



Appleton, Wisconsin • Minneapolis, Minnesota
 Thrivent.com • 800-847-4836

Variable Products Allocation Change/Remittance Request

Contract number

Use this notice to make changes to your premium allocation and/or remit a payment on any of your Variable Products. Payments may be made at any time. Be sure to indicate your contract number and full name. If this is a pension plan, indicate the tax year for which the payment is intended.

Section 1 - General Information

Name of annuitant/insured (print title, first, middle, last name and suffix, as applicable)

Premium amount remitted (if applicable) \$	Loan amount remitted (if applicable, VUL only) \$
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Indicate from which company the funds are coming (if applicable)

IRA Contracts/Pension Plans: Tax Year (IRA or pension plan contributions): _____ Payment will be credited to current tax year unless otherwise indicated.	Is this a rollover? Yes No
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Section 2 - Premium Allocation

Select one: Change for this premium only Permanent change

If no box is selected the allocation change would apply to this payment and all future payments. If change for this premium only is selected, then send form in the same envelope as payment. If form is sent separately from payment, then the funds may not be applied as intended. This payment will be applied based on the most recent premium allocation instructions on record at Thrivent Financial, unless a change is indicated in the chart below. Premium allocation percentages must be in whole numbers and total 100%. **Your signature is required on page 2 for this request to be processed.**

Subaccount Name	Percent (Must = 100%)	Subaccount Name	Percent (Must = 100%)
Aggressive Allocation	%	Large Cap Stock	%
Moderately Aggressive Alloc	%	Large Cap Index	%
Moderate Allocation	%	Low Volatility Equity	%
Moderately Conservative Alloc	%	Balanced Income Plus	%
Partner Healthcare	%	Diversified Income Plus	%
Ptr Emerging Markets Equity	%	Multidimensional Income	%
Real Estate Securities	%	High Yield	%
Small Cap Growth	%	Opportunity Income Plus	%
Small Cap Stock	%	Income	%
Small Cap Index	%	Government Bond	%
Mid Cap Stock	%	Limited Maturity Bond	%
Mid Cap Index	%	Money Market	%
Partner Worldwide Allocation	%	Fixed Account	%
Partner All Cap	%	3 Year Fixed Period Allocation	%
Large Cap Growth	%	5 Year Fixed Period Allocation	%
Partner Growth Stock	%	7 Year Fixed Period Allocation	%
Large Cap Value	%		

Changing the allocation will not affect funds currently held in the Fixed Account or subaccounts.

See page 2 for signature section. Ensure that return address from page two is visible in window of return envelope.

Section 3 - Agreements and Signatures

Signature of owner/controller/assignee*	Date signed
X	

Title (if applicable)

Signature of owner/controller/assignee*	Date signed
X	

Title (if applicable)

Name and code number of representative

***Absolutely Assigned Contracts** - Absolute assignee is:

- 1) Person(s) - individual(s) signature required; or
- 2) Business Entity - one authorized signer's signature is required. Business Entity Authorization (form 23438) must be on file; or
- 3) Qualified Retirement Plan - plan trustee(s) signature is required. Qualified Retirement Plan Certification (form 24742) must be on file.

457 plans and nonqualified deferred compensation plans require Business Entity Authorization (form 23438) on file.

Collaterally Assigned Contracts - Owner and collateral assignee; one officer's signature and title for a corporation, church or partnership.

This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans. If used in this form, "Thrivent Financial" refers to Thrivent Financial for Lutherans and Thrivent Life Insurance Company.

Make check payable to Thrivent Financial. Return in envelope to:

THRIVENT FINANCIAL
PO BOX 8075
APPLETON, WI 54912-8075