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Payment Services Request - Direct Payment

Name of bank account owner (print title, first, middle, last name, and suffix, as applicable)	Thrivent ID
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Establish Direct Payment - Complete the Bank Withdrawal Authorization (form 6568) and list contracts below.

Add a contract to existing Direct Payment account number - _____

Name of insured/annuitant	Contract Number	Premium Amount	Loan Amount*	Month to Begin Withdrawals	Day (1-28)	Billing Frequency**
		\$	\$			
		\$	\$			
		\$	\$			

Changes to Direct Payment account number - _____

Name of insured/annuitant	Contract Number	Premium Amount	Loan Amount*	Month to Begin Changes	Day (1-28)	Billing Frequency**
		\$	\$			
		\$	\$			
		\$	\$			

Remove a contract from Direct Payment account number - _____

Effective Date	Name of insured/annuitant	Contract Number	Future Premium	Future Loan	Billing Frequency**
			\$	\$	
			\$	\$	
			\$	\$	

*Loan repayment through Direct Payment may require premiums to be billed through the same Direct Payment account.

**Billing frequency options include Monthly, Quarterly, Semiannually, and Annually, but are subject to availability - see list:

Contract types and available Direct Payment frequencies:

- UL/VUL Premium for premerger AAL - Monthly
- UL/VUL Premium - Monthly, Quarterly, Semiannually, and Annually
- UL/VUL Loan for premerger AAL - Monthly (must draw with premium)
- UL/VUL Loan - Monthly, Quarterly, Semiannually, and Annually
- Traditional Life/Health - Monthly
- Annuity Contracts - Monthly, Quarterly, Semiannually, and Annually

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

Send completed form to: Thrivent, PO Box 8075, Appleton, WI 54912-8075

Or fax to: 800-225-2264