

Thrivent ID

Section 1 - General Information

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)

Fund/Account Number(s)

☐ Yes ☐ No Telephone Exchange

☐ Yes ☐ No Telephone Redemption by Check - Not available on 403(b) accounts.

☐ Yes ☐ No Telephone Redemption by Financial Institution - Not available on 403(b) accounts.

☐ Yes ☐ No Telephone Purchase - Not available on 403(b), SEP IRA, SARSEP IRA, SIMPLE IRA and Inherited accounts.

Section 2 - Financial Institution Account Information

Name of financial institution account owner	Phone
---	-------

Address of financial institution account owner	City	
	State	ZIP code

Name of joint financial institution account owner	Routing number
---	----------------

Full name of financial institution	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	If type of account is not indicated, checking account will be debited.

Address of financial institution	City	
	State	ZIP code
		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.

Section 3 - Agreements and Signatures

I certify that I have received, read, and agree to the Disclosures found on the bottom of this form.

Signature of financial institution account owner and date signed

X

Signature of joint financial institution account owner and date signed

X

Signature of primary owner/conservator/guardian/custodian/trustee/authorized person and date signed

X

Signature of joint owner/additional trustee/additional authorized person and date signed

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

Telephone Transactions - Telephone purchase and telephone redemption may be available. Through this service, your investments are purchased directly from your bank account into your Thrivent Mutual Fund account, and redeemed from your Thrivent Mutual Fund account and deposited into your bank account. Your telephone instructions will be recorded by Thrivent Financial Investor Services Inc. and processed via Automated Clearing House (ACH). **ACH transactions may take 3-5 business days to complete.**

Telephone transactions must be made by 3:00 p.m., Central Time. The minimum investment amount is \$50, per account.