

Health Surrender Request

1. Insured Information

Thrivent ID _____ Contract number _____ Email _____
 Name _____

2. Effective Date

Select one:

- Surrender this contract upon the date this form is signed or the date the notice is received as specified in your insurance contract. Refer to your contract for the rule applicable to your contract.
- Surrender this contract at future date: _____

Medicare Supplement Only:

Effective Date of new coverage: _____

3. Delivery of Payment

- 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 _____

Apply to another Thrivent contract/account.

Contract number	Premium amount	Loan repayment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

4. Additional Information

5. Disclosures

Delivery of Payment

Direct Deposit - I authorize Thrivent to make this electronic deposit and, if necessary, corrections to my financial institution 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 financial institution account. This authorization shall remain in full force and effect until I revoke it by giving 10 days prior notice to Thrivent.

When providing bank information on this form, you authorize Thrivent to use a Third-Party Service Provider to verify account and account owner information. Account and/or account owner information that cannot be verified may result in a delay in processing. This Third-Party Service Provider is a consumer reporting agency under the Fair Credit Reporting Act. By signing this form, you understand and agree that a consumer report, including credit reports, criminal records and driving records, among other forms of information obtained from private and public record sources, may be obtained on you as part of this transaction.

Checks - For contracts with multiple owners, disbursement checks may be made payable to only the primary owner. If only the primary owner's name appears as the payee on a disbursement check from a contract with multiple owners, it is the responsibility of the primary owner to obtain signatures of the other owners prior to cashing the check. If the disbursement results in taxable income, the tax information will be reported to all owners.

For internal product-to-product transfers only - Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract(s) to become effective only if and when:

- Thrivent (including its subsidiaries and affiliates) has approved the first application of the amount(s) requested to the receiving contract(s), as described above, or, if not, as I subsequently agree to accept; and
- with respect to any receiving contract(s) that I have applied for, as described above, Thrivent (including its subsidiaries and affiliates) has approved the issuance of the receiving contract(s), as applied for or, if not, as I subsequently agree to accept.

Effective Dates

For Medicare Supplement, to comply with Medicare Nonduplication, surrenders may be backdated to the date new coverage took effect.

6. Agreements and Signatures

I authorize Thrivent to process the requested distribution and I certify: 1) I have received, read, and agree to the Disclosures; 2) I understand this transaction may be taxable; and 3) I understand I have the opportunity to request a quote of the taxable gain prior to requesting this transaction.

If you are signing in any capacity other than the owner/controller/assignee, a title (power-of-attorney, conservator, guardian, trustee, authorized person, etc.) must be provided.

Signature of owner/controller/assignee _____

Date signed _____

Title _____

Signature of joint owner/controller/assignee _____

Date signed _____

Title _____

Send completed form to:

Fax: 800-225-2264

Thrivent
PO Box 8075
Appleton WI 54912-8075