

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

Thrivent ID	

Date of Birth or Sex Certification

If you are the **client** completing this form, only Part A is required. If you are the **financial professional** completing this form, only Part B is required. Name of client/proposed insured/deceased client Part A - Client, Proposed Insured, or Claimant - All (*) fields are required. 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) Birth certificate Military service record *Sex Naturalization or passport records Driver's license or identification card from the Department of Motor Vehicles ☐ Male Female ☐ Marriage certificate Name and title of person signing if other than above *Signature of client/proposed insured/claimant/parent or guardian, if juvenile/legal *Date signed (mm/dd/yyyy) representative For Thrivent Use Part B - Financial Professional - All (*) fields are required. You are required to verify the date of birth and/or sex of the client, proposed insured or claimant. I certify to Thrivent that the above person's data is correct as listed here. *Source of data (validation document) *Date of birth (mm/dd/yyyy) Birth certificate Military service record Driver's license or identification card from the *Sex Naturalization or passport records Department of Motor Vehicles Male Female Marriage certificate *Signature of financial professional Date signed (mm/dd/yyyy)