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# Certificate Of Voluntary Withholding Of State Income Tax From Pension And Annuity Payments

Name (print title, first, middle, last, and suffix name, as applicable)	Thrivent ID
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Contract number
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Address	City	
	State	ZIP code

- 1. I elect **NOT** to have state income tax withheld from my annuity payment. (Do not complete lines 2, 3, or 4.)
- 2. I elect to have voluntary state income tax withheld from my annuity payment. State income tax amount will be calculated based on specific state regulations.
- 3. I want to have the following percentage of the taxable portion withheld from each annuity payment for state income tax. \_\_\_\_\_ %
- 4. I want to have the following dollar amount withheld from each annuity payment for state income tax.  
\$ \_\_\_\_\_

**I understand that once the distribution occurs, it cannot be reversed.**

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