



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 \_\_\_\_\_ issued by  
(contract/account number(s))

Thrivent Mutual Funds **and/or**  Thrivent Financial for Lutherans, and

\_\_\_\_\_ was the insured/annuitant/account owner of  
(name of deceased insured/annuitant/account owner)

those contracts/accounts.

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

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