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Request for Arbitration

Attention: Insurance Compliance
Member Dispute Resolution Program

The named parties hereby submit the following dispute to arbitration in accordance with the Rules of the American Arbitration Association, or, per rules established by prior agreement between the disputing parties. The arbitration proceeding will be governed by application jurisdictional requirements.

Name of client	Account/Contract number	Date
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Statement of the nature of the dispute and the issues submitted for decision (attach additional sheets, if necessary)

Claim or relief sought (the amount of damages claimed, if any)

Name of party requesting arbitration

Address	City	State	ZIP code
Phone	Fax	Email address	

Name of legal representative/attorney, if applicable

Name of firm, if applicable

Address	City	State	ZIP code
Phone	Fax	Email address	

By signing below, the parties agree to abide by and perform any award rendered by the arbitrator(s) and that a judgment of a court having jurisdiction may be entered upon the award, subject to applicable laws governing modification, correction, or vacation of arbitration awards.

The undersigned person requests arbitration as part of the Member Dispute Resolution Program provided for in Section 11 of the Bylaws of Thrivent Financial for Lutherans.

Signature of party/legal representative/attorney

Send completed form to:

Thrivent
Member Dispute Resolution Program
4321 N Ballard Road
Appleton WI 54919-0001