



Thrivent Funds
Non-Retirement Redemption Request

Thrivent ID

*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.

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

Joint account 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. To close an account, indicate the fund/account and enter ALL under shares.

Fund/Account Number	Dollar Amount	Percentage	Shares
	\$ or %	or	
	\$ or %	or	
	\$ or %	or	
	\$ or %	or	
	\$ or %	or	

Section 3 - 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 4 - Distribution Options

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

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

☐ **Distribute by electronic funds transfer**

☐ Direct Deposit to a bank

☐ Wire to a bank - 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 - Signature validation may be required in Section 5, see Disclosures for additional details:

Financial institution name _____

Financial institution account owner _____

Financial institution joint account owner _____

Routing number _____

Account number _____

Type of account

☐ Checking

☐ Savings

Include a copy of a voided check or letter on Bank letterhead that includes bank registration, routing number, and account 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.

☐ **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 check to other payee** - Signature validation required in Section 5, see Disclosures page for details

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 5 - Signature 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 account owner/conservator/guardian/custodian/trustee/authorized person	Date signed
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X

Signature of joint owner/additional conservator/additional trustee/additional authorized person	Date signed
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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
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X

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

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

Express Mail:

Thrivent Funds
801 Pennsylvania Ave
Suite 219348
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.

Signature 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.