

## 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.

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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, 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	%	ESG Index	%
Moderately Aggressive Alloc	%	Large Cap Growth	%
Moderate Allocation	%	Large Cap Value	%
Moderately Conservative Alloc	%	Large Cap Index	%
Thrivent Healthcare	%	Low Volatility Equity	%
Emerging Markets Equity	%	<b>Balanced Income Plus</b>	%
Real Estate Securities	%	Multidimensional Income	%
Small Cap Growth	%	High Yield	%
Small Cap Stock	%	Diversified Income Plus	%
Small Cap Index	%	<b>Opportunity Income Plus</b>	%
Mid Cap Growth	%	Income	%
Mid Cap Value	%	<b>Government Bond</b>	%
Mid Cap Stock	%	Limited Maturity Bond	%
Mid Cap Index	%	Money Market	%
International Allocation	%	Fixed Account	%
International Index	%	3 Year Fixed Period Allocation	%
Global Stock	%	5 Year Fixed Period Allocation	%
All Cap	%	7 Year Fixed Period Allocation	%

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

Section 3 - Agreements and Signatures				
Signature of owner/controller/assignee*	Date signed			
X				
Title (if applicable)	ı			
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.				
Ensure that return address is visible in window of return envelope.				
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Make check payable to Thrivent. Return in envelope to:				
THRIVENT PO BOX 8075 APPLETON, WI 54912-8075				