



THRIVENT[®]

Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001
Thrivent.com • 800-847-4836

Member ID

Date of Birth or Sex Certification

Either Part A or B must be completed before this form is acceptable to Thrivent.

Name of member/proposed insured/deceased member

Contract number(s)

Part A - Member, Proposed Insured, or Claimant

Indicate the correct date of birth and/or sex by completing the following statement, signing the form, and returning it to Thrivent. I certify to Thrivent that the above person's data is correct as listed here.

Date of birth (mm/dd/yyyy)	Source of data (validation document)		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Military service record	<input type="checkbox"/> Driver's license or identification card from the Department of Motor Vehicles
	<input type="checkbox"/> Naturalization or passport records		
	<input type="checkbox"/> Marriage certificate		

Name and title of person signing if other than above

Signature of member/proposed insured/claimant/parent or guardian, if juvenile/legal representative	Date signed (mm/dd/yyyy)
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For Thrivent Use

Part B - Financial Representative

You are encouraged to verify the date of birth and/or sex of the member, proposed insured, or claimant whenever possible. I certify to Thrivent that the above person's data is correct as listed here.

Date of birth (mm/dd/yyyy)	Source of data (validation document)		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Military service record	<input type="checkbox"/> Driver's license or identification card from the Department of Motor Vehicles
	<input type="checkbox"/> Naturalization or passport records		
	<input type="checkbox"/> Marriage certificate		

Signature of representative	Date signed (mm/dd/yyyy)
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