

Member ID

**Section 1 - General Information**

Fund/Account number

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

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

**Section 2 - Distribution Options**

Liquidate to:

**Registered account address**

**Other payee** - A signature guarantee may be required

Name of other payee (print first, middle, last name and suffix, as applicable)	Contract/Account number
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For the benefit of (print first, middle, last name and suffix, as applicable)

Address	City	
	State	ZIP code

**Direct Deposit**

If sending money Direct Deposit, is bank information already on file?

Yes. Name of bank - \_\_\_\_\_

No. Complete Section 4 - Bank Account Information for Direct Deposit

**Section 3 - Withdrawal Information**

Type of request (select one):

- Establish new plan
- Stop existing plan
- Change bank information
- Change existing plan

Amount - \$ \_\_\_\_\_

I elect to start the ongoing deductions on - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day 1-28 / year

Select a withdrawal date from 1 - 28. (If 29, 30, or 31 is chosen, 28 will be used.)

Withdrawal month(s) - (select all that apply):

- Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

If a date and/or month is not selected, the redemption will default to the 7th of each month.

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**Section 4 - Bank Account Information for Direct Deposit**

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Name of account owner

Name of joint account owner

Name of bank

Type of account

 Checking Savings

Account number

Routing number

I authorize Thrivent Financial Investor Services Inc. to: 1) make electronic deposits, withdrawals and corrections to my bank account that comply with U.S. law; 2) act on this authorization until I revoke it by contacting Thrivent Funds; 3) apply this authorization to any future bank accounts I may designate; 4) make administrative changes to this authorization which I request such as date or amount changes; 5) release any and all information related to this authorization to the third party account/contract owner, and 6) act upon electronic deposit instructions I provide to my representative.

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**Section 5 - Additional Information**

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**Section 6 - Federal and State Income Tax Withholding**

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**Federal Tax Withholding:**

If no box is checked, IRS regulations require us to withhold the minimum federal income tax (10%) from your distribution.

 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.

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

Any tax withholding should be:

 Added to distribution amount requested (net) Subtracted from distribution amount requested (gross)

Unless otherwise indicated on this form, state and/or federal income taxes will be subtracted from the distribution amount requested (gross).

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

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By signing below, I certify that the participant/owner named on page 1 has had a distributable event (age 59 1/2, termination of employment, financial hardship, etc.) and is able to receive a distribution in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. In addition, I certify that I am an authorized representative of the employer.

**Hardship withdrawal only:** By checking this box, I represent the distributable event is financial hardship and the employer is aware of the requirement to suspend employee contributions for a period not less than six months.

Name of employer

Name of authorized representative of employer

Title of authorized representative of employer

Signature of authorized representative of the employer

Date signed

**X**

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**Section 8 - Validation**

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**The Medallion Signature will not be valid if the form is copied or faxed. The original stamp must be submitted.**

Medallion Signature Guarantee Seal or Notary Seal

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**Section 9 - Agreements and Signatures**

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I certify that I have received, read, and agree to the Disclosures (page 4 of this form).

Signature of primary owner/conservator/guardian/custodian/trustee/authorized person

Date signed

**X**

Signature of joint owner/additional conservator/additional trustee/additional authorized person

Date signed

**X**

Signature of additional joint owner/additional trustee/additional authorized person

Date signed

**X**

Signature of additional joint owner/additional trustee/additional authorized person

Date signed

**X**

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**Mail completed form to:****Regular Mail:**

Thrivent Funds  
PO Box 219348  
Kansas City, MO 64121-9348

**Express Mail:**

Thrivent Funds  
430 W 7th St  
Kansas City, MO 64105

**Fax:**

866-278-8363

**Phone:**

800-847-4836

## Disclosures

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### Section 3 - Withdrawal Information

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Any redemptions that occur over a weekend or non-business day will be processed using the following business day's share price.

Minimum account balance of \$5,000 is required to start a systematic withdrawal plan.

If the bank information is not approved prior to the initial withdrawal date, a check will be sent to you in the mail.

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**Cost Basis Method Applied to the Systematic Withdrawal Plan Transaction(s):** Complete the Proceeds From Broker and Barter Exchange Transactions (IRS Form 1099-B) for reportable accounts. The existing cost basis method on your account at the time of each redemption will be used to calculate cost basis information. For accounts subject to cost basis reporting, the cost basis method elected for your account will be used for all systematic withdrawal plan transactions. You cannot change the cost basis method used after the redemption exchange has been processed.

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### Section 6 - Federal and State Income Tax Withholding

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The withdrawals may result in reporting taxable gain to me even though the withdrawals will be applied to another Thrivent Financial 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 Financial products will not negate the settlement option/immediate annuity agreement.

**Non-Retirement Distributions** - We will not withhold for federal or state taxes from distributions on these account types.

**Roth Distributions** - Unless otherwise indicated on this form, we will not automatically withhold for distributions from a Roth IRA.

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### Section 8 - Validation

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For your protection, validation of your identity is requested.

Redemption/disbursement transactions:

- a. Greater than \$499,999 will require a Medallion Signature Guarantee.
- b. Greater than \$99,999 and up to \$499,999 will require one of the following forms of validations:
  - Attestation by a Thrivent Financial representative
  - A Notary Public
  - A Medallion Signature Guarantee
- c. Greater than \$9,999, less than \$99,999, and the address of record changed within the prior 15 days will require a Notary Public or attestation by a Thrivent Financial representative.
- d. Greater than \$9,999, less than \$99,999, and the bank information provided has been on record for less than 15 days will require a Notary Public or attestation by a Thrivent Financial representative.
- e. Requesting special distribution instructions will also require one of the three forms of validation listed in (b) above. Examples include: Request to send proceeds to an address other than the one listed on your account, and/or request to make proceeds payable to someone other than the current owner.

A Notary Public or Medallion Signature Guarantee may generally be obtained at any national bank.