

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 comple	ete based on clain	n option	s available.			
Options: (Select one)		Sect	tions to Compl	ete:		
Transfer to New Account		1	-4, 7			
☐ Transfer to Existing Mutual Fund		1	-3, 7			
Full Distribution		1	, 2, 5, 7			
Be sure to include:						
Copy of certified death certificate, if not or	file with Thrivent					
Copy of court seal or notarized legal docu are paying to an Estate, Personal Represe						
Copy of State Tax Inheritance Waiver. (No requirements.)	ot required in ever	y state,	contact your st	tate for specific State Tax Waiver		
Section 1 - Deceased Account Owner Information Complete this section for all claim ele		ails of th	e original deceas	ed account owner.		
Owner (print first, middle, last name and suffi	x, as applicable)					
Existing Thrivent Funds account number(s)						
Section 2 - Beneficiary Information Complete this section for all claim ele	ections. Provide det	ails of th	e beneficiary rec	eiving funds.		
Individual/Business name/Trust/Minor/Estate						
Address		City				
		State	te ZIP code			
Social Security or Tax Identification number	Date of birth			Phone		
Required to complete if beneficiary has an MF23438.	n acting Power o	f Attorr	ney or is a Min	or with custodian. If entity complete		
Authorized person						
Address			City			
		State	ZIP code			
Social Security or Tax Identification number	Date of birth			Phone		

Section 3 - New Account Registra Complete this section whe Additional forms may be re	n electing		nds withi	n Thriver	nt Funds for	the receiving b	eneficiary.	
Existing Thrivent Funds Account	t -							
New Thrivent Funds Account - select one account type below.								
☐ Individual ☐ Joint Tenant WR☐ Trust ☐ Estate ☐ C☐ Uniform Transfer to Minor (UTM.	hurch	enants in	Commo		Nonprofit (y Property Organization ot Organization	Conser	Property WROS vatorship
Individual/Business name/Trust/Minor/Estate - Provide details for new registration								
Address			City					
				State	ZIP code			
Social Security or Tax Identification	number	Date of b	irth			Phone		
Joint owner/Trustee/Custodian/A	uthorized	person				l		
Address				City				
				State	ZIP code			
Social Security or Tax Identification	number	Date of b	irth			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 wou	ld like to ι	ise to tracl	1		-	unt(s).		
Fund Name (Indicate "ALL" if election applies to all accounts.)		je Cost method)	First- First- (FIF	Out F	Last-In, First-Out (LIFO)	High Cost	Low Cost	Gain/Loss Utilization

Address Distribute to another Thrivent product Contract Number/ Financial Planning Agreement Number	Premium \$	Loan Repa	ate ZIP	For IRA Contributions, Must Provide a Tax Year		
Distribute to another Thrivent product Contract Number/	Premium	Si	ate ZIP	For IRA Contributions, Must		
				code		
Address				code		
Address				anda		
Address		C	ιy			
			4. ,			
For the benefit of (print first, middle, last nam	ne and suffix, as applicat	ole)				
Name (print first, middle, last name and suffix, as applicable)				Contract/Account number		
Distribute by check to other payee - Additi	<u> </u>			, •		
authorization to any future bank accounts I may request such as date or amount changes; 5) releaccount/contract owner, and 6) act upon electro	designate; 4) make adn ease any and all informa	ninistrative cha ition related to	nges to th this autho	is authorization which I orization to the third party		
I authorize Thrivent Financial Investor Services account that comply with U.S. law; 2) act on this						
Routing number	Account number		Type of			
Financial institution joint account owner	Account reverber		Tyra of	a a a a unt		
Financial institution account owner						
Wire to a financial institution - A fee will be Financial institution name	e charged against your a	ccount.				
Direct Deposit to a financial institution						
Distribute by electronic funds transfer - co	omplete bank information	n below				
	eceipt of overnight delive		outer pay	oo. (, , , , oo , , , , , , , , , , , , , ,		
☐ Distribute by check to beneficiary's addred		unt address or	other nav	ee (A fee will apply)		
Section 5 - Full Distribution Options Complete this section to receive funds in Important note for Thrivent Interval F (MF29974) during a declared repurchas	Funds: This form must be see period for the Fund.	ubmitted along v	with the Re	purchase Offer Request Form		
Use the alternate valuation date of	to value the s	shares for cost	basis pur	poses.		
box to use the alternate valuation date to valuation transfer or six months after the date of death	۱.	nate valuation	date is the	e earlier of the date of the		
The fair market value as of the date of death		ne the cost bas	is of the s	hares unless you check the		

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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.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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	
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:** Phone: 866-278-8363 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:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (as defined by the IRS in its W-9 instructions); and
- You must check this box if the IRS has notified you that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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:

- a. Greater than \$499,999 will require a Medallion Signature Guarantee.
- b. 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
- c. 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.
- d. 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.
- e. 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.