

## Retirement Account Beneficiary Claim

**Method of Distribution**

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

**Options: (Select one)**

**Sections to Complete:**

- |   |               |
|---|---------------|
| <input type="checkbox"/> Internal Transfer to Inherited IRA | 1-6, 9        |
| <input type="checkbox"/> Spousal Rollover                   | 1-6, 9        |
| <input type="checkbox"/> Full Distribution                  | 1, 2, 5, 6, 9 |

**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 for the original deceased account owner.

Name of deceased (print first, middle, last name and suffix, as applicable)

Existing Thrivent Funds account number(s)

Date of birth of deceased

Date of death

**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 is an Entity, Minor with custodian, or has an acting Power of Attorney**

Authorized person

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

**Section 3 - Fund Destination**

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

Existing Thrivent Funds Account - \_\_\_\_\_

New Thrivent Funds Account - Complete fund selection

Fund Number/Name	Percent	Fund Number/Name	Percent
	%		%
	%		%
	%		%
	%		%

**Total percent must equal 100%**

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 - Required Minimum Distribution Options**

Complete this section when electing to retain funds within Thrivent Funds for the receiving beneficiary.  
Required Minimum Distributions are required in most IRA situations after the original owner has passed.  
Please see Disclosures page for additional information.

- I opt to not take distributions at this time
- Five year deferral - systematic withdrawal amount - \$ \_\_\_\_\_
- Receive systematic Required Minimum Distribution \_\_\_\_\_

If a date and/or month is not selected, the withdrawal will default to the 7th of each month.

Day of withdrawal - \_\_\_\_\_  
(select 1-28)

Withdrawal month(s) - select all months that the payout should occur during:

- Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

**Section 5 - Distribution Options for Full Distribution or Required Minimum Distribution Destination**

Complete this section to receive funds in cash. Complete this section also to indicate where to send Required Minimum Distributions.

**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 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 financial institution - complete bank information below.

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

Checking  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 owner, and (6) act upon electronic deposit instructions I provide to Thrivent Funds.

**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

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 - Notification for Federal and State Income Tax Withholding**

Complete this section to elect tax withholding on full cash distributions and when electing a Required Minimum Distribution.

---

**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 7 - Employer Certification (complete for 403(b) only)**

Complete this section only when the original account was held in a 403(b). Employer signature is required on money movement within a 403(b).

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.

By signing below I certify that I am an authorized representative of the employer and I acknowledge that I understand the beneficiary is requesting a rollover/qualified rollover contribution of the (i) decedent's 403(b) assets or (ii) inherited 403(b) assets from the current custodian/financial institution to Thrivent and verify that the beneficiary is entitled to complete a rollover/qualified rollover contribution under the terms of the 403(b) plan. In addition, any RMD amount indicated in Section 4 complies with the terms of the plan.

\_\_\_\_\_  
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 8 - Validation**

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

---

Medallion Signature Guarantee Seal or Notary Seal

---

**Section 9 - 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.

Signature of account owner/corporate officer/partner/trustee/custodian/authorized person	Date signed
<b>X</b>	
Signature of additional conservator/additional trustee/additional authorized person	Date signed
<b>X</b>	

**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.

---

## Beneficiary Information

### Tax Identification Number Certification

Under penalties of perjury, I certify that:

1. The Social Security/Tax Identification number shown on this form is my correct taxpayer identification number,
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 (including U.S. resident alien).

**Certification Instructions** - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

### 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 a mutual fund 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. We may also ask to see your driver's license and other identifying documents.

---

## Required Minimum Distribution Options

### Ongoing RMD Payment Election (receive an income)

The Required Beginning Date (RBD) is the date when the first minimum amount must be paid out. For traditional IRAs, RBD is April 1 of the year after the attainment of age 70 1/2. For 403(b) and Qualified Retirement Plans, RBD is April 1 of the year after the attainment of age 70 1/2 or, if later and if the plan provides, termination of employment. If you are unsure if the plan contains a delay to retirement provision, work directly with the employer.

### Five Year Deferral

It is the shareholder's responsibility to monitor and deplete the funds by December 31 of the year containing the fifth anniversary of the original owner's death.

Only available if the original owner died prior to his/her Required Beginning Date (RBD). RBD can vary upon plan type. 403(b)s and other qualified plans may have a delay to retirement provision. RBD is not applicable to Roth IRAs.

## First Generation

If original owner:

**Had a Roth IRA** - RMD rules apply as if the original owner died **prior to RBD**.

**Died prior to RBD** - For Mutual Funds, the Five year deferral is available for all beneficiary types if death is prior to RBD.

- As **spouse**, you do not have an RMD requirement until the deceased spouse would have reached the year he/she would have turned 70 1/2.
- As **non-spouse**, RMD is based on your own life expectancy.
- As an **entity**, only the five year deferral is an option.

**Died on/after RBD** -

- As either **spouse** or **non-spouse** beneficiary, RMD is based on **the longer of** your own life expectancy **or** the original owner's remaining life expectancy.
- As an **entity**, RMD is based on the original owner's remaining life expectancy.

RMD for original or inherited qualified plans, 403(b)s and IRAs cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from an IRA, etc.). RMD can be satisfied from another inherited contract or fund/account only from the same decedent and for the same beneficiary of the same plan type.

RMD for the most recent decedent, if applicable, must be satisfied by 12/31 the year of death.

---

Transfers - RMD does not have to be paid out prior to the money movements.

Rollover/QRC - RMD must be paid out prior to money movement.

---

## First Generation - You are the beneficiary of the original assets.

Beneficiary's RMD for QRP/403(b)/457(b) death proceeds - If, after the year of death, the beneficiary of QRP/403(b)/457(b) death proceeds does a direct rollover to an inherited traditional IRA or a QRC to an inherited Roth IRA, the beneficiary's RMD must be paid out prior to movement of the funds. **If this applies to you, your RMD should be distributed to you in full prior to the movement of funds.**

Required Beginning Date (RBD) - The Required Beginning Date (RBD) is the date when the first minimum amount must be paid out. For traditional IRAs, RBD is April 1 of the year after the attainment of age 70 1/2. For 403(b) and Qualified Retirement Plans, RBD is April 1 of the year after the attainment of age 70 1/2 or, if later and if the plan provides, termination of employment. If you are unsure if the plan contains a delay to retirement provision, work directly with the employer.

**Transfer** - This transaction is not taxable. It will not be reported to the IRS.

**Direct Rollover** - This transaction is not taxable, but will be reported to the IRS.

**Qualified Rollover Contribution (QRC)** - This transaction will be taxable. Complete the tax withholding election in Section 7. It will be reported to the IRS.

## 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.

---

## Distribution Options for Full Distribution or Required Minimum Distribution Destination

---

If a distribution option is not selected we will send a check to the address of record on the account.

---

## 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.

---

**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.