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| Thrivent ID |
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Section 1 - General Information

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|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Contract number 1 | Contract number 2 | Contract number 3 | Contract number 4 | Contract number 5 | Contract number 6 |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|

Name of insured/annuitant/payee (print first, middle, last name and suffix, as applicable) (One name only)

Select all coverages to be included in this designation below.

If no box is selected, this beneficiary designation will apply to all coverages and riders under the contract number(s) listed above.

- | | |
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| <input type="checkbox"/> Base Coverage | <input type="checkbox"/> Child Rider (one designation applies for all children under a child rider) |
| <input type="checkbox"/> Term Life Insurance Rider | <input type="checkbox"/> Secondary Coverage (spouse rider, joint life/annuity contract) |

Section 2 - Primary and Contingent Beneficiary

Select the class for each beneficiary. If a class is not selected, it will be deemed that the named beneficiary is a primary beneficiary.

Per stirpes: If per stirpes is desired, select the box for each beneficiary you would like per stirpes. Per Stirpes means if a named beneficiary is deceased, his/her portion of proceeds are paid equally to his/her surviving children. "Surviving children" means all children born or legally adopted, and does not include step-children. ***Per stirpes may not be used for spouse and/or parent relationships.**

Percentages: Percentages are only needed if the beneficiaries are to receive an unequal amount, and must equal 100%.

Trusts: If a beneficiary is a living (Inter Vivos) trust, provide the exact name of the trust and the date the trust was established or Tax Identification number.

UTMA (Uniform Transfers to Minor Act): An individual named as a primary beneficiary should not also be named as a custodian for a contingent beneficiary.

Additional beneficiaries: If there is not enough room on this form to list all beneficiaries, continue on a separate sheet that includes 1.) contract number(s) 2.) all beneficiary information requested on this form 3.) the owner's signature and date.

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|--|--|--|-------------------|
| Name of beneficiary/entity (one name only) | | Relationship to insured | |
| Beneficiary class (select one) <input type="checkbox"/> Primary <input type="checkbox"/> First contingent | | Select if applicable* (see above) <input type="checkbox"/> Per stirpes for this beneficiary | |
| Address of beneficiary/entity | | City | State ZIP code |
| Social Security/Tax Identification number | | Date of birth/trust | Phone |
| Name of UTMA custodian if beneficiary is a minor (one name only) | | UTMA state | |
| Name of beneficiary/entity (one name only) | | Relationship to insured | |
| Beneficiary class (select one) <input type="checkbox"/> Primary <input type="checkbox"/> First contingent | | Select if applicable* (see above) <input type="checkbox"/> Per stirpes for this beneficiary | |
| Address of beneficiary/entity | | City | State ZIP code |
| Social Security/Tax Identification number | | Date of birth/trust | Phone |
| Name of UTMA custodian if beneficiary is a minor (one name only) | | UTMA state | |

| | | | |
|--|--|--|------------------|
| Name of beneficiary/entity (one name only) | | Relationship to insured | |
| Beneficiary class (select one) <input type="checkbox"/> Primary <input type="checkbox"/> First contingent | | Select if applicable* (see above) <input type="checkbox"/> Per stirpes for this beneficiary | |
| Percentage (if not equal) | | | |
| Address of beneficiary/entity | | City | State ZIP code |
| Social Security/Tax Identification number | | Date of birth/trust | Phone |
| Name of UTMA custodian if beneficiary is a minor (one name only) | | | UTMA state |

| | | | |
|--|--|--|------------------|
| Name of beneficiary/entity (one name only) | | Relationship to insured | |
| Beneficiary class (select one) <input type="checkbox"/> Primary <input type="checkbox"/> First contingent | | Select if applicable* (see above) <input type="checkbox"/> Per stirpes for this beneficiary | |
| Percentage (if not equal) | | | |
| Address of beneficiary/entity | | City | State ZIP code |
| Social Security/Tax Identification number | | Date of birth/trust | Phone |
| Name of UTMA custodian if beneficiary is a minor (one name only) | | | UTMA state |

Section 3 - Agreements and Signatures

All contract owners must sign. By signing this form, I certify that I have read and agree to all the provisions on form 28887. This beneficiary designation is effective and revokes all previous beneficiary designations upon submission to and approval by Thrivent.

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| Signature of owner/controller X | Date signed |
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| Name of owner/controller | |
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| Signature of joint owner/controller X | Date signed |
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|--------------------------------|--|
| Name of joint owner/controller | |
|--------------------------------|--|

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|-----------------------------|------|-------|----------|
| Address of owner/controller | City | State | ZIP code |
|-----------------------------|------|-------|----------|

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| Print name and code number of representative (optional) | | | |
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| Signature of witness (Required in MA. Optional in all other states.) X | Date signed |
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| Signature of spouse (See form 28887 for more information) X | Date signed |
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| Thrivent approval (Internal use only) | |
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Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264