



Payment Services Request - Group Bill

Member ID

Name of insured/annuitant

Section 1 - Group Bill

- Create new group bill account
- Add to existing group bill account
- Delete from group

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

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

Section 2 - Contract Types and Frequencies

- UL/VUL Premium - Quarterly, Semiannually, and Annually
- UL/VUL Loan - Monthly, Quarterly, Semiannually, and Annually
- Traditional Life/Health - Quarterly, and Annually
- Annuity Contracts - Monthly, Quarterly, Semiannually, and Annually

Section 3 - Contracts for Group Bill

Name of contract owner for the group bill contracts listed below

List contracts to be billed together on the group billing notice:

Contract Number	Amount	Billing Type	Frequency	Start Date
	\$	<input type="checkbox"/> Premium <input type="checkbox"/> Loan <input type="checkbox"/> PUIO/APO		
	\$	<input type="checkbox"/> Premium <input type="checkbox"/> Loan <input type="checkbox"/> PUIO/APO		
	\$	<input type="checkbox"/> Premium <input type="checkbox"/> Loan <input type="checkbox"/> PUIO/APO		
	\$	<input type="checkbox"/> Premium <input type="checkbox"/> Loan <input type="checkbox"/> PUIO/APO		
	\$	<input type="checkbox"/> Premium <input type="checkbox"/> Loan <input type="checkbox"/> PUIO/APO		

Section 4 - Signature

I authorize Thrivent Financial to send my bill to the person or entity named in the Group Bill section above. I also understand that my billing information may be combined with other individuals that are also billed to this person or entity.

Signature of contract owner and date signed

X

Mail completed form to: Thrivent Financial, P.O. Box 8075, Appleton, WI 54912-8075

Fax: 800-225-2264