



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

Bank Withdrawal Authorization

Member ID

Section 1 - Transaction Requested

- Establish new** - For multiple contracts, also complete the Payment Services Request - Direct Payment (form 23045A). This authorization is being set up to pay the: Premium Loan on the following contract - _____.
 Loan repayment amount, if applicable - \$ _____.
 Withdrawals will occur on day _____. (Enter a monthly withdrawal date between 1-28.)
- For new business initial payments, I authorize Thrivent Financial to make an immediate electronic draw from the bank account listed below upon receipt of this form (not applicable for Medicare Supplement products).
- Change existing bank information** - For changes to your contract(s), complete form 23045A. Any changes indicated below will apply to all insurance and annuity contracts and any Financial Planning Service Agreement.
- Existing/Old bank account is now closed Existing bank account is still open

Financial Planning Services Fee

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

By signing this form and authorizing payment of your Program Fee, you agree to these terms and the General Authorization. You authorize Thrivent Financial to withdraw your Program Fee from your bank account.

Name of bank account owner			
Address	City	State	ZIP code
Name of joint bank account owner		Member ID	
Address, if different than above	City	State	ZIP code
Full name of bank	Routing number	Bank account number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Section 2 - Agreements and Signature

General Authorization

I authorize Thrivent Financial to:

- Make electronic deposits, withdrawals, and corrections to my bank account that comply with U.S. law.
- Act on this authorization until I revoke it by contacting Thrivent Financial or Thrivent Investment Management Inc., as applicable.
- Apply this authorization to any future bank accounts I may designate.
- Make administrative changes to this authorization which I request such as date and amount changes, or adding or removing contracts for automatic payment.
- Release any and all information related to this authorization to the third party account/contract owner.
- Act upon electronic deposit, withdrawal, and administrative instructions I provide to my representative.

Withdrawal Date Authorization

I authorize Thrivent Financial to 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 shall take effect in the following month.

I further acknowledge that if I have selected my deduction to occur on day 29, 30, or 31, Thrivent Financial will make the draw on day 28.

For future transactions I may request, Thrivent Financial is authorized to use only the date indicated by me or my representative.

Universal Life, Variable Universal Life, or Annuity Product Authorization

I authorize Thrivent Financial to draw monthly payments in an amount proportional to my payment mode (e.g., 1/3 of my quarterly billed premium, 1/12 of my annually billed premium). I understand that this amount can be changed, and I wish to have the following amount deducted for premium payment instead - \$ _____.

I authorize Thrivent Financial to draw any loan repayment amount I have indicated at the top of this form.

I understand I can change these amounts at any time by contacting Thrivent Financial.

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

I authorize Thrivent Financial 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.

Signature of bank account owner

Date signed

X

Mail completed form to:

Thrivent Financial
PO Box 8075
Appleton, WI 54912-8075

Fax:

800-225-2264