



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 _____ Phone number _____
Bank Account Owner email _____

2. Type of Request

Recurring Automatic Payment

- ☐ Establish a new automatic payment (complete sections 3 & 4)
☐ Update bank on an existing automatic payment authorization (complete sections 3 & 4)
 ☐ 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)

One-Time Payment

- ☐ One-Time Payment (complete sections 3 & 5)

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 _____
Address of joint account owner _____
City _____ State ____ ZIP code ____

For Dedicated Planning Services only - non-qualified mutual fund accounts can be used.

When providing bank information on this form, you authorize Thrivent to use a Third-Party Service Provider to verify account and account owner information. Account and/or account owner information that cannot be verified may result in a delay in processing. This Third-Party Service Provider is a consumer reporting agency under the Fair Credit Reporting Act. By signing this form, you understand and agree that a consumer report, including credit reports, criminal records and driving records, among other forms of information obtained from private and public record sources, may be obtained on you as part of this transaction.

4. Recurring Automatic Payment Information

| Change | Cancel | Add | Name of Insured/ Annuitant/Owner | Contract/Agreement Number | Draw Date | Frequency | Payment Amount | Loan Repayment 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. One-Time Payment Information

| Name of Insured/ Annuitant/Owner | Contract/Agreement Number | Payment Amount | Loan Repayment Amount* | Tax Year* |
|-------------------------------------|------------------------------|-------------------|---------------------------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

*Not applicable for all products and services

The withdrawal will be processed from your bank account within 3 business days of Thrivent receiving this form.

6. Agreements and Signatures

Agreements: Automatic Payment

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; 2) to withdraw my payment from my bank account in accordance with section 4 of this form; if no frequency or amount is listed, to establish monthly automatic payment; (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 advisor; 9) begin drawing on the next occurrence of the day of the month I have indicated above, 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 advisor for future transactions I may request.

Agreements: One-Time Payment

I authorize Thrivent to 1) make an immediate electronic withdrawal from the bank account listed upon receipt of this form; and 2) to withdraw my payment from my bank account in accordance with Section 5 of this form unless I timely* revoke this authorization by calling Thrivent at 800-847-4836.

*Timely means I have given Thrivent a reasonable opportunity to act on the revocation instructions.

Signatures

I certify I have received, read, and agree to the Agreements and Disclosures (pages 2-3 of this form) for the Type of Request(s) I completed above and any other disclosures contained in this form.

If you are signing in any capacity other than the bank account owner, a title (attorney-in-fact, conservator, guardian, trustee, authorized person, etc.) must be provided.

Signature of bank account owner _____

Date signed _____

Title _____

Signature of joint bank account owner _____

Date signed _____

Title _____

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 in section 4 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 that my draw will be established 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.

Autopay Disclosure

I understand that by providing my email address, I consent to receive Courtesy Autopay Reminder Emails. You can opt out by contacting Thrivent.

Variable Product Disclosure

I understand my payments for Variable Products will be applied based on the most recent allocation instructions on record at Thrivent.

Dedicated Planning Services Fee

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

Mutual Fund Accounts only: For Proceeds from Broker and Barter Exchange Transactions (IRS Form 1099-B) reportable accounts cost basis will be applied to the transaction and fees associated with expedited distribution methods.

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