

## 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 and/or Thrivent Life Insurance Company

2. Select the class designation that applies:

- Children, born or adopted (does not include step-children)     Children born 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 Financial, 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

**This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans.**