



Thrivent Funds Retirement Redemption Request

Member ID

Fund/Account number

*To request a redemption due to the death of the account owner, please complete form MF34915

Section 1 - General Information

This section is required. Provide the name of the account owner for the Fund that you wish to redeem.

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. Please only select one option.

- Dollars \$ _____
- Entire balance (A closeout fee may apply)
- Shares: Number of shares - _____
- Percentage - _____ %

Section 3 - 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 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 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:

Financial institution name _____

Financial institution account owner _____

Financial institution joint account owner _____

| | | |
|----------------|----------------|---|
| Routing number | Account number | Type of account <input type="checkbox"/> Checking <input type="checkbox"/> 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 - Notification for Federal and State Income Tax Withholding

This section is required. Select and provide the amount of federal and state withholding that should be taken. If no box is checked, federal (10%) and possibly state income tax will be withheld.

Federal tax withholding (must be at least 10%):

- Do not withhold federal income tax
- Withhold federal income tax amount of \$ _____ or _____ %

State tax withholding:

- Do not withhold state income tax*
- Withhold the applicable state income tax amount of \$ _____ or _____ %

Residents of Connecticut - submit the Form CT-W4P to indicate your withholding election with this form. If you do not submit Form CT-W4P with this form, Thrivent will use your most recently-submitted CT-W4P, if one is on file. If you do not submit Form CT-W4P with this form and you have not previously submitted Form CT-W4P, the maximum rate will be withheld.

*If your state requires withholding, we will withhold at your state's minimum rate unless you indicate a higher rate.

Any tax withholding should be:

- Added to the amount requested (net)
- Subtracted from the amount requested (gross)

Unless otherwise indicated on this form, state and/or federal income taxes will be subtracted from the distribution amount requested (gross).

Section 5 - Employer Certification (complete for 403(b) redemptions only)

This section is required for 403(b) accounts. Employer signature is required on money movement within a 403(b). Please contact your employer for signature.

By signing below, I certify that the participant/owner named on page 1 has had a distributable event (age 59 1/2, termination of employment, financial hardship, etc.) and is able to receive a distribution in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. In addition, I certify that I am an authorized representative of the employer.

Hardship withdrawal only: By checking this box, I represent the distributable event is financial hardship and the employer is aware of the requirement to suspend employee contributions for a period not less than six months.

Name of employer

Name of authorized representative of employer

Title of authorized representative of employer

Signature of authorized representative of the employer

Date signed

X

Section 6 - Validation

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

Medallion Signature Guarantee Seal or Notary Seal

Section 7 - Agreements and Signatures

This section is required. Signature of the 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/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

Premature Distributions

I understand an Internal Revenue Service (IRS) premature distribution penalty may apply to withdrawals if I am under age 59 1/2.

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.

403(b) Distribution Acknowledgement

I acknowledge that if the distribution from the above 403(b) plan is an eligible rollover distribution and is not a direct rollover to a qualified retirement plan or IRA, the taxable amount of the distribution will be subject to 20% federal income tax withholding. I also acknowledge that I have received and read the 403(b) and Qualified Plan Distribution Disclosure (form 9972). I acknowledge that I have the right to delay making a decision regarding the distribution from the above plan for at least 30 days after receiving the 403(b) and Qualified Plan Distribution Disclosure form and have been given this opportunity. I hereby elect to waive my right to the 30 day waiting period and request that Thrivent Investment Management Inc. make this distribution as soon as administratively possible. Due to the tax consequences, I have been advised to seek competent tax advice pertaining to this distribution.

Notification for Federal and State Income Tax Withholding

You are liable for federal and state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. Except where prohibited by federal and/or state law, you can elect: 1) no withholding; 2) withholding at the minimum federal and state rates; or 3) withholding at a rate higher than the minimum rates. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Check with your tax advisor to determine if withholding is necessary.

Mandatory Tax - Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

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.