



Thrivent Funds Non-Retirement Beneficiary Claim

Use this form upon the death of a Thrivent Funds account owner.

Method of Distribution

This chart indicates which sections to complete based on claim options available.

Options: (Select one)

- Transfer to New Account
- Transfer to Existing Mutual Fund
- Full Distribution

Sections to Complete:

- 1-4, 7
- 1-3, 7
- 1, 2, 5, 7

Be sure to include:

- Copy of certified death certificate, if not on file with Thrivent.
- Copy of court seal or notarized legal document naming authority, if not on file with Thrivent Funds. (Required if funds are paying to an Estate, Personal Representative, or when acting in any legal capacity for another.)
- Copy of State Tax Inheritance Waiver. (Not required in every state, contact your state for specific State Tax Waiver requirements.)

Section 1 - Deceased Account Owner Information

Complete this section for all claim elections. Provide details of the original deceased account owner.

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

Existing Thrivent Funds account number(s)

Section 2 - Beneficiary Information

Complete this section for all claim elections. Provide details of the beneficiary receiving funds.

Individual/Business name/Trust/Minor/Estate

Address		City	
		State	ZIP code
Social Security or Tax Identification number	Date of birth	Phone	

Required to complete if beneficiary has an acting Power of Attorney or is a Minor with custodian. If entity complete MF23438.

Authorized person

Address		City	
		State	ZIP code
Social Security or Tax Identification number	Date of birth	Phone	

Section 3 - New Account Registration

Complete this section when electing to retain funds within Thrivent Funds for the receiving beneficiary.
Additional forms may be required, see below.

Existing Thrivent Funds Account - _____

New Thrivent Funds Account - select one account type below.

- Individual Joint Tenant WROS Tenants in Common Community Property Community Property WROS
 Trust Estate Church Guardianship Nonprofit Organization Conservatorship
 Uniform Transfer to Minor (UTMA) Tax Exempt Organizations

Individual/Business name/Trust/Minor/Estate - Provide details for new registration

Address		City		
		State	ZIP code	
Social Security or Tax Identification number	Date of birth	Phone		

Joint owner/Trustee/Custodian/Authorized person

Address		City		
		State	ZIP code	
Social Security or Tax Identification number	Date of birth	Phone		

When establishing a new account, additional forms are needed:

- **Suitability Information (20680):** Required for accounts established through a Thrivent Financial Representative.
- **Account Service Fee Agreement (MF28932):** Required if the original account is Class S Shares established through a Thrivent Financial Representative.
- **Certification of Trust (MF24143):** Required for Trust accounts.
- **Beneficiary Designation Request (MF307):** Optional. Name beneficiaries on new account.
- **Estates/Conservatorship:** Required copy of court seal document appointing authority.
- **Business Entity Information (MF23438):** Required if receiving party is an Entity

Section 4 - New Account Cost Basis Method Election for Covered Shares

Complete this section if Section 3 requests to establish a new account for the beneficiary. Possible tax implications, see Disclosures.

Indicate below the method you would like to use to track cost basis on your account(s).

Fund Name (Indicate "ALL" if election applies to all accounts.)	Average Cost (default method)	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No For cost basis purposes, is the account owned by spouses and subject to state community property rules?

The fair market value as of the date of death will be used to determine the cost basis of the shares unless you check the box to use the alternate valuation date to value the shares. The alternate valuation date is the earlier of the date of the transfer or six months after the date of death.

Use the alternate valuation date of _____ to value the shares for cost basis purposes.

Section 5 - Full Distribution Options

Complete this section to receive funds in cash.

Important note for Thrivent Interval Funds: This form must be submitted along with the Repurchase Offer Request Form (MF29974) during a declared repurchase period for the Fund.

Distribute by check to beneficiary's 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 - complete bank information below

Direct Deposit to a financial institution

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

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
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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 may be required, see Disclosures page

Name (print first, middle, last name and suffix, as applicable)	Contract/Account number
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For the benefit of (print first, middle, last name and suffix, as applicable)

Address	City	
	State	ZIP code

Distribute to another Thrivent product

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

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

Complete this section for all claim elections.

By signing this agreement, I acknowledge and represent that I have:

- Received and reviewed a prospectus for the Fund(s) purchased.
- Read (or have had read to me) the statements and answers, and I agree to the Disclosures at the end of this form and any other disclosures on this form. The signature below applies to all applicable sections and statements on this form.

X Signature of account owner/corporate officer/partner/trustee/custodian/authorized person	Date signed
X Signature of joint account owner/corporate officer/partner/trustee/custodian/authorized person	Date signed
X Signature of joint account owner/corporate officer/partner/trustee/custodian/authorized person	Date signed

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 contract(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.

Terms and Conditions

A new account number will be assigned for all transfer of ownership requests except for changes to a custodian, responsible individual, guardian, or conservator account.

Additional documents/forms may be required with this request.

Customer Identification Rules

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account or apply for a variable product, we will ask for your name, address, date of birth, and other information that will be used to identify you. This information may be compared with information obtained from a consumer reporting agency, public database, or other source. My broker-dealer may also ask to see your driver's license and other identifying documents.

To comply with the Customer Identification Program (CIP), the name, address, Social Security or Tax Identification number, and date of birth are required for all account owners including information for at least one authorized person if applicable.

W-9 Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The Social Security number provided is my correct taxpayer identification number.
- I am not subject to backup withholding because I am exempt from backup withholding, I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding (if item 2 applies, strike out).
- I am a U.S. person (including a U.S. resident alien). If you are not a U.S. citizen, attach IRS W-8BEN form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

New Account Cost Basis Method Election for Covered Shares

Cost basis information will be provided to you and the Internal Revenue Service (IRS) for covered shares purchased on or after January 1, 2012 in 1099-B reportable accounts. Cost basis does not apply to retirement accounts or the Thrivent Money Market Fund.

You are allowed to override your election for a specific financial transaction and use a different cost basis method including Specific Identification unless you have elected Average Cost.

If you choose a method other than Average Cost and have noncovered shares purchased prior to January 1, 2012, Thrivent Funds may provide average cost information to you for the noncovered shares, if available. Use the Special Instructions section to request Average Cost on your noncovered shares.

Cost Basis Election

I understand that:

- Thrivent Funds will use my election to calculate cost basis for the covered shares held in the account(s) and any future accounts established as a result of an exchange of shares. I am responsible for any adjustments to the cost basis information that may apply due to activity occurring in a different account that holds shares of the same fund. If no election was indicated, the Average Cost method will be used.
- Unless the Average Cost method is used, I can use the Specific Identification method for any redemption/repurchase of covered shares by providing information about the shares to be redeemed/repurchased at the time of the redemption/repurchase request.

- I can change this election at any time for covered shares that have not been redeemed, repurchased, exchanged or transferred from the account(s). If I have elected Average Cost (as opposed to being defaulted to Average Cost), I understand I have the right to revoke this election up until the time of the first redemption/repurchase, exchange or transfer of covered shares from the account(s). If I change the average cost designation (whether elected or defaulted to) after covered shares have been redeemed, repurchased, exchanged or transferred from the account(s), I understand that the cost basis of all covered shares in the account(s) at the time of the change will be the current average cost of those shares.
- I am required to use the cost basis information provided on Proceeds from Broker and Barter Exchange (IRS Form 1099-B) for covered shares as a result of this election for tax purposes. Information received on noncovered shares is informational only and is not required to be used for tax purposes. Average cost basis on noncovered shares will not be provided to the IRS by Thrivent Funds.
- Thrivent Funds will use my election. Thrivent Funds and its affiliates do not provide tax advice.

Full 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.

Agreements and Signatures

The signature of all registered shareholder(s) is required exactly as listed on the account statement. If you are changing your legal name, sign both your former and present name.

If signing as an officer of an organization or corporation, a trustee or other fiduciary relationship, indicate title.

If you have any questions, contact your representative or call our toll free number 800-847-4836.

Signature and Certification

I authorize my broker-dealer to accept and act upon telephone instructions from me for the initial investment or exchange of shares between one or more of the Thrivent Funds having identical registrations. I understand and agree that neither my broker-dealer, Thrivent Financial Investor Services and/or its agents, nor any Fund will be liable for any loss, expense, or cost arising out of any telephone request effective hereunder. In addition, my signature authorizes the approval of any or all sections completed.

I have received and reviewed a current prospectus for Thrivent Funds and understand the investment objectives and potential risks. When shares are redeemed/repurchased, they may be worth more or less than what was paid for them. I understand there may be an initial or contingent deferred sales charge as explained in the prospectus and for this and other reasons, an investment should be made for the long term. Shares will not be purchased until the day this request is received in good order by Thrivent Funds.