
Guide to completing your claim

It is always recommended to work with a financial advisor to guide you (the Claimant) through the claim process. Once a claim election has been processed, the transaction cannot be reversed.

Special Instructions for general claim completion

- This form cannot be completed for Mutual Fund Death Claims. For Mutual Fund needs, contact 1-800-847-4836.
- Each claimant submitting a claim must complete a separate claim form.
- Include a contract number for all claim elections.
- For claims up to \$500,000 a copy of the certified death certificate, with the cause and manner of death, is required to complete this claim. For claims that exceed \$500,000 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 - 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 34903, needs to be completed:

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

Mail completed form to:

Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:

800-225-2264

1. Deceased Information

Name _____ Thrivent ID _____

2. 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
 ☐ Guardian/Custodian/POA for named beneficiary
 ☐ Executor/Administrator of estate
☐ Trustee
 ☐ Funeral Home/Non-Charitable Organization
 ☐ Charitable Organization - Elected Officer

Claimant Name _____ Beneficiary SSN/EIN _____

Sex _____ Date of birth _____ Relationship to deceased _____

Primary residential/mailling address _____

City _____ State _____ ZIP code _____

Email _____ Phone _____

3. Claim Election

Multiple sections of this form may be required to complete the claim. Please review each section and include contract numbers for all claim elections.

If selecting a new Life/Health Insurance product, Mutual Fund, Annuity, Settlement Agreement, More Rapid Payout from Existing Settlement Agreement, or Brokerage Account complete the applicable new business paperwork.

Option A - Annuitant Exchange/Spousal Beneficiary Option

Any automatic distributions from or contributions to this contract will need to be re-established.

☐ Annuitant Exchange/Spousal Beneficiary Option (AE/SBO)

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

Option B - Immediate Distribution

☐ Cash Distribution

If no box is checked, a check will be sent to the address listed in *Claimant Information*.

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 _____

Type of account ☐ Checking ☐ Savings

Routing number _____ Account number _____

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

Is this a new product? ☐ Yes, product type: _____

Is this an IRA/Roth Contribution? ☐ Yes, what year: _____

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 _____

☐ **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 _____

Option C - Transfer

☐ **Transfer of Qualified Funds to a Qualified Product**

Is this a new product? ☐ Yes, product type: _____

☐ No (Spouse Only) _____

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 _____

Option D - Receive an Income

Form 9368 is required to be completed for New Income Settlement Agreement or take payments more rapidly from an existing Settlement Agreement.

☐ **New Income Settlement Agreement**

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

☐ **Take payments more rapidly from an existing Settlement Agreement**

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

☐ **Continue an existing Settlement Agreement/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 _____

Option E - Flexible Payout Deposit Agreement (FPDA)

☐ **Flexible Payout Deposit Agreement (FPDA) - This is not a deferred product, and 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.

Option F - Deferred Income Settlement Option (DISO)

Five-year deferral is available for Non-Qualified Deferred Annuity death proceeds only. At maturity, complete distribution and taxable gain will be reported.

☐ **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 _____

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

Complete this section only if you elected an Annuitant Exchange/Spousal Beneficiary Option (AE/SBO), New Settlement Agreement, or Transfer of Qualified Funds.

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

☐ Distribute the decedent's RMD amount

☐ Full

☐ Partial Amount \$ _____

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

5. Notification for Federal and State Income Tax Withholding

If no box is checked, 10% federal income tax will be withheld and state withholding will occur as required by your state of residence. If electing to continue an Existing Settlement Agreement/SPIA, an IRS form W-4P will be required to elect Federal withholding.

Federal Tax Withholding:

☐ Do not withhold federal income tax

☐ Withhold federal income tax amount of 10%

☐ Other federal withholding _____ %

For more details on federal withholding, please consult IRS Form W-4R, available on the IRS website. Failure to withhold enough or underpaying estimated taxes may lead to IRS penalties.

State Tax Withholding:

☐ Do not withhold state income tax

☐ Other state withholding _____ %

6. Additional Information

7. Beneficiary Designation

Complete this section only if you elected Annuitant Exchange/Spousal Beneficiary Option (SBO), Continuation of Existing Settlement Agreement/SPIA, Flexible Payout Deposit Agreement (FPDA), or Deferred Income Settlement Option (DISO).

To designate a beneficiary, list the full name, relationship to claimant, date of birth, Social Security Number, address and phone number for each beneficiary.

Primary

First Contingent

8. Financial Advisor Information - *To be completed by Financial Advisor, 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 Advisor _____

Name of Financial Advisor _____ Code of Financial Advisor _____

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 Advisor

9. Disclosures

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.

Claim Election

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.

This option 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 agreement from an existing contract.

I understand a settlement agreement 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 agreement I elect may produce a taxable income.

New Settlement Agreement - The election of a New Settlement Agreement from a Qualified Annuity is an inherited IRA option. If a spouse, as the sole beneficiary, wishes to Treat as Own into a New Settlement Agreement, an Annuitant Exchange/Spousal Beneficiary Option (AE/SBO) needs to be elected first.

Mutual Fund Acceptance

Acceptance of Rollover/Transfer/Conversion by Thrivent

Authorized signature of corporate employee:

Financial Investor Services Inc. and Thrivent Funds.



Cash Distribution

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.

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 up to 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.

Notification for Federal and State Income Tax Withholding

Notification of 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. 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.

Form W-4R can be found on the IRS website <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>

Default Federal Tax Withholding - Is 10% unless you elect Continuation of an Existing Settlement Agreement/SPIA.

State Withholding - If withholding is indicated and the percentage is less than the state minimum, or if the percentage is not completed, we will withhold at your state's minimum rate.

Any tax withholding will be subtracted from the taxable amount (gross).

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. You have the right to revoke or change your withholding election at least 10 days prior to the effective date of the distribution.

Mandatory Tax - Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

Continuation of an Existing Settlement Agreement/Single Premium Immediate Annuity (SPIA) - If a Federal withholding option is not selected, or the Federal default amount is selected, a filing status of Single with No Deductions will apply. Federal withholding, if any, will be based solely on this status, the income amount, and the tax tables.

10. Substitute W-9 Tax Certification - This section is required for all claim elections.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (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. citizen or other U.S. person (as defined by the IRS in its W-9 instructions); and
4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Exemption from FATCA reporting code (if any) _____

☐ You must check this box if the IRS has notified you that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

11. Agreements and Signatures

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 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.

The IRS does not require your 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 _____