

### STEP 1 - Client information, review acknowledgments and disclosures

Name of client (print first, middle, last name and suffix, as applicable)	Thrivent ID
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I understand and agree that:

- By completing this form, I designate the person(s) below as my trusted contact person(s) ("Trusted Contact");
- I am able to designate anyone age 18 or older as my Trusted Contact(s);
- I understand this applies to all products.
- Thrivent and its subsidiaries\*\* are authorized, but not obligated, to contact my Trusted Contact(s) and disclose information to address possible financial exploitation, to confirm the specifics of my current contact information, health status, and/or the identity of any legal guardian, executor, trustee or power of attorney;
- This authorization is not a general or limited power of attorney or trading authorization and does not allow any purchase, sale or other transaction to be entered into by the Trusted Contact without my prior written authorization;
- I can change my Trusted Contact(s) at any time by completing a new Trusted Contact Person Authorization form;
- I understand this authorization will stay in effect until I revoke it. I can revoke this authorization at any time by notifying Thrivent in writing at the address below.

### STEP 2 - Check one box

- I choose to designate a Trusted Contact Person(s) - continue to Step 3
- I do **not** wish to designate or update my Trusted Contact Person(s) at this time - skip to Step 4

### STEP 3 - Designate one or more Trusted Contact Person(s) - You may not list a Thrivent Financial Professional

**This designation will replace any Trusted Contact Person(s) currently on file, if applicable.**

Trusted Contact Person			
*Name of Trusted Contact Person (print first, middle, last name and suffix, as applicable)		*Phone	
*Address	*City	*State	*ZIP code
Email	Relationship	Date of Birth	

Trusted Contact Person (Optional)			
*Name of Trusted Contact Person (print first, middle, last name and suffix, as applicable)		*Phone	
*Address	*City	*State	*ZIP code
Email	Relationship	Date of Birth	

\*These fields must be completed

### STEP 4 - Sign, then return completed form to Thrivent

I certify that I have read and agree to the acknowledgments contained in this form, and have been provided a copy.

Signature of client	Date signed
<b>X</b>	

**Send completed form to:** Thrivent  
PO Box 8074  
Appleton WI 54912-8074

**Fax:** 800-225-2264

\*\*This form may be used for Thrivent Investment Management Inc. (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans. If used in this form "Thrivent" refers to Thrivent Financial for Lutherans."