



Thrivent Funds Change of Registration

To request a change due to the death of an account owner, please complete form MF34914

Section 1 - General Information

This section is required. Provide the names of the current account owners of the accounts that are changing registration.

| | |
|--|---------------|
| Name of owner (print first, middle, and last name) | Date of birth |
| Name of joint owner (print first, middle, and last name) | Date of birth |

Section 2 - Type of Transfer

This section is required. Select the type of transfer that should take place. Select only one.

- Add or remove an account owner(s).
- Gift shares from my account. Cost basis for gifted shares will be determined as of the date the request is received in good order.
- Transfer an account into a trust account. Required - complete the Thrivent Funds Certification of Trust Form MF24143.
- Change custodian, responsible individual, conservator, or guardian. (Court documents may be required.)
- Transfer an UTMA/UGMA account for a minor who has reached the age of majority.

Section 3 - Account Information and Amount

This section is required. Select the amount for the transfer. The account number(s) of the existing account(s) are required.

- Full change of registration - all funds within the following account number(s) will be changed to the registration indicated in Section 4. Account number(s): _____
- Partial change of registration - the following account(s), fund(s), and amount(s) will be changed to the registration indicated in Section 4.

| Fund Name/Fund Number | Account Number | Amount | Amount Type (select only one) |
|-----------------------|----------------|--------|---|
| | | | <input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent |
| | | | <input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent |
| | | | <input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent |
| | | | <input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent |

Beneficiary information and systematic agreements listed on the above fund/accounts will not transfer to the new registration. To designate a beneficiary or continue the systematic agreement, new enrollment forms must be completed for the new registration.

Section 4 - Receiving Account Registration

This section is required. Provide the registration details for the destination of the funding.

Existing Thrivent Funds Account - _____

New Thrivent Funds Account - select one account type below.

- Individual Joint Tenant WROS Tenants in Common Community Property Community Property WROS
 Partnership Estate Church Guardianship Sole Proprietorship Conservatorship
 Trust C Corporation S Corporation Nonprofit Organization
 Uniform Transfer to Minor (UTMA) Tax Exempt Organizations
-

Individual/Business name/Trust/Minor/Estate

| | | | |
|--|---------------|-------|----------|
| Address | | City | |
| | | State | ZIP code |
| | | | |
| Social Security or Tax Identification number | Date of birth | | Phone |
| | | | |
| Email address | | | |

Joint owner/Custodian/Trustee/Authorized person

| | | | |
|--|---------------|-------|----------|
| Address | | City | |
| | | State | ZIP code |
| | | | |
| Social Security or Tax Identification number | Date of birth | | Phone |
| | | | |
| Email address | | | |

Joint owner/Trustee/Authorized person

| | | | |
|--|---------------|-------|----------|
| Address | | City | |
| | | State | ZIP code |
| | | | |
| Social Security or Tax Identification number | Date of birth | | Phone |
| | | | |
| Email address | | | |

Section 5 - Successor Custodian or Responsible Individual Information

This section is optional for UTMA accounts. Provide the information of the individual that will be the custodian in the event the current custodian can no longer act.

Name _____
Address _____ City _____
State _____ ZIP code _____
Social Security or Tax Identification number _____ Date of birth _____ Phone _____

Section 6 - New Account Cost Basis Method Election for Covered Shares

This section is optional. Possible tax implications - see disclosures at the end of this form.

For gifted shares only: If the recipient's existing account or new account will use the Average Cost method, the recipient must waive the right to use the donor's basis for these shares if the shares should be transferred at a loss. Check the box below to complete this waiver.

I agree to use the fair market value as of the date of the gift for average cost calculation purposes.

Indicate below the method you would like to use to track cost basis on your account(s).

| Fund Name (Indicate "ALL" if election applies to all accounts.) | Average Cost (default method) | First-In, First-Out (FIFO) | Last-In, First-Out (LIFO) | High Cost | Low Cost | Gain/Loss Utilization |
|--|----------------------------------|----------------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
| | <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"/> | <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"/> |

Section 7 - Sales Charge/Account Service Fee Reduction

This section is optional. Refer to the A Share Prospectus or Account Service Fee Agreement for details regarding Rights of Accumulation, Letter of Intent and other reduced sales charge and reduced Account Service Fee privileges.

Thrivent Money Market Fund and Thrivent Limited Maturity Bond Fund are generally not eligible for these reduced sales charge privileges.

I understand I may qualify for a reduced sales charge or Account Service Fee as described in the Prospectus and Statement of Additional Information.

Rights of Accumulation

- Link the following accounts in my household to calculate sales charges on current and future purchases of A Share Thrivent Funds, or to determine the Account Service Fee rate tier when you want the services of a Thrivent representative in connection with your S Share Thrivent Funds.
- Personal accounts are linked separately from employer sponsored retirement plans, except in the case of single participant retirement plans.
- S Shares initially established through ThriventFunds.com are not eligible for a sales discount.

List any existing A Shares and S Shares (thru Account Service Fee relationship) Thrivent Funds/account numbers to be linked for reduced sales charge/Account Service Fee.

Account numbers:

Section 8 - Agreements and Signatures

This section is required. Signature of all existing and new account owners are required.

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

- Received and reviewed a prospectus for the Fund(s) purchased.
- Read (or have had read to me) the statements and answers, and I agree to the Disclosures at the end of this form and any other disclosures on this form. The signature below applies to all applicable sections and statements on this form.

| | |
|--|-------------|
| X Signature of existing account owner/corporate officer/partner/trustee/custodian/authorized person | Date signed |
| X Signature of existing joint owner/authorized person/trustee | Date signed |
| X Signature of existing joint owner/authorized person/trustee | Date signed |
| X Signature of new account owner/corporate officer/partner/trustee/custodian | Date signed |
| X Signature of new joint owner/corporate officer/partner/trustee/custodian | Date signed |
| X Signature of new joint account owner/corporate officer/partner/trustee/custodian | Date signed |
| X | |

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

New Account Cost Basis Method Election for Covered Shares

Cost basis information will be provided to you and the Internal Revenue Service (IRS) for covered shares purchased on or after January 1, 2012 in 1099-B reportable accounts. Cost basis does not apply to retirement accounts or the Thrivent Money Market Fund.

You are allowed to override your election for a specific financial transaction and use a different cost basis method including Specific Identification unless you have elected Average Cost.

If you choose a method other than Average Cost and have noncovered shares purchased prior to January 1, 2012, Thrivent Funds may provide average cost information to you for the noncovered shares, if available. Use the Special Instructions section to request Average Cost on your noncovered shares.

Account Options Instructions

I authorize Thrivent Funds to act upon my instructions for any option(s) I have checked on this form. I understand that all features may be terminated by me or Thrivent Financial Investor Services Inc. at any time.

Terms and Conditions

A new account number will be assigned for all transfer of ownership requests except for changes to a custodian, responsible individual, guardian, or conservator account.

Additional documents/forms may be required with this request.

Customer Identification Rules

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account or apply for a variable product, we will ask for your name, address, date of birth, and other information that will be used to identify you. This information may be compared with information obtained from a consumer reporting agency, public database, or other source. My broker-dealer may also ask to see your driver's license and other identifying documents.

To comply with the Customer Identification Program (CIP), the name, address, Social Security or Tax Identification number, and date of birth are required for all account owners including information for at least one authorized person if applicable.

Agreements and Signatures

The signature of all registered shareholder(s) is required exactly as listed on the account statement. If you are changing your legal name, sign both your former and present name.

If signing as an officer of an organization or corporation, a trustee or other fiduciary relationship, indicate title.

If you have any questions, contact your representative or call our toll free number 800-847-4836.

Signature and Certification

I authorize my broker-dealer to accept and act upon telephone instructions from me for the initial investment or exchange of shares between one or more of the Thrivent Funds having identical registrations. I understand and agree that neither my broker-dealer, Thrivent Financial Investor Services and/or its agents, nor any Fund will be liable for any loss, expense, or cost arising out of any telephone request effective hereunder. In addition, my signature authorizes the approval of any or all sections completed.

I have received and reviewed a current prospectus for Thrivent Funds and understand the investment objectives and potential risks. When shares are redeemed/repurchased, they may be worth more or less than what was paid for them. I understand there may be an initial or contingent deferred sales charge as explained in the prospectus and for this and other reasons, an investment should be made for the long term. Shares will not be purchased until the day this request is received in good order by Thrivent Funds.

Disclosure Document Received

If the account is any type of IRA, 403(b) or Coverdell Education Savings Account (CESA), I have read and understand the corresponding Custodial Agreement and Disclosure Statement.

Authorization and Agreement for IRA, 403(b) and Coverdell Education Savings Account

If I am opening any type of IRA, 403(b) or CESA, 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 plan documents and beneficiary designation. By establishing your IRA, 403(b) or CESA, Thrivent Trust Company accepts appointment as custodian in accordance with the terms and conditions of the Custodial Agreement.

W-9 Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The Social Security number provided is my correct taxpayer identification number.
- I am not subject to backup withholding because I am exempt from backup withholding, I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding (if item 2 applies, strike out).
- I am a U.S. person (including a U.S. resident alien). If you are not a U.S. citizen, attach IRS W-8BEN form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Cost Basis Election

I understand that:

- Thrivent Funds will use my election to calculate cost basis for the covered shares held in the account(s) and any future accounts established as a result of an exchange of shares. I am responsible for any adjustments to the cost basis information that may apply due to activity occurring in a different account that holds shares of the same fund. If no election was indicated, the Average Cost method will be used.
- Unless the Average Cost method is used, I can use the Specific Identification method for any redemption/repurchase of covered shares by providing information about the shares to be redeemed/repurchased at the time of the redemption/repurchase request.
- I can change this election at any time for covered shares that have not been redeemed, repurchased, exchanged or transferred from the account(s). If I have elected Average Cost (as opposed to being defaulted to Average Cost), I understand I have the right to revoke this election up until the time of the first redemption/repurchase, exchange or transfer of covered shares from the account(s). If I change the average cost designation (whether elected or defaulted to) after covered shares have been redeemed, repurchased, exchanged or transferred from the account(s), I understand that the cost basis of all covered shares in the account(s) at the time of the change will be the current average cost of those shares.
- I am required to use the cost basis information provided on Proceeds from Broker and Barter Exchange (IRS Form 1099-B) for covered shares as a result of this election for tax purposes. Information received on noncovered shares is informational only and is not required to be used for tax purposes. Average cost basis on noncovered shares will not be provided to the IRS by Thrivent Funds.
- Thrivent Funds will use my election. Thrivent Funds and its affiliates do not provide tax advice.