



# Automated Payment of a Thrivent Product

**Use this form to pay subsequent premium payments when funds are coming from a settlement option, immediate annuity, or mutual fund only. This does not apply to Deferred Income Settlement Options (DISO).**

## Section 1 - General Information

Settlement Options (including variable)       Single Premium Immediate Annuity       Mutual Funds

Name of payor/owner (print first, middle, last name and suffix, as applicable)

Address	City		
	State	ZIP code	Phone

## Section 2 - Premium Payment Request

Pay initial premium and subsequent premium payments       Pay only subsequent premium payments

### Contract Types and Frequencies:

UL/VUL (premium or premium with loan) - Monthly, Quarterly, Semiannually, Annually

UL/VUL (loan) - Monthly, Quarterly, Semiannually, Annually

Traditional Life/Health Contracts\* - Quarterly, Annually

Annuity contracts - Monthly, Quarterly, Semiannually, Annually

\*PUIO (Paid-Up Insurance Option)/APO (Additional Premium Option) payments will be paid when the premium is paid.

## Section 3 - Contract(s) to be Paid Information

The start date is not available when a new settlement option/immediate annuity is paying for premium or loan. The start date is determined at the time of issue of the settlement option/immediate annuity.

1. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable)			Contract number
<input type="checkbox"/> Premium - \$ _____	<input type="checkbox"/> Loan - \$ _____	<input type="checkbox"/> PUIO/APO - \$ _____	
Frequency - _____	Frequency - _____	Start date - _____	
2. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable)			Contract number
<input type="checkbox"/> Premium - \$ _____	<input type="checkbox"/> Loan - \$ _____	<input type="checkbox"/> PUIO/APO - \$ _____	
Frequency - _____	Frequency - _____	Start date - _____	
3. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable)			Contract number
<input type="checkbox"/> Premium - \$ _____	<input type="checkbox"/> Loan - \$ _____	<input type="checkbox"/> PUIO/APO - \$ _____	
Frequency - _____	Frequency - _____	Start date - _____	
4. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable)			Contract number
<input type="checkbox"/> Premium - \$ _____	<input type="checkbox"/> Loan - \$ _____	<input type="checkbox"/> PUIO/APO - \$ _____	
Frequency - _____	Frequency - _____	Start date - _____	

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**Section 4 - Notification for Federal and State Income Tax Withholding (for IRA or 403(b) mutual funds only)**

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(For Settlement Option/Immediate Annuity withholding changes, the federal W-4P form and/or the Certification of Voluntary Withholding of State Income Tax from Pension and Annuity Payments (form 20017) must be used.)

You are liable for federal and state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. Except where prohibited by federal and/or state law, you can elect: 1) no withholding; or 2) withholding at the minimum federal and state rates. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Check with your tax advisor to determine if withholding is necessary.

**State Tax Withholding**

If your state requires withholding we will withhold at your state's minimum rate.

**Residents of Connecticut** - submit the Form CT-W4P to indicate your withholding election with this form. If you do not submit Form CT-W4P with this form, Thrivent will use your most recently submitted CT-W4P, if one is on file. If you do not submit Form CT-W4P with this form and you have not previously submitted Form CT-W4P, the maximum rate will be withheld.

**If no box is checked, federal (10%) and possibly state income tax will be withheld.**

**Federal Tax Withholding:**

- Do not withhold for federal income tax.  
 Withhold federal income tax.

**State Tax Withholding:**

- Do not withhold for state income tax.  
 Withhold state income tax.

**Mandatory Tax:** Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

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**Section 5 - Additional Information**

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**Section 6 - Disclosures for Distribution Request**

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**For internal product-to-product transfers only:** Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract(s) to become effective only if and when:

- Thrivent (including its subsidiaries and affiliates) has approved the first application of the amount(s) requested to the receiving contract(s), as described above, or, if not, as I subsequently agree to accept; and
  - With respect to any receiving contract(s) that I have applied for, as described above, Thrivent (including its subsidiaries and affiliates) has approved the issuance of the receiving contract(s), as applied for or, if not, as I subsequently agree to accept.
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**I fully acknowledge and understand that:**

The withdrawal from my mutual fund may occur approximately 10 days before the payment due date.

The payments to the recipient contract are withdrawals from my mutual fund or settlement option/immediate annuity contract. The withdrawals will automatically increase or decrease based upon changes to the amount billed for the recipient contract and will reduce and possibly deplete the value of my mutual fund account. Subject to availability.

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**The withdrawals may result in reporting taxable gain to me even though the withdrawals will be applied to another Thrivent contract. I also understand that any withdrawal and reporting of any taxable gain cannot be reversed. This taxable gain will be subject to federal and state income tax withholding unless I have completed Notification for Federal and State Income Tax Withholding. Each withdrawal amount will be increased by the applicable withholding. Cancellation of other Thrivent product(s) will not negate the settlement option/immediate annuity agreement.**

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**403(b) or Tax Sheltered Annuity Distribution Acknowledgement** - I acknowledge that if the distribution from the above plan is an eligible rollover distribution and is not a direct rollover to a qualified retirement plan or IRA, the taxable amount of the distribution will be subject to 20% income tax withholding. I also acknowledge that I have received and read the 403(b) and Qualified Plan Distribution Disclosure (form 9972). I acknowledge that I have the right to delay making a decision regarding the distribution from the above plan for at least 30 days after receiving the 403(b) and Qualified Plan Distribution form and have been given this opportunity. I hereby elect to waive my right to the 30 day waiting period and request Thrivent to make this distribution as soon as administratively possible. Due to the tax consequences, I have been advised to seek competent tax advice pertaining to this distribution.

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**Section 7 - Employer Certification (complete for 403(b) automated withdrawals only)**

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By signing below, I certify that the participant/annuitant named on page 1 has had a distributable event (age 59 1/2, termination of employment, etc.) and is able to receive a distribution, in the form of a systematic withdrawal, in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. In the event the participant is no longer eligible to receive such systematic withdrawals, the employer will notify Thrivent in writing. In addition, I certify that I am an authorized representative of the employer.

\_\_\_\_\_  
Name of employer

\_\_\_\_\_  
Name of authorized representative of employer

\_\_\_\_\_  
Title of authorized representative of employer

\_\_\_\_\_  
Signature of authorized representative of employer and date signed

**X**

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**Section 9 - Signatures**

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\_\_\_\_\_  
Signature of payor/owner/authorized person/trustee and date signed

**X**

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Signature of joint payor/owner/authorized person/trustee and date signed

**X**

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Name and code number of representative

**Mail completed form to:**

Thrivent  
PO Box 8075  
Appleton, WI 54912-8075

**Fax:**

800-225-2264