



Thrivent Financial for Lutherans
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Beneficiary Affidavit

I, _____, _____, being first duly sworn,
(your name) (relationship to deceased)
deposes and says that:

1. _____, who died on _____,
(name of deceased) (date of death)
is the insured/annuitant/account owner of _____
(contract/account number(s))
issued by Thrivent Mutual Funds **and/or** Thrivent Financial for Lutherans

2. Select the class designation that applies:
 Children, born or adopted (does not include step-children) Children born or adopted of the marriage between - _____ and _____
 Grandchildren
 Brothers/Sisters
 Other - _____

List all living and deceased individuals that apply to the class selected above.

Name	Relationship to Deceased	Date of Birth	Date of Death*	Address and Phone

*If deceased, send copy of death certificate.

Note: When the beneficiary designation contains "per stirpes," a Deceased Beneficiary's Children Affidavit (form 5909A) must be completed for each predeceased beneficiary.

Signed, _____.

Subscribed to and sworn to before me this _____ day of _____, 20____.

(signature of notary public) Notary expires on _____

Send completed form by mail or fax to:

Life and Annuities: Thrivent, PO Box 8075, Appleton, WI 54912-8075, **Fax:** 800-225-2264

Mutual Funds: Thrivent Mutual Funds, PO Box 219348, Kansas City, MO 64121-9348, **Fax:** 866-278-8363