

## Transfer/Direct Rollover/ Conversion Request

Member ID
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### Section 1 - General Information

Name of participant/IRA owner		Social Security number		
Name of fund		Current account/contract number		
Name of current custodian/financial institution				
Address of current custodian/financial institution		City		
		State	ZIP code	Phone

### Section 2 - Transaction Information

Transaction requested (select one):  
 Transfer     Direct Rollover     Conversion     Spousal Rollover Due to Death

From	To	Plan Type
		<b>Roth IRA</b> - if coming from a Roth IRA, furnish original Roth IRA start date - _____
		<b>Traditional IRA</b>
		<b>SEP/SARSEP</b>
		<b>SIMPLE IRA</b> - if coming from SIMPLE IRA, furnish original SIMPLE IRA start date - _____
		<b>Qualified Retirement Plan</b> (e.g. pension, 401(k), profit sharing) if the plan accepts rollovers
		<b>Roth 401(k)</b> - into a Mutual Fund only, furnish original Roth 401(k) start date - _____
		<b>Coverdell Education Savings Account</b>
		<b>Governmental 457 Plan</b>

### Section 3 - Required Minimum Distribution (RMD) Information

- Transfer** - I have or will be taking this contract or fund/account's current year RMD from another source or I will complete a separate RMD request form to take future RMD payments from the fund/account these funds are moving to.
- Rollover/Conversion** - I have taken this contract or fund/account's current year RMD from this contract or fund/account or from another source. For a spousal rollover, I have taken the decedent's RMD and my RMD, if applicable, for year(s) after the year of death.
- Distribute my RMD** to me before completing my request (including decedent's RMD for a spousal rollover). My RMD amount (including decedent's RMD for a spousal rollover) for this contract or fund/account is \$ \_\_\_\_\_

Prior year end value of current contract or fund/account (include Actuarial Present Value (APV), if applicable)  
 \$ \_\_\_\_\_

**Section 4 - Distribution Information (for distributing company)**

**Transfers** - If no box in Section 3 is checked, RMD will not be distributed prior to the transfer taking place. Any current year RMD amounts to be distributed must be requested by the client.

**Rollovers/Conversions** - RMD **must be** distributed prior to the rollover/conversion taking place. If no box is selected, the RMD will be distributed prior to the processing of the rollover/conversion.

**Triggering Event Information** - Required if Direct Rollover from Qualified Retirement Plan or Governmental 457 Plan.

Name of employer-sponsored plan \_\_\_\_\_

Triggering event	Date of event
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**Distribution Instructions to Plan Administrator/Trustee**

Redeem/Liquidate:  entire value  partial value - \$ \_\_\_\_\_ or \_\_\_\_\_ %

Total estimated value - \$ \_\_\_\_\_

Redeem/Liquidate:  immediately  at maturity date - \_\_\_\_\_

This is authorization to redeem the above contract or fund/account. To ensure proper credit send a copy of this form with the check to the address indicated below. Reference the account owner's name and fund/account number on the check.

Make check payable to: Thrivent Mutual Funds  
 PO Box 219348  
 Kansas City MO 64121-9348

**Section 5 - Intended Destination of Dollars**

Fund/Account Number	Mutual Fund Name	Amount or Percent (percentage total must equal 100)
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %
		\$ or %

**Section 6 - Additional Information**

**Section 7 - Notification for Federal and State Income Tax Withholding**

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

**Federal Tax Withholding** (must be at least 10%):

- Do not withhold federal income tax
- Withhold federal income tax amount of \$ \_\_\_\_\_ or \_\_\_\_\_ %

**State Tax Withholding:**

- Do not withhold state income tax\*
- Withhold the applicable state income tax amount of \$ \_\_\_\_\_ or \_\_\_\_\_ %

**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.

**Any tax withholding will be subtracted from the taxable amount (gross).**

\*If your state requires withholding, we will withhold at your state's minimum rate unless you indicate a higher rate.

**Section 8 - Agreements and Signatures**

**Important** - Your financial institution may require your signature to be guaranteed. Call them for requirements. Select the following if it applies:

- A signature guarantee is required by the current custodian/financial institution. Obtain a signature guarantee or complete the Registered Representative Attestation (form 26731) to have the Operations Center affix a Medallion signature guarantee (form 26731 not applicable to shares invested thru ThriventFunds.com).
- You know or strongly suspect that an ink original signature is required by the current custodian/financial institution. Print this form and complete the signature section.
- Client will provide company specific paperwork, in place of this transfer/direct rollover/conversion request form, to the current custodian/financial institution.

**Authorization to Release Information**

I authorize Thrivent Financial Investor Services Inc. to request information by telephone or in writing regarding the status of this transaction or receive information necessary to ensure proper tax reporting. This authorization will expire and be considered invalid 30 days following the date the account/contract is terminated but not to exceed one (1) year from the date signed. I understand I have the right to receive a copy of this authorization and revoke this authorization at any time by submitting a written request to Thrivent Financial Investor Services Inc.

By signing this agreement, I acknowledge and represent that I have:

- Irrevocably designated the funds distributed to be applied as indicated (direct rollover/transfer/conversion).
- Received and reviewed a prospectus for the Fund(s) purchased.
- Authorized Thrivent Financial Investor Services Inc. to process the requested transaction.
- Received, read, and agree to the Disclosures (pages 4-5 of this form) and any other disclosures contained in this form.

\_\_\_\_\_  
Signature of participant/owner/plan trustee and date signed

**X**

\_\_\_\_\_  
Signature of participant/owner/plan trustee and date signed

**X**

Acceptance of Rollover/Transfer/Conversion by Thrivent Financial Investor Services Inc. and Thrivent Mutual Funds.  
Authorized signature of corporate employee



Medallion Signature Guarantee Seal or Notary Seal

Check with the current custodian/financial institution to determine if a medallion signature guarantee or notary seal is required in order to distribute the funds. Requirements differ by institution.

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

**Mail completed form to:**

**Regular Mail:**  
Thrivent Mutual Funds  
PO Box 219348  
Kansas City, MO 64121-9348

**Express Mail:**  
Thrivent Mutual Funds  
330 W 9th St  
Kansas City, MO 64105

**Fax:**  
866-278-8363

## Disclosures

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### Section 2 - Transaction Information

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**Transfer** - This transaction is not taxable. It will not be reported to the IRS. This is the only option allowed when moving money from a Thrivent Brokerage Account using this form.

**Direct Rollover** - This transaction is not taxable, but will be reported to the IRS. Current plan administrator paperwork may be required. Contact the former employer or the plan administrator for their required forms. A triggering event must occur to do a rollover from a qualified retirement plan or governmental 457 plan. RMD must be distributed prior to the rollover taking place. If completing a direct rollover from Thrivent Brokerage, contact Securities Brokerage Services for the appropriate form and further instructions.

**Conversion (including qualified rollover contributions)** - This transaction will be taxable. It will be reported to the IRS. A SIMPLE IRA cannot be converted within two years of your initial SIMPLE IRA contribution. RMD must be distributed prior to the conversion taking place. If you convert to a Roth IRA then recharacterize it back, you cannot reconvert it back to a Roth IRA during the same taxable year within which the initial conversion occurred. In addition, you cannot reconvert within 30 days of the date of the recharacterization. Conversions are not allowed between Thrivent Brokerage and other Thrivent products. The conversion must take place between two Thrivent Brokerage accounts before being transferred to another Thrivent product.

**Cost basis** - After-tax money in a traditional IRA cannot be rolled over to a qualified retirement plan, unless the plan permits. You, as IRA owner, are responsible for determining if there is cost basis in your traditional IRA and assuring that cost basis is not rolled over, if the plan does not accept cost basis. Cost basis information should be verified with your tax advisor. Thrivent Financial Investor Services Inc. and its' affiliates are not responsible for the accuracy of this information or the tracking of cost basis.

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### Section 3 - Required Minimum Distribution (RMD) Information

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RMD for Qualified Retirement Plans, 403(b)s and IRAs cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from IRA, etc.). RMD must be taken prior to sending the funds to Thrivent Mutual Funds.

The calculation of your required minimum distribution is based on many factors, including the prior December 31 account balance. The calculation is accurate only to the extent the prior December 31 account balance that was provided to us is accurate. Thrivent Financial Investor Services Inc. and its' affiliates will not be responsible for an inaccurate calculation that results from providing us with inaccurate account balance information.

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### Section 5 - Intended Destination of Dollars

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**Mutual Funds Deposit Notice** - The funds requested on this form will be applied based on the allocation instructions on this form. A mutual fund application may be completed if transferring to open a new mutual fund account.

I authorize Thrivent Trust Company to act as Custodian and will hold the Custodian harmless for all necessary actions taken by the Custodian when authorized by the Custodian Agreement and beneficiary designation.

I have read and understood the corresponding IRA Custodial Agreement and Disclosure Statement.

By establishing your IRA, Thrivent Trust Company accepts the appointment as Custodian in accordance with the terms and conditions of the Custodial Agreement.

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### Section 7 - Notification for Federal and State Income Tax Withholding

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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; 2) withholding at the minimum federal and state rates; or 3) withholding at a rate higher than the minimum 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.

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### Disclosures of Distribution Request

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

- Thrivent Financial Investor Services Inc. and its' affiliates have approved the application of the amount(s) requested to the receiving fund/account(s), as described above, or, if not, as I subsequently agree to accept; and

- With respect to any receiving fund/account(s) that I have applied for, as described above, Thrivent Financial Investor Services Inc. and its' affiliates have approved the issuance of the receiving fund/account(s), as applied for or, if not, as I subsequently agree to accept.

**Notice to Qualified Plan Trustee(s)** - Trustee(s) of Qualified Retirement Plans (such as Money Purchase Plans, Profit Sharing Plans, 401(k) Plans, Defined Benefit Plans, etc.) or 457(b) Plans must provide the Qualified Joint and Survivor Annuity Notice, when applicable, to plan participants. Your Thrivent Financial representative will provide you with the required participant-specific benefit illustration to accompany the Qualified Joint and Survivor Annuity Notice. If a form of benefit other than the Qualified Joint and Survivor Annuity is elected, spousal consent must be obtained. Trustee(s) are also required to provide participants with a Distribution Disclosure Notice.

If you do not have the above referenced notices, Thrivent Financial has generic notices for your use. These notices should be reviewed by your tax advisor to verify suitability for your plan. You are responsible for providing the applicable notices and obtaining any required signatures. Thrivent Financial does not require a copy of these notices be sent to our office.

Generic notices available:

- Qualified Joint and Survivor Annuity Notice (form 15081)
- Spousal Consent (form 9336)
- 403(b) and Qualified Plan Distribution Disclosure (form 9972)