
Guide to completing your claim

It is always recommended to work with a financial professional to guide you (the Claimant) through the claim process. Once a claim payment option has been elected, the transaction cannot be reversed.

• Special Instructions for general claim completion

- This form cannot be completed for Mutual Funds. For all Mutual Fund needs, contact 1-800-847-4836.
- Each claimant submitting a claim must complete a separate claim form
- For claims up to \$250,000 a copy of the certified death certificate, with the cause and manner of death, is required to complete this claim. For claims that exceed \$250,000 an original certified death certificate, with the cause and manner of death, is required to complete this claim

• Additional requirements, if your claim is filed by a:

- Trustee - complete a Certification of Trust, form 24143A
- POA - a copy of the Power of Attorney document is required
- Executor/Administrator of estate - letters of testamentary, papers or letters verifying your appointment
- Legal Guardian/Custodian for named beneficiary - court certified letter of guardianship/conservatorship
- Charitable Organization/Elected Officer - complete a Business Entity Information, form 23438

• If any of the below apply to the deceased, the Deceased Additional Health Information form will need to be completed, form 34903.

- A life insurance contract has been in force for two years or less
- There is an accidental death benefit rider on the contract
- The situation involves unusual circumstances of death

Mail completed form to:

Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:

800-225-2264

1. Claimant Information

If the claimant is not a part of the Thrivent membership and would like to join, form 15659 is needed.

I am claiming these proceeds in the following capacity

- Named beneficiary, POA for named beneficiary, Legal Guardian/Custodian for named beneficiary, Trustee, Executor/Administrator of estate, Charitable Organization - Elected Officer

Name of Trust/Entity, Required when a claimant is a church, charity, trust or estate.

Claimant Name, Thrivent ID

Sex, Date of birth, Relationship to deceased

Primary residential/mailling address

City, State, ZIP code

Email, Phone

2. Deceased Information

Name, Thrivent ID

3. Claim Distribution

Identify the desired claim distribution option(s) and complete the appropriate sections of the form. If selecting a new Life/Health Insurance product, Mutual Fund, Annuity or Brokerage Account complete the applicable new business paperwork.

Annuitant Exchange/Spousal Beneficiary Option (AE/SBO)

From: Contract, From: Contract, From: Contract, From: Contract

In selecting this option, any automatic distributions from or contributions to this contract will need to be re-established.

To complete this election, continue to sections 5, 6, 8 and the signature section at the end of this form.

*Payment to (NOT FOR QUALIFIED TRANSFERS) - for Life, Health, Annuities, Mutual Funds or Brokerage

Is this a new product? Yes, product type: No

From: Contract To: Contract/Account Amount or Percent

*Transfer of Qualified Funds

For proceeds being transferred to mutual funds, please be sure you are completing mutual fund paperwork requirements.

Is this a new product? Yes, product type: No

From: Contract To: Contract/Account Amount or Percent

*Loan

From: Contract _____ To: Contract/Account _____ Amount or Percent _____
From: Contract _____ To: Contract/Account _____ Amount or Percent _____
From: Contract _____ To: Contract/Account _____ Amount or Percent _____
From: Contract _____ To: Contract/Account _____ Amount or Percent _____

To complete this election, continue to section 6 and the signature section at the end of this form. *If electing to have a portion of the claim as a cash distribution (direct deposit or check) complete section 4.

*New Income Settlement Option - form 9368 will need to be completed along with this form.

From: Contract _____
From: Contract _____
From: Contract _____
From: Contract _____

To complete this election, continue to sections 5, 6 and the signature section at the end of this form. *If electing to have a portion of the claim as a cash distribution (direct deposit or check) complete section 4.

*Continue an existing Settlement Option/Single Premium Immediate Annuity (SPIA)

The current contract payment mode, period and amount cannot be changed. Form 9368C will need to be completed along with this form if payments are to be applied to another Thrivent product.

From: Contract _____
From: Contract _____
From: Contract _____
From: Contract _____

To complete this election an IRS W-4P Form is required to be submitted with this claim form if you want Federal withholding other than 0% or the default as calculated solely on this payment. To obtain, search W-4P here: irs.gov/forms-instructions. In addition, Sections 8 and 9 must be completed. Section 4 is required if establishing direct deposit of payments.

*Take payments more rapidly from an existing Settlement Option - Form 9368 will need to be completed along with this form.

From: Agreement _____
From: Agreement _____
From: Agreement _____
From: Agreement _____

To complete this election, continue to the signature section at the end of this form. *If electing to have a portion of the claim as a cash distribution (direct deposit or check) complete section 4.

Flexible Payout Deposit Agreement (FPDA) - This may be a taxable event.

From: Contract _____ Amount or Percent _____
From: Contract _____ Amount or Percent _____
From: Contract _____ Amount or Percent _____
From: Contract _____ Amount or Percent _____

Accumulate all interest

*Periodic payment of \$ _____

Payment amounts under \$200 will require Direct Deposit or payment to another Thrivent Product.

Income frequency: Monthly Quarterly Semiannually Annually

Payment date _____ Day of month payment is distributed. It will be sent the next business day.

Payment to another Thrivent product - form 9368C will need to be completed along with this form.

To complete this election, continue to sections 6, 8 and the signature section at the end of this form. *If electing a periodic payment from the FPDA or electing to have a portion of the claim as a cash distribution, the payment information (direct deposit or check) can be completed in section 4.

Deferred Income Settlement Option (DISO)

From: Contract _____ Amount or Percent _____
From: Contract _____ Amount or Percent _____
From: Contract _____ Amount or Percent _____
From: Contract _____ Amount or Percent _____

Five year deferral - available for annuity death proceeds only. At maturity, complete distribution and taxable gain will be reported.

To complete this election, continue to sections 8 and the signature section at the end of this form.

4. Claim Payment Option

Indicate in this section the method in which payment(s) should be received. If you do not select from the below choices, you will automatically receive a check at the address indicated in section 1 of this form.

Cash Out

From: Contract _____ Amount or Percent _____
From: Contract _____ Amount or Percent _____
From: Contract _____ Amount or Percent _____
From: Contract _____ Amount or Percent _____

- Check
- Direct Deposit

Complete bank information for direct deposit

Full name of bank account owner(s) _____

Full name of bank _____

Account type Checking Savings

Routing number _____ Account number _____

To complete the cash out election, continue to sections 6 and the signature section at the end of this form.

5. Required Minimum Distribution (RMD) for the Year of Death

List contract number(s) RMD should be released from:

- Distribute the decedent's RMD amount
 - Full Amount \$ _____
 - Partial Amount \$ _____

Distribution not necessary - RMD has already been paid through the year of death

6. Withholding

You are liable for federal and state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. Except where prohibited by federal and/or state law, you can: 1) elect no federal and state withholding; 2) elect 'other' to have federal withholding applied at rate other than the default (requires W-4R); or 3) no election results in default federal rate of 10% and minimum state rate withholding (if applicable). You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Check with your tax advisor to determine if withholding is necessary.

Federal Withholding

- Do not withhold for federal income tax.
- Other federal withholding
Complete and submit to Thrivent IRS form W-4R, search W-4R here: www.irs.gov/forms-instructions, for other federal withholding.

State Tax Withholding

- Do not withhold for state income tax.*
- Withhold state income tax of _____ % or \$ _____
If percentage or amount is less than the state minimum or if percentage or amount is not completed, we will withhold at your state's minimum rate.

Settlement Option Continuations - To complete this election an IRS W-4P Form must be completed and included with this claim form if you want Federal withholding other than 0% or the default as calculated solely on this payment. When completing the W-4P Form, Steps 1 and 5 are required.

Residents of Connecticut -submit the Form CT-W4P to indicate your withholding election with this form. If you do not submit Form CT-W4P with this form, Thrivent will use your most recently-submitted CT-W4P, if one is on file. If you do not submit Form CT-W4P with this form and you have not previously submitted Form CT-W4P, the maximum rate will be withheld. *If your state requires withholding we will withhold at your state's minimum rate unless you indicate a higher rate.

Mandatory Tax - If your distributions are from a 403(b) or qualified retirement plan that were eligible for rollover, you are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. Because your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state withholding.

7. Additional Information

8. Beneficiary Designation

Certain claim distributions allow a claimant to establish his/her own beneficiaries. To designate a beneficiary for a settlement option or spousal beneficiary option, list the full name, relationship to client, date of birth, Social Security number, address and phone number for each beneficiary.

Primary

First Contingent

9. Financial Professional Information - to be completed by financial professional, if applicable.

I certify that I have confirmed the proposed insured's/annuitant's identity, date of birth, and sex by verbal confirmation or review of their driver's license or other government-issued documentation (Birth Certificate, Identification Card from the Department of Motor Vehicles, Marriage Certificate, Military Service Record, Naturalization or Passport Records, Death Certificate).

No validation of insured's/annuitant's identity, date of birth, and sex was required or is on file.

Signature of financial professional _____

Name of financial professional _____ Code of financial professional _____

A separate agreement will be issued for each funding contract listed. Unless otherwise indicated below, the agreement will be sent to the owner.

Mail to financial professional

Disclosures for sections:

1. Claimant Information**Minor Beneficiary**

By collecting proceeds payable to a minor (beneficiary) as defined by the beneficiary's state of residence and where no custodial designation was made in the beneficiary designation, I am certifying to the best of my knowledge and belief that:

- No custodian was nominated by the decedent to serve;
 - No guardian or conservator has been appointed or is sought to be appointed for the beneficiary;
 - I am collecting proceeds under authority granted to me by the Uniform Transfers to Minors Act in the beneficiary's state of residence;
 - I am authorized to collect the proceeds on behalf of the minor as an adult member of the beneficiary's family; and
 - I elect to use the Uniform Transfers to Minors Act in the state of residence of the beneficiary to administer this custodial property for the benefit of the beneficiary.
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3. Claim Distribution

We suggest that all elections should be reviewed with a tax advisor. Thrivent will not be responsible for any tax consequences resulting from a claim distribution.

Variable Annuity

A claimant's distribution request for each Variable Annuity contract must be for the total value of this beneficiary's portion of the contract.

Annuitant Exchange/Spousal Beneficiary Option (SBO)

A prospectus must be delivered to the spouse beneficiary when discussing or recommending an Annuitant Exchange/SBO on a variable annuity.

Annuitant Exchange

Is available when:

- The spouse is the sole primary beneficiary
- SBO has not previously been exercised on the contract
- Generally available for a non-pension deferred annuity issued after January 17, 1985 and for a Traditional IRA, SEP, SIMPLE IRA, or Roth IRA
- Surviving spouse is the sole owner and beneficiary of the contract (when contract is assigned)

Simple IRA

If the contract is a SIMPLE IRA issued more than 2 years ago or a SEP and I am electing the SBO, I am also electing a nontransferable, non-reportable transfer to a traditional IRA. I will benefit by making this automatic election because I will be able to make future contributions, if eligible.

Annuity Extend 5-Year Disclosure Statement

If I am exercising the Annuitant Exchange and the contract will mature within six months, I elect to defer the annuity date for five years. I understand that the IRS may question the tax status of annuities that do not begin income payments by age 90. I have been advised to review this decision with my tax advisor. Thrivent reserves the right, at any time, to not offer any extension to my annuity date, regardless of whether they have granted any extension to me or to any others in the past. This is not applicable to Single Premium Deferred Paid-Up Annuity contracts.

Qualified Plan, 403(b) or Tax Sheltered Annuity Distribution Acknowledgement (required for 403(b) Custodial Accounts, Tax Sheltered Annuities, Money Purchase, Profit Sharing and Nontransferable Deferred Annuities)

I acknowledge that if the distribution from the above plan is an eligible rollover distribution and is not a direct rollover to a qualified retirement plan or IRA, the taxable amount of the distribution will be subject to 20% income tax withholding. I understand that the 20% income tax withholding will not apply if I roll over the taxable amount of the distribution to a qualified retirement plan or IRA. I also acknowledge that I have received and read the 403(b) and Qualified Plan Distribution Disclosure (form 9972). I acknowledge that I have the right to delay making a decision regarding the distribution from the above plan for at least 30 days after receiving the 403(b) and Qualified Plan Distribution form and have been given this opportunity. I hereby elect to waive my right to the 30 day waiting period and request Thrivent to make this distribution as soon as administratively possible.

DISO and FPDA Elections

I understand I am not purchasing a new product. I am selecting a settlement option from an existing contract.

I understand a settlement option does not contain a "free look" provision.

I understand Thrivent and its financial professional cannot provide tax or legal advice. I have been advised to consider my (and/or my spouse's) need for Medicaid planning before electing a payment option. I understand that the rules vary by state so I should seek information from a Medicaid office in my area.

I understand if there is any taxable gain from the funding contract, it will be subject to tax reporting for the year in which the FPDA is established.

I understand the distributions from the settlement option I elect may produce a taxable income.

Mutual Fund Acceptance

Acceptance of Rollover/Transfer/Conversion by Thrivent
Financial Investor Services Inc. and Thrivent Funds.

Authorized signature of corporate employee:



4. Claim Payment Option

I authorize Thrivent to make this electronic deposit and, if necessary, corrections to my bank account. My authorization is valid for electronic deposits and corrections that comply with U.S. law. U.S. law grants me certain rights when I request an electronic deposit. These laws also regulate how electronic deposits and corrections are made to my bank account. This authorization shall remain in full force and effect until I revoke it by giving 10 days prior notice to Thrivent.

5. Required Minimum Distribution (RMD) for the Year of Death

Upon the Death of the Original Owner

If the original owner died on or after the required beginning date (RBD) as defined in the Internal Revenue Code section 401(a)(9), I may be responsible for the original owner's RMD for the year of death if it has not already been distributed.

- RMD must be distributed no later than December 31 of the year of the original owner's death to avoid a 50% IRS penalty.
- If a claim election results in money leaving the original contract, RMD must be distributed prior to this money movement.

For the Single Premium Deferred Paid-Up Annuity Qualifying Longevity Annuity Contract, refer to the Beneficiary Option Guides for options available to the beneficiary and information about RMD.

Upon the Death of the Beneficiary Owner

If the beneficiary owner of an inherited contract/account dies, the beneficiary owner's RMD for his or her year of death may or may not have to be paid out to me prior to the resulting money movement.

- Transfer: The deceased beneficiary owner's RMD for the year of death does not have to payout prior to a transfer.
- Rollover and Qualified Rollover Contribution: The deceased beneficiary owner's RMD for the year of death does have to payout prior to a rollover or qualified rollover contribution.

Signatures and Substitute W-9 - required for all claim elections

Taxpayer Identification number Certification

I certify under penalties of perjury that:

1. The Social Security number or Taxpayer Identification number provided is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including U.S. resident alien).

I must cross out item 2 above if I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on my tax return.

Beneficiary Social Security number _____

Employer Identification number _____

I understand my claim will be processed according to Thrivent's claim administration procedures (form 28887) and, at my request, I will be provided with these provisions prior to the signing of this form.

I hereby request Thrivent to process the elections which I have indicated on this form. I have read (or have had read to me) and verified all statements and answers provided to the Thrivent representative as part of this election form which will become part of the settlement option agreement. The signature applies to section 3.

FOR YOUR PROTECTION, state laws require the following to appear on this form: Any person who knowingly and with intent to defraud or deceive any insurance company presents false information in an application for insurance or any person files or facilitates the filing of a statement of claim containing any materially false information, or conceals information concerning any fact material to the statement, is guilty of insurance fraud, which may be a felony crime, subject to civil penalties or criminal prosecution, including fines and/or confinement in prison.

New York residents, FOR YOUR PROTECTION, state laws require the following to appear on the form: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of beneficiary and capacity (i.e. trustee, guardian, elected officer with title)

Date signed

X _____
Name of Claimant