THRIVENT FINANCIAL®

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Deceased Beneficiary's Children Affidavit

I, _____ (your name), _____ (relationship to deceased beneficiary), being first duly sworn, deposes and says that:

1. _____ (name of deceased beneficiary), who died on _____ (date of death),
   was named as a beneficiary of _____ (contract/account number(s)) issued by
   ☐ Thrivent Mutual Funds **and/or** ☐ Thrivent Financial for Lutherans and/or Thrivent Life Insurance Company, and
   _____ (name of deceased insured/annuitant/account owner) was the insured/annuitant/account owner of 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 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.