



Thrivent Financial for Lutherans

Appleton, Wisconsin · Minneapolis, Minnesota
Thrivent.com · 800-847-4836



Appleton, WI | Minneapolis, MN
800-847-4836 | ThriventFunds.com

Member ID

Third Party Authorization to Verbally Release Financial Information

This form cannot be accepted if not fully complete.

Section 1 - General Information

Name of owner	Date of birth	
Address	City	
	State	ZIP code

Section 2 - Authorization Information

Select one:

- Apply to all my Thrivent Financial products
- Apply to only the following contracts/accounts - _____

Designation of Authorization (select one):

- I elect or I revoke Third Party Authorization.

Name of designated authorized individual	Date of birth of authorized individual	
Relationship to owner	Phone of authorized individual	
Address of authorized individual	City	
	State	ZIP code

Section 3 - Disclosures

This authorization is not allowed for contracts owned by a company/corporation/church or partnership.

This authorization does not supercede any Power of Attorney, Guardianship or Conservatorship legal document.

This authorization is **not** a general or limited power of attorney or a trading authorization and, therefore, does not allow any purchase, sale or other transaction to be entered into by the identified individual(s) for my benefit with Thrivent Financial without my **prior** written authorization.

The owner has the right to receive a copy of this authorization.

I am the owner of the above listed account/contract(s) and I authorize Thrivent Financial to verbally release financial information about the listed account/contract(s) to the designated authorized individual named above for the purpose of obtaining such information to assist me with my financial matters. This authorization does not permit disclosure of any health information about me, including but not limited to my physical health, mental health, benefit or payment information. This authorization does not constitute a release of health information under HIPAA or under any state or federal law.

This authorization will expire and be considered invalid after a period of one (1) year, from the date of the owner's signature, in the following states: AZ, CA, GA, ME, MA, MT, NJ, NC, OH, OR, and VA. In all other states, this authorization shall remain in effect until such time as the account/contract(s) identified above is/are terminated. This authorization may be revoked at any time upon receipt of a written request signed by the owner, a Power of Attorney, Guardianship of the Estate, Conservatorship, or other Court Order directing a revocation.

Section 4 - Acknowledgements and Signatures

I understand Thrivent Financial reserves the right to refuse, at any time, to act upon this authorization if the requestor is not properly identified. I further understand Thrivent Financial may modify, suspend, or discontinue the authorization privilege at any time without prior notice to me. I agree this authorization is subject to the administrative policies or rules as Thrivent Financial shall enact. All terms of this authorization are binding upon my agents, heirs, and assignees.

I agree to indemnify and hold Thrivent Financial and its subsidiaries harmless against any liability. This form constitutes Written Notice under the terms of the contract.

If this contract is owned by more than one individual, each owner must sign this form before this authorization becomes effective.

Signature of owner/assignee/controller	Date signed
X	
Signature of joint owner/assignee/controller	Date signed
X	
Signature of witness (non-interested party)	Date signed
X	

Mail completed form to:

Thrivent Financial
PO Box 8075
Appleton WI 54912-8075

Fax:

800-225-2264

This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415) and Thrivent Investment Management Inc. (Minneapolis, MN 55415) wholly owned subsidiaries of Thrivent Financial for Lutherans. If used in this form, "Thrivent Financial" refers to Thrivent Financial for Lutherans and Thrivent Life Insurance Company.