



Member ID

Payment Services Request - Direct Bill

Name of insured/annuitant (print title, first, middle, last name, and suffix, as applicable)	Contract number
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Section 1 - Direct Bill

Choose billing frequency: Quarterly Semiannually (UL/VUL contracts only) Annually

Change premium billing amount - \$ _____

Billed Premium Indexing option added, reduced, changed to: Fixed - _____ % CPI - _____ % Cancel

Section 2 - Special Bill Payer Information

Send the bill for this contract to a business or someone other than the owner.

List name, address, and phone number of person or business to receive billing notice:

Name (print title, first, middle, last name, and suffix, as applicable)	Phone
Business contact	Phone
Address	City
	State

Section 3 - Loan Repayment

Add loan repayment? Yes No

Loan repayment amount - \$ _____

Loan repayment frequency (subject to availability):

Direct monthly Direct quarterly Direct semiannual Direct annual With premium billing

Section 4 - Signature

I authorize Thrivent Financial to send my bill to the person or entity named in the Special Bill Payer Information section above.

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

Send completed form to:

Thrivent Financial
P.O. Box 8075
Appleton WI 54912-8075

Or fax to: 800-225-2264