

Use this form for billing purposes only. Contact your Plan Administrator to start, change or suspend your salary deferral election from your paycheck.

Section 1 - General Information

Name of employee		Thrivent group bill account number, if known	
Name of employer		Employer phone	
Employer mailing address	City		
	State	ZIP code	

Section 2 - Contribution Election

If you have authorized your employer to withhold a percentage of your pay, convert that percentage to an approximate dollar amount.

Total pre-tax employee contributions \$ _____

Total employer contributions \$ _____

Total or approximate contributions per pay period \$ _____

Employer Payroll Schedule: Weekly Monthly Twice per month

Contributions will begin _____

Variable Annuity or Fixed Annuity	Contract Number	Contribution Allocation(s)	
		Employee Pre-Tax Salary Deferred	Employer
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total amount		\$	\$

Section 3 - Employee Responsibilities

- I am eligible as an employee of either an educational organization (pursuant to Internal Revenue Code Section 170(b)(1)(A)(ii)) or a tax exempt organization (pursuant to Internal Revenue Code Section 501(c)(3)), to elect salary reductions under a 403(b) plan and consent to Thrivent Financial acting as joint payment agent for annuities.
- I request that my current employer or authorized representative of the employer remit my 403(b) contributions for purchase of an annuity contract as indicated above.
- I have verified that the information on this form is correct and I have determined that the sum of all salary deferrals to all 403(b) plans, 401(k) plans, SIMPLE plans or SARSEP IRA plans I participate in are at or below IRS salary deferral limits for the current year. Neither Thrivent Financial, Thrivent Investment Management Inc., Thrivent Life Insurance Company nor the Custodian (if applicable) shall have the responsibility in this regard. This verification is not intended to be an employee self-certification.
- I understand that employee 403(b) contributions are in lieu of the compensation payable directly to me.
- I agree that if instructions on this agreement are inconsistent with the annuity application, this agreement will control.
- I understand that this request shall supersede all prior agreements. Contributions will be allocated according to the contracts listed on this form for new business and/or existing annuities.
- I understand that Thrivent Financial must be an approved vendor with the employer sponsoring the plan in order to receive 403(b) contributions.

Section 4 - Agreement and Signature

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions listed in this form. I will provide a copy of this agreement to my employer sponsoring my 403(b) plan.

Signature of employee and date signed

X

Name and code number of representative

This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans. If used in this form, "Thrivent Financial" refers to Thrivent Financial for Lutherans and Thrivent Life Insurance Company.