



Election of Additional Insurance

Traditional Life/Guaranteed Purchase Option

Member ID

Section 1 - Insured Information

Name of insured	Residence state of insured
Name of writing agent	TS/FO number

I apply for insurance under the terms of the additional benefit providing options to purchase additional insurance attached to contract number - _____

Yes No Does the contract have a third-party applicant or is the contract absolutely assigned?

Call initiated by: FR Contract owner(s) TFGT Representative

Mail to: FR Contract owner(s)

Compensation:

Yes No Split Sale Commission or Trail Revenue? If yes, complete the

Yes No Credit to TFGT? If yes, provide name(s),TS/FO number(s) and complete details below.

Name	TS/FO number	Split %
Name	TS/FO number	Split %
Name	TS/FO number	Split %
Name	TS/FO number	Split %

Details

Section 2 - Additional Insurance Information

GPO/IBB/JIBB date - _____

Type of option: Regular Alternate - The exercise of this option may cancel the next available regular option. Both

Current plan type	New plan type	Face/Base amount (not to exceed amount of option)

Yes No Is AD desired? (Available only if AD benefit is on original contract and available on NB plan type.)

Yes No Is PW desired? (Available only if PW benefit is on original contract and available on NB plan type.)

- PW not available on 10 PAY or 20 PAY
- If GPO is on premerger AAL, plan must be WL70 or WL95 to have PW
- If GPO is on premerger LB, plan must be WL95 to have PW

Yes No Is the new contract to be under waiver?

Dividend and Automatic Premium Loan Options:

Accumulate at interest Cash Paid-Up Additions (PUA) Premium reduction/excess to PUA

The automatic premium loan provision will be in effect unless otherwise noted in the Special Requests/Comments section.

Special Requests/Comments

Smoker/Tobacco Non-smoker/Non-Tobacco

If requesting to go from smoker/tobacco to non-smoker/non-tobacco, signed paperwork is needed.

Billing frequency: Direct payment/Monthly Quarterly Semiannually Annually

Premium billing amount - \$ _____

Section 3 - Beneficiary Information

List full name, relationship, address, date of birth, Social Security number, and phone number for each beneficiary

Primary beneficiary

First contingent beneficiary

Second contingent beneficiary

Date completed

Prepared by

TFGT only:

Voice signature captured Premium received

Section 4 - Beneficiary Designation and Payment Provisions

In some contracts, "primary beneficiary," "first contingent" and "second contingent" may have been referred to as "first beneficiary," "second beneficiary" and "third beneficiary," respectively. Refer to your contract.

If any beneficiary dies at the same time as the insured, or within 15 days after the insured dies and before the death benefit proceeds are paid, we will pay the proceeds as though that beneficiary died before the insured, unless otherwise directed.

If two or more persons are named as primary beneficiaries, the death proceeds will be paid equally to the survivors or survivor, unless otherwise directed. The same shall be true for contingent beneficiaries if no primary beneficiaries survive.

Children, sons, daughters, brothers, sisters, half-brothers, half-sisters, grandchildren, great grandchildren, granddaughters and grandsons are the only acceptable group designations. All group designations which are named in the singular (e.g., child, son, daughter, brother, sister, half-brother, half-sister, grandchild, granddaughter, grandson) will include all members of that group at time of death of the insured.

The words "children," "issue," "grandchildren" and "children of a deceased child" shall include adopted children, adopted grandchildren and adopted children of a deceased child unless otherwise specified.

When the term "per stirpes" is used, Thrivent Financial will pay the death benefit proceeds to those designated beneficiaries who survive the insured by 15 days; except that if any named beneficiary predeceases the insured or dies within 15 days after the insured, leaving issue surviving the insured, the share of such deceased beneficiary shall be paid to that beneficiary's issue in equal shares. If a designated beneficiary dies without leaving children (e.g., issue), that beneficiary's share of the death benefit proceeds will be distributed among the remaining designated beneficiaries in equal shares. Thrivent Financial accepts the term "per stirpes" for the following relationships: child(ren), daughter(s), son(s), brother(s), sister(s), niece(s) and nephew(s). Niece(s) and nephew(s) are not valid group designations and always must be listed by their full names.

The interest of any beneficiary is subject to any collateral assignment of the contract.

Unless otherwise specified in the contract, if no date appears on this designation then the change is effective on the date it was mailed or delivered to Thrivent Financial or to one of our financial associates during the lifetime of the insured.

Beneficiary designations which include the terms "or" or "and/or" will be administered as if the conjunction "and" was used.

Section 5 - Agreements and Signatures

I declare that the statements on the previous page(s) are complete, true and correctly recorded to the best of my knowledge and belief.

I agree that:

1. No alteration of this Election of Additional Insurance form shall be made without my written consent.
2. No agent or medical examiner of Thrivent Financial is authorized to make or alter contracts or to waive any of Thrivent Financial's rights or requirements.
3. A written Election of Additional Insurance form for the new contract must be completed and sent to Thrivent Financial on, or within 60 days before, the option date. If the option is not used by this date, its benefit may be lost. This loss of benefit will have no effect on future options.
4. The new contract will be placed in effect after the Election of Additional Insurance form is completed and sent to Thrivent Financial and the first premium is paid, provided that Thrivent Financial receives the premium while the insured is alive and not later than 31 days after the option date. No coverage under this contract will take effect before we have received the initial premium.

Signed at state - _____

The following states require an Accelerated Death Benefit (ADB) form 4081A: AL, AR, CT (4081ACT), District of Columbia, IL, IN, KS, KY, LA, MA (4081AMA), MD, MI, MN, MS, MT, NY (4081ANY), NC, OH, OK, OR (4081AOR), PA (4081APA), TX (4081ATX), UT, VA, WA (4081AWA).

Signature of representative	Date signed
X	

Name and TS/FO number of representative

Signature of member	Date signed
X	