred Annuity
Variable Deferred Annuity

For one-time Required Minimum Distributions, complete form 10438 for Annuities or MF28938 for Mutual Funds. To complete a Qualified Charitable Distribution, complete form 29998 for all products.

Section 1 - General Information

Name of owner (print first, middle, and last name) Phone number
Thrivent account/contract number(s)

Section 2 - Required Minimum Distribution (RMD) Information

- Defer the first year RMD to the year following the year you turn the age indicated by the Internal Revenue Code section 401(a)(9). Distribution must occur between January 1st and April 1st. If no date is listed, payout will happen March 7th. If selecting this option, also complete the Ongoing Automatic Distribution Option.

Payout date Use only days 1-28

- Ongoing Automatic Distribution

Payout frequency (for Annuities only):

- Monthly Quarterly Semiannually Annually

Start date Use only days 1-28. If a date is not selected, the distribution will default to the 15th of the month.

Payout frequency (for Mutual Funds only). Select all that apply:

- Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Start date Use only days 1-28. If a day and/or month is not selected, the distribution will default to the 7th of each month.

- IRS Joint Life Expectancy Table (only applicable to non-inherited contracts) - My sole primary beneficiary is my spouse who is more than 10 years younger than I am.

Spouse's date of birth

Section 3 - Delivery of Distribution *(If no box is checked, the distribution will be sent via check.)*

- Deposit into a **new** nonqualified Thrivent Mutual Fund Account. Complete a new account application.
- Deposit into an **existing** nonqualified Thrivent Mutual Fund account or Thrivent annuity contract
Fund/Account/Contract number _____
- Check
- Direct Deposit

For Direct Deposit Only:

Name of account owner _____

Name of joint account owner _____

Routing number _____

Account number _____

Type of account:

- Checking Savings

I authorize Thrivent to direct my payout deposited in the bank account I indicated above and to apply this authorization to any future bank accounts I may designate. I have verified this bank is authorized to accept and/or correct deposits to my account. This authority shall remain in effect until I revoke it by giving prior notice to Thrivent to terminate my contract. I understand and agree that Thrivent is not responsible for deposits made based on the information I provided on this form. As used in this form, "Thrivent" refers to Thrivent Financial for Lutherans and all its affiliates and subsidiaries.

Section 4 - Notification for Federal and State Income Tax Withholding

If no box is checked, 10% federal income tax will be withheld and state withholding will occur as required by your state of residence.

Federal Tax Withholding:

- Do not withhold federal income tax
- Withhold federal income tax amount of 10%
- Other federal withholding _____ %

For more details on federal withholding, please consult IRS Form W-4R, available on the IRS website. Failure to withhold enough or underpaying estimated taxes may lead to IRS penalties.

State Tax Withholding:

- Do not withhold state income tax
- Other state withholding _____ %

Section 5 - Additional Information

Section 6 - Agreements and Signatures

I certify I have received, read, and agree to the Disclosures at the end of this form and any other disclosures contained in this form. *If you are signing in any capacity other than the owner/controller/assignee, a title (power-of-attorney, conservator, guardian, trustee, authorized person, etc.) must be provided.*

Signature of primary owner/conservator/guardian/custodian/trustee/authorized person

Date signed

X

Title (if applicable)

Section 7 - Validation

Medallion Signature Guarantee Seal or Notary Seal and authorized signature

For Medallion Signature Guarantee, seal and signature and original document must be mailed. Fax will not be accepted.

Section 8 - Employer Certification (complete for 403(b) Required Minimum Distributions only)

By signing below, I certify that the participant/owner named in Section 1 is requesting the commencement of required minimum distributions in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. 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

Date signed

X

Mailing Instructions

Mail this completed form to the appropriate address below based on the product that you own. Mailing this form to the wrong location may result in a delay in processing of the transaction.

For Thrivent Annuities, mail this form to:**Regular Mail:**

Thrivent
PO Box 8075
Appleton, WI 54912-8075

Express Mail:

Thrivent
4321 N Ballard Rd
Appleton, WI 54919-3400

Fax:

800-225-2264

For Thrivent Mutual Funds, mail this form to:**Regular Mail:**

Thrivent Funds
PO Box 219348
Kansas City, MO 64121-9348

Express Mail:

Thrivent Funds
801 Pennsylvania Ave
Suite 219348
Kansas City, MO 64105

Fax:

866-278-8363

Disclosures

If you choose to aggregate your RMD with other contract/fund/accounts, you will be responsible for calculating and distributing your aggregated amount each year. Inherited contract/fund/accounts cannot be aggregated with non-inherited contract/fund/accounts.

Any payouts that occur on a weekend or nonbusiness day will be processed using the following market day's unit/share price.

Defer first year RMD - the IRS allows individuals to defer the first RMD required the year the individual attains the age defined as the required beginning date in the Internal Revenue Code section 401(a)(9) to the following year. The distribution must occur between January 1st to April 1st in the year following obtaining the age outlined by the IRS. Individuals opting for this choice will be required to take two distributions that year.

The applicable divisor from the IRS Joint Life Expectancy Table will be used.

If I change my beneficiary in the future so my spouse is no longer the sole primary beneficiary, I understand that I need to separately request to have my RMD calculation changed to use the IRS Uniform Distribution Table.

When providing bank information on this form, you authorize Thrivent to use a Third-Party Service Provider to verify account and account owner information. Account and/or account owner information that cannot be verified may result in a delay in processing. This Third-Party Service Provider is a consumer reporting agency under the Fair Credit Reporting Act. By signing this form, you understand and agree that a consumer report, including credit reports, criminal records and driving records, among other forms of information obtained from private and public record sources, may be obtained on you as part of this transaction.

I acknowledge that distributions made under the above requested RMD will result in the reporting of a taxable amount to the IRS and it cannot be reversed. Such taxable amount will be subject to income tax withholding unless the Notification for Federal and State Income Tax Withholding is completed.

If we receive this form in good order after your selected start date, the start date shall be deemed the first business day that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

Notification of Withholding - You are liable for federal and state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. 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.

Form W-4R can be found on the IRS website <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>

State Withholding - If withholding is indicated and the percentage is less than the state minimum, or if the percentage is not completed, we will withhold at your state's minimum rate.

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

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. You have the right to revoke or change your withholding election at least 10 days prior to the effective date of the distribution.

Validation

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 validation:
 - Attestation by a Thrivent representative
 - A Notary Public
 - A Medallion Signature Guarantee (not available for fixed contracts)
- c. Greater than \$10,000, 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 representative.
- d. Greater than \$10,000, 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 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.

Disclosures for Annuities Only

RMDs will be calculated using your prior year end account balance and the actuarial present value (APV), if applicable, on your annuity contract. The value will be divided by the applicable divisor from the IRS Uniform Distribution Table, unless your spouse is your sole beneficiary and is more than 10 years younger than you. Inherited contracts use the IRS Single Table.

No RMD is calculated for annuities established in the current calendar year. Any applicable RMD will need to be satisfied through a one-time distribution request. RMD payouts in subsequent calendar years will be distributed in accordance with this form.

Unless otherwise requested, the distribution will be taken proportionately based on the current market values of your fund holdings. If a specific subaccount is chosen, the percentage requested will be based on the specific subaccount, not the entire contract value. If desired that the distribution come from specific sub accounts, use Section 5, Additional Information, to provide subaccounts and percentages.

If funds are being removed from a specific subaccount, and the value of that subaccount is insufficient to cover the requested distribution amount, the value in that subaccount will be depleted and the balance will be taken proportionately from the remaining subaccounts. Subsequent payouts will be removed proportionately from all the remaining subaccounts, until otherwise instructed.

If a payout date of 29-31 of the month is chosen, the 28th will be used. If no date is entered, your distribution date will be on the 15th of the month. If the payment frequency is left blank, you are deemed to have elected annual distribution. If annual distribution is elected, but the month is left blank, you are deemed to have elected December. If the date of distribution is left blank, you are deemed to have elected the 15th of the month and for the distributions to begin when this date next occurs.

For all products with a Guaranteed Lifetime Withdrawal Benefit (GLWB) rider, if the distribution results in a GLWB Excess Surrender (as defined by the GLWB rider), all GLWB guaranteed values will be reduced in accordance with the rider's provisions.

For Retirement Choice with an Income Builder (GLWB) rider, the first distribution will lock in the withdrawal percentage and set the Guaranteed Annual Withdrawal Amount, as defined by the GLWB rider.

For Multi-Year Guarantee products, RMD will be made proportionately from each subaccount or allocation period.

For Fixed Indexed products, the RMD 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.

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

Surrender charges may apply.

Please see your product prospectus or contract pages for variable contracts, or contract pages for fixed contracts, for details.

Disclosures for Mutual Funds Only

If you choose to aggregate your RMD with other fund/accounts, you will be responsible for calculating and distributing your aggregated amount each year. Inherited fund/accounts cannot be aggregated with non-inherited fund/accounts.

The RMD will be made proportionately from each fund/account. Specific fund/accounts cannot be selected for the distribution.

RMD will be calculated using your prior year end account balance. The value will be divided by the applicable divisor from the Internal Revenue Service (IRS) Uniform Distribution Table, unless your spouse is your sole beneficiary and is more than 10 years younger than you. Inherited fund/accounts use the IRS Single Table.

I authorize Thrivent Financial Investor Services Inc. to: 1) make electronic deposits, withdrawals and corrections to my bank account that comply with U.S. law; 2) act on this authorization until I revoke it by contacting Thrivent Funds; 3) apply this authorization to any future bank accounts I may designate; 4) make administrative changes to this authorization which I request such as date or amount changes; 5) release any and all information related to this authorization to the third party account/contract owner, and 6) act upon electronic deposit instructions I provide to my representative.