



Thrivent Financial for Lutherans
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Deceased Beneficiary's Children Affidavit

I, _____, _____, being first duly sworn,
(your name) (relationship to deceased beneficiary)

deposes and says that:

1. _____, who died on _____,
(name of deceased beneficiary) (date of death)

was named as a beneficiary of a contract(s) and/or account(s) issued by

☐ Thrivent Mutual Funds **and/or** ☐ Thrivent Financial for Lutherans.

_____ was the insured/annuitant/account owner of
(Name of deceased insured/annuitant/account owner)

those contracts/accounts and is identified under Thrivent ID _____.
(Thrivent ID of the deceased)

2. The following individuals are children of the deceased beneficiary:

☐ The deceased beneficiary had no children.

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

*If deceased, send copy of death certificate.

Signed, _____.

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

Notary expires on _____

(signature of notary public)

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