



Thrivent.com • 800-847-4836

Beneficiary Statement Check or Direct Deposit Only

Mail: PO Box 8075, Appleton, WI 54912-8075 | Fax: 800-225-2264

Use this form for making a cash election only. Other options including tax deferral options may be available to you. If interested, contact your Thrivent representative or call Death Claims at 800-847-4836.

Once a claim election has been processed, the transaction cannot be reversed.

Do not use this form if the beneficiary is a minor.

No representative of Thrivent and its subsidiaries has authority to give tax advice. Contact your tax advisor or attorney.

1. Deceased Information (required for all claims)

Name _____ Thrivent ID _____

2. Claimant Information

If the claimant is not a part of the Thrivent membership and would like to join, form 15659 is needed.

I am claiming these proceeds in the following capacity:

- | | | |
|--|---|--|
| <input type="checkbox"/> Named beneficiary | <input type="checkbox"/> Guardian/POA for named beneficiary | <input type="checkbox"/> Executor/Administrator of estate |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Funeral Home/Non-Charitable Organization | <input type="checkbox"/> Charitable Organization - Elected Officer |

Claimant Name _____ Beneficiary SSN/EIN _____

Sex _____ Date of birth _____ Relationship to deceased _____

Primary residential/mailling address _____

City _____ State _____ ZIP code _____

Email _____ Phone _____

Select one: Check Direct Deposit Other (contact your Financial Advisor or call the Beneficiary Claim Support Team at 920-628-6312)

If no box is checked, a check will be sent to the address listed in *Claimant information*.

From contract number(s) - _____
Amount(s) - _____

3. For Direct Deposit

I authorize Thrivent Financial for Lutherans to make this electronic deposit and, if necessary, corrections to my bank account. My authorization is valid for electronic deposits and corrections that comply with U.S. law. U.S. law grants me certain rights when I request an electronic deposit. These laws also regulate how electronic deposits and corrections are made to my bank account. This authorization shall remain in full force and effect until I revoke it by giving 10 days prior notice to Thrivent.

Full name of bank account owner(s) _____

Full name of bank _____

Type of account: Checking Savings

Routing number _____ Account number _____

4. Notification for Federal and State Income Tax Withholding

If no box is checked, 10% federal income tax will be withheld and state withholding will occur as required by your state of residence.

Federal Tax Withholding:

- Do not withhold federal income tax
 Withhold federal income tax amount of 10%
 Other federal withholding _____ %

For more details on federal withholding, please consult IRS Form W-4R, available on the IRS website. Failure to withhold enough or underpaying estimated taxes may lead to IRS penalties.

State Tax Withholding:

- Do not withhold state income tax
 Other state withholding _____ %

5. Substitute W-9 Tax 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**
- 4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Exemption from FATCA reporting code (if any) _____

- 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.**

6. Agreements and Signature

FOR YOUR PROTECTION, state laws require the following to appear on this form: Any person who knowingly and with intent to defraud or deceive any insurance company presents false information in an application for insurance or any person files or facilitates the filing of a statement of claim containing any materially false information, or conceals information concerning any fact material to the statement, is guilty of insurance fraud, which may be a felony crime, subject to civil penalties or criminal prosecution, including fines and/or confinement in prison.

New York residents, FOR YOUR PROTECTION, state laws require the following to appear on the form: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

Signature of beneficiary and capacity (i.e. trustee, guardian, elected officer with title)

Date Signed

X

Name of Claimant _____

7. Disclosures

For Direct Deposit

Qualified Plan, 403(b) or Tax Sheltered Annuity Distribution Acknowledgement (required for 403(b) Custodial Accounts, Tax Sheltered Annuities, Money Purchase, Profit Sharing and Nontransferable Deferred Annuities)

I 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 form and have been given this opportunity. I hereby elect to waive my right to the 30 day waiting period and request Thrivent to 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.

Notification for Federal and State Income Tax Withholding

Notification of 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. 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.

Form W-4R can be found on the IRS website <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>

State Withholding - If withholding is indicated and the percentage is less than the state minimum, or if the percentage is not completed, we will withhold at your state's minimum rate.

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. You have the right to revoke or change your withholding election at least 10 days prior to the effective date of the distribution.