



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)  
was the insured/annuitant/account owner of a contract(s) and/or account(s)  
issued by ☐ Thrivent Mutual Funds **and/or** ☐ Thrivent Financial for Lutherans and is identified under  
Thrivent ID \_\_\_\_\_.  
(Thrivent ID of the deceased)

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