



Thrivent Financial for Lutherans  
thrivent.com • 800-847-4836

## 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:

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