thrivent

Thrivent Funds Employer/Employee Contribution Correction in Employer Sponsored Plan

Thrivent ID of employer

Part A: Completed by Employer

Section 1 - Employer Information

Name of employer

Address	City		
	State	ZIP code	Phone

Type of plan (select one): ☐ **403(b)** ☐ **SEP** ☐ **SIMPLE**

Section 2 - Employer Acknowledgement

In remitting contributions to the above referenced plan, an error was made. We have consulted with a tax advisor and we are eligible to correct the error under the Internal Revenue Service's Employer Plans Compliance Resolution System. We understand that corrective transactions will be processed as of the date all forms are received in good order by Thrivent Financial Investor Services, Inc. as explained on page 2. The affected employee(s) have been notified they will receive transaction confirmation(s).

For information on the Employee Plans Compliance Resolution System, visit www.irs.gov/ep, click on "More Topics" and look for "Correction."

Section 3 - Instructions

Complete the necessary forms:

- Complete the name of the employee that received the contribution in error. Indicate the date and amounts of the contributions. In the Explanation of Error(s) and Desired Corrective Action section, complete one explanation of error per contribution. Indicate how the funds should be handled after distributed. Attach additional sheets as necessary.
- Each employee who received a contribution in error completes Part B (page 3) of this form.

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

Section 4 - Explanation of Error(s) and Desired Corrective Action

Complete for each contribution error. (Use additional sheets as needed.)

Name of employee (print first, middle, and last name)

Account number	Date of contribution	Amount of contribution
		$

☐ Return to employer by check.

☐ Apply to: _____ (Name of account owner) _____ (Account number)

Name of employee (print first, middle, and last name)

Account number	Date of contribution	Amount of contribution
		$

☐ Return to employer by check.

☐ Apply to: _____ (Name of account owner) _____ (Account number)

Name of employee (print first, middle, and last name)

Account number	Date of contribution	Amount of contribution
		$

☐ Return to employer by check.

☐ Apply to: _____ (Name of account owner) _____ (Account number)

Name of employee (print first, middle, and last name)

Account number	Date of contribution	Amount of contribution
		$

☐ Return to employer by check.

☐ Apply to: _____ (Name of account owner) _____ (Account number)

Section 5 - Agreements and Signatures

The employer does hereby agree to indemnify and hold Thrivent Financial Investor Services, Inc. harmless from and against any loss, liability, cost or expense (including reasonable counsel fees and expenses in connection with the contest of any claim) that either Thrivent Financial Investor Services, Inc. might incur or sustain, or discover that they have incurred or sustained, by reason of any claim or claims which may be made against them as a result of taking the action described above.

Signature of authorized representative of employer	Date signed
X	

Print name	Title

Part B: Completed by Employee

Section 1 - General Information

Name of employer

Name of employee (print first, middle, and last name)

My employer has informed me that contributions identified below were allocated in error to the following account(s). (Attach additional sheets as necessary.)

Fund/Account Number	Dollar Amount	Date of Contribution

Section 2 - Agreements and Signatures

Read each line in this section before signing this form.

I fully acknowledge and understand that:

- I will receive a transaction confirmation(s) reflecting the cancellation of the original contribution from Thrivent Financial Investor Services, Inc.
- The corrected amount will be based on how the funds were applied/purchased as-of the original transaction date.
- The cancellation(s) will be made according to the instructions on page 2 of this form.

For your protection, validation may be required for certain transactions.

Signature of employee Date signed

X