



# Thrivent Funds Non-Retirement Redemption Request

Member ID

Fund/Account number

\*To request a redemption 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 account owners for the account that you wish to redeem.

Owner (print first, middle, last name and suffix, as applicable)

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

## Section 2 - Redemption Amount

This section is required. Provide the amount that should be redeemed from the account. Select only one option.

- Dollars \$ \_\_\_\_\_
- Entire balance
- Shares: Number of shares - \_\_\_\_\_
- Percentage - \_\_\_\_\_ %

## Section 3 - Distribution Options

This section is required. Select the method in which the funding should be sent. Select only one option.

### Distribute by check to registered account address

- Overnight delivery Available when distributing to registered account address or other payee. (A fee will apply.)
- Yes  No Is a signature upon receipt of overnight delivery required?

### Distribute by electronic funds transfer

- Direct Deposit to a financial institution
- Wire to a financial institution - A fee will be charged against your account.

Is bank information on file?

Yes Name of bank and account number - \_\_\_\_\_

No Complete bank information below:

Financial institution name

Financial institution account owner

Financial institution joint account owner

Routing number

Account number

Type of account

Checking  Savings

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.

**Distribute by check to other payee** - Additional validation required, see Disclosures

Name (print first, middle, last name and suffix, as applicable)	Contract/Account number
---	-------------------------

For the benefit of (print first, middle, last name and suffix, as applicable)

Address	City
	State    ZIP code

**Distribute to another Thrivent Financial product**

Contract Number/ Financial Planning Agreement Number	Premium	Loan Repayment	For IRA Contributions, Must Provide a Tax Year
	\$	\$	
	\$	\$	

**Section 4 - Cost Basis Override for Transaction**

This section is optional. The cost basis method elected for your account will be used on the redemption unless you indicate otherwise. If average cost, you cannot override the cost basis method on a transaction basis.

Fund Name (Indicate "ALL" if election applies to all accounts.)	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"/>

---

**Section 5 - Validation**

Certain cash distributions require signature validation. Please see Disclosures for additional information.

---

Medallion Signature Guarantee Seal or Notary Seal

---

**Section 6 - Agreements and Signatures**

This section is required. Signatures of at least one account owner is required.

---

I certify I have received, read, and agree to the Disclosures (page 4 of this form) and any other disclosures contained in 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**

---

**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

### For Internal Product-to-Product Transfers Only

Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing account(s) to become effective only if and when:

- Thrivent Financial (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 Financial (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.

---

### Distribution Options

If a distribution option is not selected we will send a check to the address of record on the account. 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.

---

### Validation

For your protection, validation of your identity is requested.

Redemption/disbursement transactions:

- Greater than \$499,999 will require a Medallion Signature Guarantee.
- 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
- 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.
- 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.
- 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.