



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

Automatic Payment Authorization

1. Bank Account Owner Information

Thrivent ID _____ Email _____

2. Type of Request

- Establish a new automatic payment (complete entire form)
- Update bank on an existing automatic payment authorization (complete entire form)
 - Existing/Old bank account is closed Existing/Old bank account is open
- Change, Cancel or Add contracts/agreements to my existing Automatic Payment Plan (complete section 4 only)

3. Bank Information

Name of account owner _____
 Address of account owner _____
 City _____ State _____ ZIP code _____
 Account type Checking Savings Business
 Full name of bank _____
 Routing number _____ Account number _____
 Name of joint account owner _____ Thrivent ID _____
 Address of joint account owner _____
 City _____ State _____ ZIP code _____

4. Policy/Contract/Agreement Payment Information

Change	Cancel	Add	Name of Insured/ Annuitant/Owner	Contract/Agreement Number	Draw Date	Frequency	Payment Amount	Loan Amount*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

*Not applicable for all products and services

5. Agreements and Signatures

I authorize Thrivent to 1) make an **immediate** electronic withdrawal from the bank account listed upon receipt of this form for new business initial payments and policy reinstatements (not applicable for Medicare Supplement products); 2) to withdraw my payment from my bank account in accordance with section 4 of this form; 3) make electronic deposits, withdrawals, and corrections to my bank account that comply with U.S. law; 4) act on this authorization until I revoke it by contacting Thrivent or Thrivent Investment Management Inc., as applicable; 5) apply this authorization to any future bank accounts I may designate; 6) make administrative changes to this authorization which I request such as date and amount changes, or adding or removing contracts for automatic payment; 7) release any and all information related to this authorization to the bank account owner(s); 8) act upon electronic deposit, withdrawal, and administrative instructions I provide to my financial professional; 9) begin drawing on the next occurrence of the day of the month I have indicated above, except when this form is received less than 10 days prior to that date. If that is the case, my authorization may take effect in the following month; 10) make the draw on the 28th if I have selected my automatic payment to occur on day 29, 30, or 31, and if no date is selected it will be my monthiversary; and 11) use only the date indicated by me or my financial professional for future transactions I may request.

I certify I have received, read, and agree to the Disclosures (page 2 of this form) and any other disclosures contained in this form.

Signature of bank account owner _____

Date signed _____

Signature of joint bank account owner _____

Date signed _____

Disclosures

Universal Life, Variable Universal Life, or Annuity Product Authorization

I understand my draw will be established monthly in an amount proportional to my payment mode (e.g., 1/3 of my quarterly billed premium, 1/12 of my annually billed premium), unless requested otherwise on page 1 of this form.

Variable Annuity Product Disclosure

I understand if I establish monthly electronic deposits on a variable annuity contract, the confirmation of these payments will be on my quarterly statement in place of immediate confirmation.

Term Life, Whole Life, Disability Income, Medicare Supplement, or Long-Term Care Product Authorization

I understand my draw will be established monthly unless requested otherwise on page 1 of this form.

I authorize Thrivent to draw at the monthly premium rate which will be higher than 1/12 of my annual premium.

I understand that I can receive a quote of the exact monthly billing amount by contacting Thrivent.

Financial Planning Services Fee

Refer to your Financial Planning Services Agreement Schedule with Thrivent Investment Management Inc. for the Financial Planning Fee, payment amount, withdrawal frequency, and withdrawal date, which could occur immediately upon receipt of this form.

Program Fees for AdvisorFlex Managed Variable Annuity Program

Refer to your AdvisorFlex Managed Variable Annuity Client Agreement with Thrivent Investment Management Inc. for specifics about your Program Fee including your Program Fee amount and frequency.

Because the exact amount and date of your Program Fee fluctuates, Thrivent will notify you in advance of withdrawing every Program Fee payment from your bank account. Thrivent will provide that notice at least 10 days prior to withdrawing your payment. You must notify Thrivent before the draw date indicated on that notice if you want to cancel the draw. If you do not notify Thrivent by that date, Thrivent will deem you to agree to the date and amount of the withdrawal.

Mail completed form to:

Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:

800-225-2264