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The Thrivent Financial Guidance Team provides a team of individual representatives to assist you, any of which may assist you at any time. The Thrivent Financial Guidance Team may not offer the full variety of products and services that can be offered by a local representative. If your situation requires a product or service not currently available through the Thrivent Financial Guidance Team, we can put you in contact with a local representative. Whether you purchase a product or service through a Thrivent Financial Guidance Team representative or a local representative, there generally will be no difference in the fees and expenses you will incur.

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Important Privacy Choices for Consumers

Facts	What does Thrivent do with your personal information?
Why?	Financial services and insurance companies choose how they share your personal information. Federal and state law gives clients the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Identifying information, such as name and contact information. • Social Security number. • Financial factors, including income, assets, credit history transaction history, and risk tolerance. • Health indicators, such as medical records, prescription history and claims statuses. We may share any/all the information we collect depending on what is needed for the stated purpose.
How?	All companies need to share clients' personal information to run their everyday business. In the section below, we list the reasons companies may share their clients' personal information; the specific reasons Thrivent chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Thrivent share?	Can you limit this sharing?
For our everyday business purposes Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, report to credit and medical bureaus, or engage with service providers who act on our behalf to support our operations.	YES	NO
For our marketing purposes To offer our products and services to you.	YES	YES
For joint marketing with other financial companies.	YES	YES
For our affiliates' everyday business purposes Information about your transactions and experiences with Thrivent.	YES	NO
For our affiliates' everyday business purposes Information contained on your application or in your credit report.	YES	YES
For nonaffiliates to market to you This includes nonprofit organizations such as churches or partner organizations.	YES	YES*

To limit our sharing	• Call 800-847-4836 between 7 a.m. and 6 p.m. Central time, Monday through Friday. • Log in to your online Preference Center on thrivent.com. • Mail to: Thrivent 4321 N. Ballard Rd. Appleton WI, 54919-0001 **Please note:** If you are a new client, we can begin sharing your information 30 days from the date we provide you this notice. If you are a former client, we will continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.

Who we are	
Who is providing this notice?	This notice describes the privacy practices of "Thrivent," which includes Thrivent Financial for Lutherans, Thrivent Investment Management Inc., Thrivent Financial Investor Services Inc., Thrivent Insurance Agency Inc., Thrivent Asset Management, LLC, Thrivent Mutual Funds, Thrivent Series Fund, Inc., Thrivent Core Funds, Thrivent Church Loan and Income Fund, Thrivent Cash Management Trust, and Thrivent Education Funding, LLC.

What we do	
How does Thrivent collect my personal information?	We collect your personal information in a few ways: • Directly from you, such as when you use a service, apply for a product or file a claim. • From other third parties, such as credit reporting agencies or your doctor. • Through your transactions and interactions with us.

How does Thrivent protect my personal information?	To safeguard your personal information from unauthorized access and use, we maintain physical, procedural, and electronic security measures. These strategies include: • Frequent internal and external reviews to ensure our technology and protocols are up to date. • Limited access to your personal information; only those with a "need to know" are authorized. • Anyone who uses your data must follow established policies, procedures and laws. Note: Your personal information is processed in the United States, which means that privacy laws may be less stringent than they are in your country of residence. This also means that government agencies, courts or law enforcement in the United States may be able to access your information.
Why can't I limit all sharing?	Federal law gives you the right to limit sharing only in certain situations: •To affiliates: • If we share information about your creditworthiness. • If affiliates use your information to market to you. At Thrivent, if you opt out of marketing, identified in the chart above as "for our marketing purposes," that choice applies to any/all Thrivent affiliates. •To nonaffiliates: • If they wish to obtain your information to market to you. *In addition, residents of CA, MA, MN, NM, ND and VT are opted out of nonaffiliate sharing, per state law. Clients in these states may choose to opt in for this sharing.
What if I am a joint contract owner or joint account owner?	You may be receiving this notice on behalf of all owners. As a joint owner, you may choose one or more of the sharing options that apply in your home state on behalf of all joint owners or only on your own behalf.
What are the data processing options for residents of the European Union?	If you reside in the EU, permanently or temporarily, you may be entitled to the following options: • Revocation of consent or restricted processing. If you revoke your consent for the processing of personal information, or if you wish to restrict the ways in which we can use your information, we may no longer be able to provide you certain services. In some cases, we may be legally required or permitted to use your information for specific reasons—with or without your consent—so we may limit or deny your request to revoke consent or restrict our processing. • Deletion of your information. We retain your personal information for the period necessary to fulfill the purposes outlined in this policy, unless a longer retention period is required by one of Thrivent's industry regulators. However, if required by law and permitted by our regulators, we will grant a request that we delete your personal information. EU residents should mail any applicable requests to the address above.
How do I access and update the information Thrivent has about me?	Accurate information helps us to provide you better customer service, increase the efficiency of our operations and comply with laws. You may request access to and correction of your personal information by writing to us at the address above. Registered users of thrivent.com or Thrivent's mobile application may also update some personal information through their online personal profile.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. Thrivent affiliates include lines of business such as life insurance, long-term care insurance, brokerage, investments, trust, banking, mutual funds, and distribution partners.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. Thrivent nonaffiliates include financial institutions, such as consumer banking, and other non-profit entities, including churches.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Thrivent has joint marketing agreements with other financial institutions, such as consumer banking, and non-profit foundations.

Other important information

For more specific insights into our collection and use of your health information, be sure to review our Health Information Privacy Notice available at thrivent.com/privacy. We also have a Notice of Insurance Information Practices document that describes Thrivent's use of your information to perform insurance operations. You can request a copy of any of our notices at any time by writing to us at the address above.

This notice outlines our privacy practices for clients; those individuals who have purchased, or applied for, a product or service with Thrivent. For additional information regarding our collection, use, and sharing of personal information for situations and scenarios outside of the client relationship, please review our Privacy Policy, available at thrivent.com/privacy.

Complaints can be sent to us at the address provided above. Depending on where you live, you may also be able to contact local or state agencies to report specific concerns.

Questions? Call 800-847-4836 or go to thrivent.com.

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Retirement Product Comparison Guide

This guide assumes products are offered as part of a tax-qualified arrangement, such as a traditional IRA.

	Retirement Choice Variable Annuity Flexible Premium Deferred Variable Annuities	Thrivent Mutual Funds (S-shares with an Account Service Fee)	Thrivent Mutual Funds Class A*	Fixed Annuity—"Security One"[2] (no bonus selected)	Fixed Indexed Annuity—"Security Preference"	Fixed Indexed Annuity—"Secure Retirement Builder"	Deferred Income Annuity—"Future Reserve"
Tax-deferred accumulation	Yes[1]	Yes	Yes	Yes[1]	Yes[1]	Yes[1]	Yes[1]
Tax-free portfolio reallocation	Yes, tax-free transfers between subaccounts.	Yes, tax-free transfers between funds.	Yes, tax-free transfers between funds.	No	Yes, tax-free transfers between the fixed and indexed accounts.	Yes, tax-free transfers between the fixed and indexed accounts.	No
Taxation of withdrawals	Yes	Yes	Yes	Yes	Yes	Yes	Yes, annuity payments beginning at the income start date will be taxable.
10% tax penalty on withdrawals before age 59½[3]	Yes	Yes	Yes	Yes	Yes	Yes	No
Annuitization income options	Yes, includes fixed period, specified amount, single and joint life.	No	No	Yes, includes fixed period, specified amount, single and joint life.	Yes	Yes	Yes

*Class A shares are only available to existing Class A shareholders and their households and certain employer-sponsored retirement plans. For more information, please review the prospectus.

[1]All tax-qualified retirement accounts provide tax-deferred accumulation. Annuities also offer tax-deferred accumulation in nonqualified accounts. Investors should consider whether the additional costs and benefits associated with annuities are warranted in a tax-qualified account.

[2]Other Thrivent fixed annuity products are available. Ask your Thrivent financial professional.

[3]Does not apply to inherited retirement plans.

Thrivent is the marketing name for Thrivent Financial for Lutherans.

	Retirement Choice Variable Annuity Flexible Premium Deferred Variable Annuities	Thrivent Mutual Funds (S-shares with an Account Service Fee)	Thrivent Mutual Funds Class A*	Fixed Annuity—"Security One"[2] (no bonus selected)	Fixed Indexed Annuity—"Security Preference"	Fixed Indexed Annuity—"Secure Retirement Builder"	Deferred Income Annuity—"Future Reserve"
Living benefit guarantee[4, 5]	Yes, guaranteed lifetime withdrawal benefit (GLWB). For an additional charge, this living benefit guarantees an annual amount that can be withdrawn for life, even if the accumulated value is depleted. The benefit can cover either 1 or 2 lives (must be spouses). The minimum age to add the GLWB rider is 50 and it is only available at issue. The minimum account size is $25,000.	No	No	No	No	GLWB is included with this contract. There is an additional charge for the GLWB that guarantees a minimum annual amount that can be withdrawn for life, even if the accumulated value is depleted. The benefit can cover either 1 or 2 lives (must be spouses).	No
Guaranteed interest options[4]	Yes, in the fixed account.	No	No	Yes, fixed annuities offer a minimum guaranteed interest rate.	Yes, in the fixed account.	Yes, in the fixed account.	No
Death benefit proceeds	Yes, there is a basic death benefit at no additional charge; the beneficiary receives the greater of the accumulated value or premiums paid adjusted for withdrawals. There is also an optional death benefit rider. The Maximum Anniversary Death Benefit (MADB) Rider is available for an additional charge.	Yes, the beneficiary receives the full account value at the time of distribution.	Yes, the beneficiary receives the full account value at the time of distribution.	Yes, the beneficiary receives the full account value.	Yes, the beneficiary receives the full account value at the time of distribution.	Yes, there is a return of premium death benefit at no additional charge; the beneficiary receives the greater of the accumulated value or premiums paid minus withdrawals.	Deferral Stage Premium Income Stage based on income type chosen.

*Class A shares are only available to existing Class A shareholders and their households and certain employer-sponsored retirement plans. For more information, please review the prospectus.

[4]All guarantees are based on the claims-paying ability of Thrivent.

[5]The guaranteed lifetime withdrawal benefit is not an available option for employer-owned or inherited deferred annuities.

	Retirement Choice Variable Annuity Flexible Premium Deferred Variable Annuities	Thrivent Mutual Funds (S-shares with an Account Service Fee)	Thrivent Mutual Funds Class A*	Fixed Annuity—"Security One"[2] (no bonus selected)	Fixed Indexed Annuity—"Security Preference"	Fixed Indexed Annuity—"Secure Retirement Builder"	Deferred Income Annuity—"Future Reserve"
Initial Account minimums	Initial Account minimums Traditional or Roth IRA: $2,000. Non-qualified: $5,000.	For IRA and tax-deferred accounts, all Thrivent Mutual Funds require a $1,000 minimum initial purchase. If an automatic investment plan is established, the minimum is reduced to $50/month for all funds except Thrivent Money Market Fund and Thrivent Limited Maturity Bond Fund, which have a minimum of $100/month.	For IRA and tax-deferred accounts, all Thrivent Mutual Funds require a $1,000 minimum initial purchase. If an automatic investment plan is established, the minimum is reduced to $50/month for all funds except Thrivent Money Market Fund and Thrivent Limited Maturity Bond Fund, which have a minimum of $100/month.	$5,000	$5,000	$25,000	$5,000
Contract Maintenance Charge or Administrative/ Custodial Fee	If the accumulated value is less than $50,000, the charge will be $50 of the accumulated value on the contract anniversary.	Annual IRA custodial fee is $15 per shareholder. Fee may be waived if you have $50,000 or more invested in Thrivent Mutual Funds or have a recurring purchase plan.	Annual IRA custodial fee is $15 per shareholder. Fee may be waived if you have $50,000 or more invested in Thrivent Mutual Funds or have a recurring purchase plan.	No	No	No	No

*Class A shares are only available to existing Class A shareholders and their households and certain employer-sponsored retirement plans. For more information, please review the prospectus.

	Retirement Choice Variable Annuity Flexible Premium Deferred Variable Annuities	Thrivent Mutual Funds (S-shares with an Account Service Fee)	Thrivent Mutual Funds Class A*	Fixed Annuity—"Security One"[2] (no bonus selected)	Fixed Indexed Annuity—"Security Preference"	Fixed Indexed Annuity—"Secure Retirement Builder"	Deferred Income Annuity—"Future Reserve"
Annual Mortality and Expense Charge	Yes • Basic death benefit only: **Current charge** 1.25% **Maximum charge** 1.25% The following additional charges apply if these optional benefits are selected: • Guaranteed Lifetime Withdrawal Benefit (GLWB) current fee: 1.30% (guaranteed never to exceed 2.50%). • Maximum Anniversary Death Benefit (MADB) Rider current fee: 0.25% (guaranteed never to exceed 0.50%).	Mutual funds do not have risk charges.	Mutual funds do not have risk charges.	Fixed annuities do not have risk charges.	This fixed indexed annuity does not have risk charges.	Secure Retirement Builder does not have a risk charge. Annual GLWB cost is 0.95% of the benefit base.	This deferred income annuity does not have risk charges.

	Retirement Choice Variable Annuity Flexible Premium Deferred Variable Annuities	Thrivent Mutual Funds (S-shares with an Account Service Fee)	Thrivent Mutual Funds Class A*	Fixed Annuity—"Security One"[2] (no bonus selected)	Fixed Indexed Annuity—"Security Preference"	Fixed Indexed Annuity—"Secure Retirement Builder"	Deferred Income Annuity—"Future Reserve"
Sales charge—back end	**Yes, surrender charges: Contract year 1: 7% Contract year 2: 7% Contract year 3: 6% Contract year 4: 5% Contract year 5: 4% Contract year 6: 3% Contract year 7: 2% After 7 years: 0% Surrender charges are waived for surrenders up to 10% of accumulated value at the time of the first surrender made in any contract year. Other waivers may be available and may include: - Nursing home confinement. - Terminal illness. - Annuitization on premium removed that has been in the contract for 3 years.	No	For purchases of $1,000,000 or more, a deferred sales charge of 1% will apply to shares redeemed within 1 year.	**Yes, surrender charges: Contract year 1: 7% Contract year 2: 6% Contract year 3: 5% Contract year 4: 4% Contract year 5: 3% Contract year 6: 2% Contract year 7: 1% After 7 years: 0% Surrender charges are waived for surrenders up to 10% of accumulated value at the time of the first surrender made in any contract year. Other waivers may be available and may include: - Nursing home confinement. - Terminal illness. - Annuitization after 3 years.	**Yes, surrender charges are based on the schedule selected at contract issue. The schedule options are 5, 7 and 9 years. The schedules for each of these options is as follows: 5-Year Surrender: Contract year 1: 9% Contract year 2: 8% Contract year 3: 7% Contract year 4: 6% Contract year 5: 5% After 5 years: 0% 7-Year Surrender: Contract year 1: 9% Contract year 2: 8% Contract year 3: 7% Contract year 4: 6% Contract year 5: 5% Contract year 6: 4% Contract year 7: 3% After 7 years: 0% 9-Year Surrender: Contract year 1: 9% Contract year 2: 8% Contract year 3: 7% Contract year 4: 6% Contract year 5: 5% Contract year 6: 4% Contract year 7: 3% Contract year 8: 2% Contract year 9: 1% After 9 years: 0% Surrender charges are waived for surrenders up to 10% of accumulated value at the time of the first surrender made in any contract year. Other waivers may be available and may include: - Nursing home confinement - Terminal illness - Annuitization after 3 years	**Surrender charges are based on a 9-year schedule. Following is the schedule. 9-Year Surrender: Contract year 1: 9% Contract year 2: 8% Contract year 3: 7% Contract year 4: 6% Contract year 5: 5% Contract year 6: 4% Contract year 7: 3% Contract year 8: 2% Contract year 9: 1% After 9 years: 0% Surrender charges are waived for surrenders up to 10% of accumulated value at the time of the first surrender made in any contract year or the Guaranteed Withdrawal A mount, whichever is higher. Other waivers may be available and may include: - Nursing home confinement. - Terminal illness. - Annuitization after 3 years.	No

**Due to these surrender charges, annuities should be considered for long term only. Please see your contract and disclosure document for more details.

	Retirement Choice Variable Annuity Flexible Premium Deferred Variable Annuities	Thrivent Mutual Funds (S-shares with an Account Service Fee)	Thrivent Mutual Funds Class A*	Fixed Annuity—"Security One"[2] (no bonus selected)	Fixed Indexed Annuity—"Security Preference"	Fixed Indexed Annuity—"Secure Retirement Builder"	Deferred Income Annuity—"Future Reserve"
Sales charge—front end	No	No	Less than $50,000: 4.5% $50,000–$99,999: 3.5% $100,000–$249,999: 2.5% $250,000–$499,999: 1.5% $500,000–$999,999: 1.0% $1,000,000 or more: 0.0% *A deferred sales charge of 1% will apply to shares redeemed within 1 year. ***Sales charge does not apply to Thrivent Limited Maturity Bond Fund and Thrivent Money Market Fund.	No	No	No	No
Fund/subaccount operating expenses	Net subaccount operating expenses range from 0.24% to 1.25%.[6] Gross subaccount operating expenses range from 0.24% to 3.90%.	Net fees range from 0.40% to 1.14%.[6] Gross fees range from 0.43% to 3.90%.	Net Fees range from 0.49% to 1.20%. Gross Fees range from 0.61% to 1.41%.	No fees.	No fees.	No fees.	No fees.

* Class A shares are only available to existing Class A shareholders and their households and certain employer-sponsored retirement plans.
For more information, please review the prospectus.

***Does not apply to contracts issued in Texas, Minnesota, New York and New Jersey.

[6]Investment management fees net of any contractual and voluntary reimbursement of expenses. Voluntary reimbursements can be discontinued at any time.

	Retirement Choice Variable Annuity Flexible Premium Deferred Variable Annuities	Thrivent Mutual Funds (S-shares with an Account Service Fee)	Thrivent Mutual Funds Class A*	Fixed Annuity—"Security One"[2] (no bonus selected)	Fixed Indexed Annuity—"Security Preference"	Fixed Indexed Annuity—"Secure Retirement Builder"	Deferred Income Annuity—"Future Reserve"
Account service fee*	No	Less than $50,000: 0.85% $50,000–$99,999: 0.70% $100,000–$249,999: 0.60% $250,000–$499,999: 0.50% $500,000–$999,999: 0.40% $1,000,000 or more: 0.25% After 10 years for each purchase lot: 0.25% *Does not apply to Thrivent Limited Maturity Bond Fund and Thrivent Money Market Fund.	No	No	No	No	No
Investment Options	See Prospectus	See Prospectus	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

* Class A shares are only available to existing Class A shareholders and their households and certain employer-sponsored retirement plans.

Take the next step

Contact your Thrivent financial professional, or connect with us at: 800-847-4836 or Thrivent.com.

Variable and fixed annuities are intended to be long-term investments, particularly for retirement.

Investing in mutual funds or variable products involves risks, including the possible loss of principal. The prospectus contains more complete information on the investment objectives, risks, charges and expenses of the investment company, which investors should read and consider carefully before investing. Prospectuses are available from a Thrivent financial professional or at Thrivent.com.

Refer to the Thrivent Investment Management Inc. Form CRS Relationship Summary for more information about us; our relationships and services; fees, costs, conflicts, and standard of conduct; disciplinary history; and additional information. Refer to the Thrivent Investment Management Inc. Regulation Best Interest Disclosure document for information on fees, products, services, potential conflicts of interest, and additional information. Both are available upon request from your financial professional and on thrivent.com/disclosures.

Thrivent is the marketing name for Thrivent Financial for Lutherans. Insurance products issued by Thrivent. Not available in all states. Securities and investment advisory services offered through Thrivent Investment Management Inc., a registered investment adviser, member FINRA and SIPC, and a subsidiary of Thrivent. Licensed agent/producer of Thrivent. Registered representative of Thrivent Investment Management Inc. Advisory services available through investment adviser representatives only. Thrivent.com/disclosures.

Contract Forms: ICC20 W-BZ-FPVA, ICC16 A-NX-SDFIA, ICC14 A-AX-SDFIA, ICC14 A-AP-SDPUA; W-BZ-FPVA (20), A-NX-SDFIA (16), A-AX-SDFIA (14), A-AP-SDPUA (14), A-AS-SPDA (04) Series; A-AS-SPDA ID (04); Rider Forms: ICC20 WR-ZG-GLWB, ICC20 WR-ZH-GLWB, ICC20 WR-ZM-MADB, ICC16 AR-NX-GLWB; AR-NX-GLWB (16) Series.

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Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001
Thrivent.com • 800-847-4836

Receipt for Payment

Make all checks out to Thrivent. Do not leave the payee blank or make checks payable to the representative. The receipt is void if any check given for payment is not honored.

1. General Information

Owners **Premium Amount**

_____ $ _____

_____ $ _____

Payment Type

☐ Check

$ _____

☐ Other _____

$ _____

Signature of representative _____

Date signed _____

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Form CRS Relationship Summary

June 2021

ITEM 1 – INTRODUCTION	Thrivent Investment Management Inc. ("Thrivent", "we," "us" or "our") is a broker-dealer and investment adviser registered with the Securities and Exchange Commission. Brokerage and investment advisory services and fees differ and it is important for you to understand these differences. Free and simple tools are available to research firms and financial professionals at Investor.gov/CRS, which also provides educational materials about broker-dealers, investment advisers, and investing.

ITEM 2 – RELATIONSHIPS AND SERVICES

What investment services and advice can you provide me?

Our financial professionals ("Financial Professional") provide both brokerage and investment advisory services to retail investors ("Investors," "you" or "your").

Thrivent limits the recommendations from our Financial Professionals to a specific menu of securities, funds, variable annuities, and variable life insurance products issued, sponsored, or managed by us, our affiliates, or third parties. Not all Financial Professionals can provide the full range of products and services we offer. Your Financial Professional will tell you which products and services they can or cannot provide.

Brokerage Services	Investment Advisory Services
We provide brokerage services ("Brokerage") to Investors that include the purchase and sale of securities that can be held in accounts ("brokerage account") with National Financial Services, LLC, our clearing firm ("NFS"). We are not affiliated with National Financial Services, LLC, member NYSE/SIPC, a Fidelity Investments® company. While Financial Professionals may offer recommendations, Investors may also select investments for their brokerage account. Brokerage services are offered on a nondiscretionary basis, which means Investors make the ultimate decision regarding the purchase or sale of investments. We also offer securities (i.e., mutual funds, closed-end funds, variable annuities, and variable life insurance products) directly held with the issuer ("directly held securities"). We do not have minimum brokerage account requirements, but some of the securities you can purchase through us have minimum investment requirements. While we remain available to assist you, after effecting a securities transaction, we do not monitor your brokerage account unless the account was established for investment advisory services. Investors should review and monitor their brokerage accounts.	We provide investment advisory ("Advisory") services to Investors that includes a managed accounts program (i.e., wrap-fee program) and financial planning services ("Financial Planning Services"). Our managed accounts program ("Program") includes both discretionary and nondiscretionary programs ("program") that enable Investors to receive ongoing investment advice, brokerage, and related services for an asset-based fee. You must open a brokerage account with us in order to participate in the Program ("advisory account"). For our nondiscretionary programs, Investors make the ultimate decision regarding the purchase or sale of investments. Our discretionary programs involve Investors granting, depending on the program, either their Financial Professional or a nonaffiliated entity the ability to implement the investment transactions (i.e., periodic updates and rebalance the assets) without you approving each transaction. For some programs, an affiliated or third party investment adviser may be used to construct and maintain model portfolios. These investment advisers may limit the type of investments available in their model portfolios. Furthermore, they may primarily use their own proprietary securities in constructing and maintaining the model portfolios. We have requirements pertaining to the establishment of an Advisory relationship, including minimum advisory account size and/or investment amount. Minimums vary by program. Carefully review our Managed Accounts Program Brochure and/or AdvisorFlex Managed Variable Annuity™ Program Brochure (together "Program Brochures") for additional information. At least annually, we monitor the investments in advisory accounts as part of our Advisory services. We do not monitor any other accounts (besides your advisory account) as part of our Advisory services. Investors should review and monitor their advisory accounts.

		Our Financial Planning Services is designed for a client and Financial Professional to review a client's personal financial position holistically and plan strategies tailored to help them reach their financial goals. This service occurs either as a one-time service that will end after receiving written recommendations or as an ongoing service. Implementation of your written recommendations is separate from this service.
	For additional information about our services, review our Miscellaneous other fees and charges for brokerage and managed accounts document, Thrivent Investment Management Inc. Regulation Best Interest Disclosure, Thrivent.com, Program Brochures, and Financial Planning Services Brochure. Please visit us at Thrivent.com/disclosures to access these referenced documents.	
	Ask your Financial Professional the following questions and start a conversation about relationships and services: • Given my financial situation, should I choose an investment advisory service? Should I choose a brokerage service? Should I choose both types of services? Why or why not? • How will you choose investments to recommend to me? • What is your relevant experience, including your licenses, education and other qualifications? What do these qualifications mean?	

ITEM 3 – FEES, COSTS, CONFLICTS, AND STANDARD OF CONDUCT	**What fees will I pay?**	
	Brokerage Services	**Investment Advisory Services**
	You will pay transaction-based fees. As a result, Investors would be charged more when there are more trades in their brokerage account, and we therefore have an incentive to encourage an Investor to trade often. These transaction-based fees are not all inclusive of the fees that you may incur. You may be subject to additional service and maintenance fees (e.g., custodial fee, account maintenance fee, mutual fund and variable annuity, other transactional fees, and product-level fees). Carefully review our **Miscellaneous other fees and charges for brokerage and managed accounts** document for additional information on these additional service and maintenance fees that you may need to pay. As a broker-dealer, we offer directly held securities. Review the applicable offering document, prospectus, and/or contract for information about the fees that may be charged by the issuer, which could include an affiliate, when you invest in these securities. Below are some common fees and charges you may incur: **Mutual Funds:** You will typically pay an up-front sales charge or load when you purchase shares in a mutual fund. Mutual funds also incur other ongoing fees and expenses, such as 12b-1 fees, management fees, or servicing fees, which you bear as an Investor. There are no 12b-1 fees incurred for the Class S shares of Thrivent Mutual Funds. However, you will pay a quarterly fee for services provided when you purchase Class S shares for your account with us.	You will pay a quarterly fee that is generally based on the amount of eligible program assets held in an Investor's advisory account ("Program Fee"). As a result, Investors would generally pay more in fees as the amount of program assets increase and we may therefore have an incentive to encourage an Investor to increase the assets in their advisory account. In addition to the cost of the investment advice, the Program Fee includes most transaction-based fees; however, it is not all inclusive (e.g., custodial fee, account maintenance fee, other transactional fees and product-level fees). Carefully review our Program Brochures for additional information on fees, including how the Program Fee is calculated. The financial planning services fee ("Planning Fee") is a fixed fee due no later than the date on which written recommendations are delivered—for one-time service—or annually—for ongoing service. You have the option, but no obligation, to implement all or any portion of these written recommendations through us. Implementation of your written recommendations is separate from this service, and you will be charged commissions and/or fees that are separate from and in addition to the Planning Fee. Program and Planning Fees are negotiable and may vary between clients.

Closed-End Funds: Closed-end funds, including interval funds (e.g., Thrivent Church Loan and Income Fund), also incur other ongoing fees and expenses, such as management fees, which you bear as an Investor in those funds.

Variable Annuities and Variable Life Insurance Products: You will indirectly pay a commission that is factored into the product's costs and is paid to us by the issuer. In addition, variable products invest in underlying funds that incur ongoing fees and expenses, such as management fees, which you bear as the purchaser of the insurance product investing in those funds.

You will pay fees and costs whether you make or lose money on your investments. Fees and costs will reduce any amount of money you make on your investments over time. Please make sure you understand what fees and costs you are paying.

For additional information about fees and costs, review our Miscellaneous other fees and charges for brokerage and managed accounts document, Thrivent Investment Management Inc. Regulation Best Interest Disclosure, Thrivent.com, Account Service Fee Brochure, Program Brochures, and Financial Planning Services Brochure.

Please visit us at Thrivent.com/disclosures to access these referenced documents.

Ask your Financial Professional the following questions and start a conversation about the impact of fees and costs on investments:

- Help me understand how these fees and costs might affect my investments.
- If I give you $10,000 to invest, how much will go to fees and costs, and how much will be invested for me?

What are your legal obligations to me when providing recommendations as my broker-dealer or when acting as my investment adviser? How else does your firm make money and what conflicts of interest do you have?

When we provide you with a recommendation as your broker-dealer or act as your investment adviser, we have to act in your best interest and not put our interest ahead of yours. At the same time, the way we make money creates some conflicts with your interests. You should understand and ask us about these conflicts because they can affect the recommendations and investment advice we provide you. Here are some examples to help you understand what this means.

Brokerage and Investment Advisory Services

- We are a wholly owned subsidiary of Thrivent Financial Holdings Inc., which is a subsidiary of Thrivent Financial for Lutherans. It is more profitable for us to sell products issued by Thrivent Financial for Lutherans and its affiliates than those issued by other companies. As a result, we have a financial incentive to recommend them over other companies' products.
- Thrivent Financial for Lutherans and its affiliates receive payments from third party companies when you purchase products from us. A potential conflict of interest exists when we benefit from these recommendations.
- We receive revenue-sharing payments from affiliates and third party companies. These additional payments compensate us for distribution, training, marketing, and sales support services. Investors do not incur any extra sales charges as a result of these revenue-sharing payments.
- NFS provides us with a business credit based on the total amount of assets on their platform that may be applied to fees owed to NFS.
- We receive compensation from Purshe Kaplan Sterling Investments ("PKS"), an unaffiliated registered broker-dealer, for referring certain persons to become registered representatives of PKS. This referral fee is based on revenue derived from sales of the registered representative of PKS. These registered representatives will also be investment advisor representatives of Thrivent Advisor Network, LLC, our affiliate. The referral compensation creates an incentive for investment advisor representatives of Thrivent Advisor Network who also register with PKS to use PKS for brokerage services.

Ask your Financial Professional the following questions and start a conversation about conflicts of interest:

• How might your conflicts of interest affect me, and how will you address them?

For additional information about our conflicts of interest, review Thrivent Investment Management Inc. Regulation Best Interest Disclosure, Thrivent.com, Program Brochures, and Financial Planning Services Brochure.

Please visit us at Thrivent.com/disclosures to access these referenced documents.

How do your financial professionals make money?

Brokerage Services	Investment Advisory Services
• Financial Professionals who are independent contractors are paid a commission for the sale of certain investment products. The amount of commission paid to a Financial Professional varies based on several factors, including the specific investment product sold. They may also receive bonuses relating to the sale of variable insurance products. • Financial Professionals who are employees receive a salary and are eligible to earn additional bonus compensation if they meet certain sales or revenue thresholds. • Financial Professionals are eligible to receive benefits and may be eligible for other compensation. • Financial Professionals and field management personnel receive additional compensation in the form of a cash bonus, sales award (cash and non-cash), limited reimbursements, or a higher proportion of fees. This additional compensation is based on the number of the Financial Professional's new customers who become members of Thrivent Financial for Lutherans because the customer purchased a membership-eligible product, retention of assets, and/or the sales volume of specific products and services.	You must open a brokerage account with us in order to participate in the Program. As such, carefully review the items listed under Brokerage Services (immediate left). • Financial Professionals are paid a portion of the Program Fee. The portion paid will vary depending on the program selected. Therefore, Financial Professionals have a financial incentive to recommend the program for which they will receive the higher fee. • Financial Professionals bear the cost of a ticket charge for each trade executed in our Advisor or Advisor Guided managed account program advisory account beyond the allotted number of transactions within a 12-month period. Investors do not pay this charge. As a result, Financial Professionals have an incentive not to make or recommend trades for an advisory account in excess of the allotted number. • Financial Professionals will receive a financial benefit if Investors not paying a reduced fee should qualify for, but opt out of, householding advisory accounts in the Program for billing purposes. • Financial Professionals are paid a portion of the Planning Fee. Therefore, Financial Professionals have a financial incentive to recommend Financial Planning Services.

ITEM 4 – DISCIPLINARY HISTORY

Do you or your financial professionals have legal or disciplinary history?

Yes, Thrivent and certain of its Financial Professionals have a legal and/or disciplinary history.

Visit Investor.gov/CRS for a free and simple search tool to research us and our Financial Professionals.

Ask your Financial Professional the following question and start a conversation about their disciplinary history:

• As a financial professional, do you have any disciplinary history? For what type of conduct?

ITEM 5 – ADDITIONAL INFORMATION

For additional information about our brokerage or investment advisory services or to request a copy of this relationship summary, please contact us at 800-847-4836 or visit us at Thrivent.com/disclosures.

Ask your Financial Professional the following questions and start a conversation about the contacts and complaints:

• Who is my primary contact person?
• Is he or she a representative of an investment adviser or a broker-dealer?
• Who can I talk to if I have concerns about how this person is treating me?

thrivent®

Thrivent Investment Management Inc. Regulation Best Interest Disclosure

Thrivent Investment Management Inc. ("Thrivent," "we," "us" or "our") is a broker-dealer registered with the Securities and Exchange Commission ("SEC"). We are also registered with the SEC as an investment adviser and can offer investment advisory services to you. This disclosure is provided to you because we want to make recommendations to you as a broker-dealer. In this capacity, we act as your broker and your Thrivent financial professional ("Financial Professional") acts as your registered representative.

This document includes important information that you should carefully review in conjunction with the documentation you will receive for your specific investment product (e.g., prospectuses, offering statements, and insurance contracts). This document provides information about:

- The investment products and services that may be recommended to you.
- The material fees, costs, and expenses that you may incur.
- How we, our Financial Professionals, and certain personnel are compensated.
- Material conflicts of interest associated with a recommendation.

What's included?

Products and services 2
Thrivent and affiliate compensation 7
Thrivent financial professional compensation 8

Our obligations to you (what you can expect from us):

- When provided with recommendations from your Thrivent financial professional, they will be in your best interest and suitable based on what you tell us about your investment objectives, risk tolerance, tax status, and other applicable financial information.[1] Your Financial Professional is not required to provide recommendations.
- We provide prospectuses and statements of additional information for certain securities.

Your obligations to us (what we expect from you):

- You will pay a transaction-based fee when you purchase and sell securities. This charge is either included as part of your premium payment or is taken out of your contribution before it is invested in your account. Fees associated with variable annuities and variable life insurance products are included in your premium payments and outlined in the product's prospectus or contract.
- Transaction-based fees are not all-inclusive of the fees that you may incur. As a result, you may also pay additional service and maintenance fees (e.g., custodial fee, account maintenance fee, account service fee, mutual fund fees, variable annuity fees, variable life insurance product fees, transactional fees, and product-level fees).
- Your Financial Professional relies on the information you provide when making recommendations to you, so it is important that you provide current, complete and accurate information and promptly notify us of changes.
- Carefully review your account documents (e.g., statements and confirmations) and promptly notify us of any errors or questions you may have.

[1]Investment advice and recommendations provided by us in this context are not a financial plan, financial planning service, or other investment advisory relationship or service.

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Products and services

We offer a range of products and services designed to help you meet your financial goals and needs. This includes recommending securities (e.g., bonds, mutual funds, stocks, 529 education savings plans, and other individual securities) for purchase and sale through brokerage accounts and securities that are directly held with the issuer (i.e., mutual funds, 529 education savings plans, closed-end funds, variable annuities, and variable life insurance products). The range of products and services is limited to who we have selling agreements with, the availability of certain securities from our clearing firm, and other limitations we may impose based on our due diligence process.

The products and services your Thrivent financial professional can offer depend on the insurance licenses and securities registrations they hold and those which we have granted them to offer. This means your Financial Professional may not be able to offer all products and services described in this document. Your Financial Professional will tell you which products and services they can or cannot offer.

Please keep the following in mind while carefully reviewing this document:

- We do not have minimum brokerage account requirements, but some of the securities you can purchase through us have minimum investment requirements that you should consider.
- Brokerage services are offered on a nondiscretionary basis, which means you make the ultimate decision regarding the purchase or sale of investments.
- While we remain available to assist you, after effecting a securities transaction, we do not monitor your brokerage account unless the account was established for investment advisory services.

You will be charged fees to maintain a brokerage account with us, when you transact in a brokerage account, or when you otherwise purchase or sell securities directly held with the issuer ("directly held securities"). Certain of these fees compensate us, and a portion is paid to your Financial Professional. The receipt of compensation creates a conflict of interest between you, your Financial Professional, and us. To address this conflict, in addition to the information described in the Thrivent and affiliate compensation and Thrivent financial professional compensation sections below, we train our Financial Professionals on their responsibility to act in your best interest.

The schedules below include fees, charges, and expenses for various securities that may be recommended to you and will vary; however, they will not exceed the applicable rates shown.

Brokerage Accounts

A brokerage account ("account") allows you to purchase and sell a variety of securities (e.g., stocks, bonds, and mutual funds) that are held in an account with National Financial Services LLC ("NFS"), member NYSE/SIPC, a Fidelity Investments® company, our clearing firm. We are not affiliated with NFS. As our clearing firm, NFS trades securities; holds the securities it receives on your behalf (i.e., custody); provides you transaction reports about the securities in your account; and provides other related brokerage services. When establishing a brokerage account, you will select and authorize uninvested cash balances in your account to be "swept" into a money market mutual fund.

You will not incur charges when establishing an account with us. However, as a result of owning an account with us, you will incur fees, charges, and expenses. These include fees, charges and expenses that apply to each transaction that occur in your account ("transaction-based fees"), service and maintenance fees (e.g., custodial fee, account maintenance fee, mutual fund fees, other service and transactional fees, and product-level fees), and other miscellaneous charges and other charges imposed by law.

Transaction-based fees are deducted from your invested amounts and will vary based on the securities involved (e.g., stocks, bonds, and mutual funds). As an example, if you were purchasing securities in your account, these transaction-based fees would be deducted from the amount of cash available to invest. Alternatively, if you sold securities, these transaction-based fees would reduce the amount that you receive. Below are examples of the types of transaction-based fees that you may incur when transacting in an account:

Security	Maximum Transaction-Based Fees
Stocks	5.00%
Exchange-Traded Products	5.00%
Bonds	2.50%
Options	5.00%
Mutual Funds	See below section titled **Mutual Funds**
Unit Investment Trusts	See below section titled **Unit Investment Trusts**
529 Education Savings Plan	See below section titled **529 Education Savings Plan**

Service and maintenance fees are described in our *Miscellaneous other fees and charges for brokerage and managed accounts* document that you should carefully review.

As a shareholder of certain securities (including money market mutual funds), you will pay your proportionate share of management fees, short-term trading fees, redemption fees, 12b-1 fees, shareholder servicing fees, and other charges and expenses (applicable periodically during the holding period and/or at the time you terminate your agreement), as permitted by prospectus, that are normally imposed by mutual funds, closed-end mutual funds, and exchange-traded products. Carefully review the sections below for additional fees when investing in certain securities.

Mutual Funds

A mutual fund ("fund") is an investment vehicle consisting of a pool of money that is managed by an investment adviser that could include an affiliate or a nonaffiliated third party. Investment advisers may use various techniques to evaluate the securities that make up the fund, and they have discretion to purchase and sell the underlying securities without consulting you. You can hold shares of a specific mutual fund either directly with the mutual fund company or as part of an account through us.

As an investor of a mutual fund, you purchase shares of the fund. You are not purchasing the underlying securities of the fund, and the value of your shares rises or falls as the value of the securities in the fund rises and falls.

When purchasing fund shares in either a brokerage account or directly with the issuer, you will pay a sales charge. You may be eligible for reduced sales charges as your invested amount increases ("breakpoint discount"). Sales charges are categorized as either front- or back-end charges and are described in the respective fund prospectus, which you should carefully review.

- **Front-end sales charge:** A fee typically charged when purchasing Class A shares.
- **Back-end sales charge:** A fee that declines over time (typically with Class B shares) or is paid when you sell (typically with Class C shares).

You will also pay a proportionate share of the fund's ongoing management, 12b-1, and shareholder servicing fees, charges, and expenses. These fees, charges and expenses vary and are described in the fund's prospectus.

- **Investment management fee:** A mutual fund pays an investment management fee to an investment adviser for managing the fund's assets.
- **12b-1 fees:** A fee charged by some funds to cover promotion, distribution, and marketing expenses. This fee is sometimes paid to the fund's principal underwriter and/or as compensation to Financial Professionals.
- **Redemption fee:** A fee charged by the mutual fund company when selling shares.
- **Other expenses** (e.g., transfer agency fees).

The fees, charges, and expenses listed above will vary; however, they will not exceed the applicable rates from the schedule below.

Fee	Class A shares of Thrivent Mutual Funds Maximum Fee	Nonproprietary Mutual Funds Maximum Fee
Front-end sales charge	4.50%	8.50%
Back-end sales charge	0.00%	5.50%
Investment management fee (including 12b-1 fees)	1.20%	11.42%
Redemption fee	0.00%	5.50%

Class S shares of Thrivent Mutual Funds and Thrivent Church Loan and Income Fund with an Account Service Fee

Thrivent and your Financial Professional provide broker-dealer services to you in connection with the Class S shares of Thrivent Mutual Funds and Thrivent Church Loan and Income Fund with an Account Service Fee. The Thrivent Church Loan and Income Fund is a closed-end "interval fund." Shares are held directly with the mutual fund company and not through us.

As an investor of a mutual fund, you purchase shares of the fund. You are not purchasing the underlying securities of the fund, and the value of your shares rises or falls as the value of the securities in the fund rises and falls.

Unlike traditional mutual funds, you do not incur either front- or back-end sales charges, 12b-1 fees, or redemption fees when investing in Class S shares of Thrivent Mutual Funds and/or Thrivent Church Loan and Income Fund with an Account Service Fee.

You will pay your proportionate share of a fund's ongoing management, shareholder servicing fees, and other charges and expenses. These fees, charges, and expenses vary and are described in the fund's prospectus.

- **Investment management fee:** A mutual fund pays an investment management fee to an investment adviser for managing the fund's assets.
- **Account service fee:** A quarterly fee for services provided.
- **Other expenses** (e.g., transfer agency fees).

The fees and expenses listed above will vary; however, they will not exceed the applicable rates from the schedule below.

Fee	Class S shares of Thrivent Mutual Funds Maximum Fee	Thrivent Church Loan and Income Fund Maximum Fee
Investment management fee	1.17%	1.50%
Account service fee	0.85%	0.85%

Unit Investment Trusts

A unit investment trust ("UIT") is an investment vehicle consisting of a pool of money that owns a fixed portfolio of stocks, bonds, or other securities that has been selected by an investment manager and held for a set period. You can hold shares of a specific UIT as part of an account through us.

As an investor of a UIT, you purchase redeemable units. You are not purchasing the underlying securities of the trust, and the value of your units rises or falls as the value of the securities in the trust rises and falls.

You will pay a sales charge when purchasing redeemable units of a UIT. Sales charges are categorized as either front-end or deferred and are described in the respective prospectus, which you should carefully review.

- **Annual operating expenses:** The trust pays for portfolio monitoring, bookkeeping, evaluation, administration, trust fees, and other operating expenses.
- **Front-end sales charge:** A charge that is included in the net asset value price when you purchase units in a trust.
- **Deferred sales charge:** A charge that is deducted from your distributions until the entire amount is paid. If you redeem a unit before this entire charge has been paid, then the balance is deducted from your redemption proceeds.

The charges and expenses listed above will vary; however, they will not exceed the applicable rate from the schedule below.

Fee	Maximum Fee
Investment management fee	12.10%
Front-end sales charge	4.95%
Deferred sales charge	4.90%

529 Education Savings Plans

529 education savings plans (authorized under section 529 of the Internal Revenue Code) are state-sponsored programs that seek to help finance higher education expenses ("529 plans"). While these 529 plans are open to residents of any state, you should investigate whether your state, or your beneficiary's state, offers a qualified tuition plan for its residents and consider what, if any, potential state income tax or other benefits it offers. Consult with a tax professional to receive tax analysis of the investments. You can hold a 529 plan either directly with the plan sponsor or as part of an account through us.

Investors of 529 plans typically choose among a range of investment options, which often includes mutual funds and exchange-traded funds.

When purchasing a 529 plan in either a brokerage account or directly with the sponsor, you will pay a sales charge or may otherwise be eligible for a sales charge waiver. These are described in the respective offering document, which you should carefully review. You may be eligible for reduced sales charges as your invested amount increases ("breakpoint discount").

If your 529 plan offers investment options that are mutual funds, you will pay a proportionate share of a fund's ongoing management, 12b-1, and shareholder servicing fees, charges, and expenses. These fees, charges, and expenses vary and are described in the fund's prospectus.

- **Program management fee:** The 529 plan pays a program management fee to an outside firm and the state agencies for managing the plan's assets and plan administration.
- **12b-1 fees:** A fee charged by some mutual funds to cover promotion, distribution and marketing expenses. This fee is sometimes paid to the fund's principal underwriter and/or as compensation to Financial Professionals.

The fees and charges listed above will vary; however, they will not exceed the applicable rate from the schedule below.

Fee	Maximum Fee
Program management fee	2.19%
Sales charge	5.25%
12b-1 fees	1.00%

Variable Annuity Contracts

A variable annuity is an insurance contract between you and an insurance company that allows you to allocate your premium payments to one or more subaccounts of the variable account, the fixed account or—if available—the fixed-period allocations. Variable annuities are held directly with the issuer and not through us.

The accumulated value of a variable annuity fluctuates according to the investment performance of the variable subaccounts and is not guaranteed. Any growth in accumulated value grows tax-deferred. Consult your Financial Professional for information regarding a variable annuity's tax-deferral benefits and disadvantages. For specific tax advice, consult a tax advisor. Investments in variable subaccounts are subject to risk and may be worth more or less than the amount of the accumulated premium payments. Variable annuities offer lifetime income options, principal protection features, and basic death benefit guarantees. Guarantees are backed by the financial strength and claims-paying ability of the issuing insurance company and the investment performance of the subaccounts.

A portion of the product costs you pay covers a sales commission paid to us by the issuer.

You will pay certain ongoing and periodic fees and other expenses imposed under the annuity that will be reflected in your annuity's contract value. These fees affect net investment performance, vary between variable annuities, and are described in the variable annuity's prospectus.

- **Surrender charge:** You will pay a surrender charge to the issuer if you withdraw money from your annuity contract or surrender it during the surrender period. Each year, you can take out a certain amount of money without incurring this charge.[2]
- **Mortality and expense fees:** You will pay mortality and expense fees to the issuer to provide you with a death benefit and cover other expenses of the issuer.
- **Portfolio expenses:** You will pay portfolio expenses related to the subaccounts of your variable annuity contract.
- **Optional benefits and riders fee:** You will be charged for any additional optional living or death benefits.

The fees, charges, and expenses listed above will vary; however, they will not exceed the applicable rate from the schedule below.

Fee	Proprietary Variable Annuity Maximum Fee	Nonproprietary Variable Annuity Maximum Fee
Surrender charge	7.00%	8.50%
Mortality and expense fees	1.25%	1.60%
Gross portfolio expenses (including 12b-1 fees)	3.20%*	2.16%
Optional benefits and riders fees	2.50%	7.30%

* Proprietary variable annuity portfolios do not incur 12b-1 fees.

Variable Life Insurance Products

Variable life insurance is a flexible premium variable life insurance contract that provides a death benefit and has the potential to build up cash value. With flexible premiums, within limits, you can increase or decrease your coverage or change your premium after the contract is issued. Variable life insurance products allow you to choose among variable subaccounts and may include a fixed account, if available, to invest your net premium payments and any accumulated value. Variable life insurance products are held directly with the issuer and not through us.

The accumulated value in the fixed account is credited with interest at a current rate set by the insurance company, with a guaranteed minimum rate stated in the contract. Accumulated value in the variable subaccounts fluctuates according to the investment performance of the portfolio of these variable subaccounts and is not guaranteed. Any growth in accumulated value grows tax-deferred. Consult your Financial Professional for information regarding a variable life insurance product's tax-deferral benefits and disadvantages. For specific tax advice, consult a tax advisor. Investments, which are typically mutual funds, are subject to risk and may be worth more or less than the amount of your accumulated premium payments. Depending on the death benefit option you selected, accumulated value fluctuations may affect the available death benefit. Guarantees are backed by the financial strength and claims-paying ability of the issuing insurance company and the investment performance of the subaccounts.

You can access the accumulated value from your contract by taking a loan or partial surrender, which will affect the amount payable to your beneficiaries. A loan or surrender against the contract will reduce the death benefit and cash surrender value. A significant taxable event can occur if a contract terminates with outstanding debt.

[2]The issuer is responsible for processing requests such as transfers, surrenders and/or death benefits under the terms of the contract.

A portion of the premium and product costs you pay covers a sales commission paid to us by the issuer. You will pay an expense charge that is deducted from each premium payment.

You will pay a monthly deduction, penalty fees, interest charges, and other expenses imposed under the variable life insurance contract that will be reflected in your contract value. These fees can affect net investment performance, vary between variable life insurance products, and are described in the variable life insurance product's prospectus.

- **Monthly deduction:** A deduction that is subtracted from the accumulated value and consists of: a cost-of-insurance charge; monthly mortality and expense risk charge; monthly administrative charge; and charges for any additional insurance benefits or riders.
- **Penalty fees:** A fee deducted from the accumulated value, that may apply if: (1) you terminate all or part of the contract early; (2) you decrease the face amount by making death benefit option changes; or (3) the contract lapses during the first 10 years or within 10 years of increasing coverage.[3]
- **Portfolio expenses:** You will pay portfolio expenses related to the subaccounts of your variable life insurance contract.
- **Interest charges:** Interest charged on any loans from the contract[3].
- **Optional benefits and riders fees:** You will be charged for any additional optional endorsements, benefits, and riders.

The fees, charges and expenses listed above will vary; however, they will not exceed the applicable rate from the schedule below.

Fee	Proprietary Variable Life Insurance Maximum Fee	Nonproprietary Variable Life Insurance Maximum Fee
Mortality and expense fees	1.00%	1.15%
Penalty fees	$50.18 per $1,000	18.00%
Gross portfolio expenses (including 12b-1 fees)	3.20%*	1.38%
Interest charges	8.00%	6.00%
Optional benefits and riders fees	$2.52 per $1,000	12.17%

* Proprietary variable life insurance portfolios do not incur 12b-1 fees.

[3]The issuer is responsible for processing requests such as transfers, surrenders, and/or death benefits under the terms of the contract.

Thrivent and affiliate compensation

Thrivent Financial Holdings, Inc., our parent company, also has other subsidiaries that engage in activities that may be material to our broker-dealer business and you. Information about these affiliates and how they work together to offer you financial products and services is provided below.

- Thrivent Financial for Lutherans is a registered investment adviser providing investment management services to Thrivent Series Fund, Inc. and Thrivent Cash Management Trust and is responsible for fund administration for these entities. They also issue fixed and variable life insurance, variable annuity, fixed-indexed annuity, and fixed-rate annuity contracts[4].
- Thrivent Asset Management, LLC is the registered investment adviser providing portfolio management and fund administration services to Thrivent Mutual Funds and Thrivent Core Funds.
- Thrivent Distributors, LLC is the principal underwriter and distributor for Thrivent Mutual Funds.
- Thrivent Insurance Agency, Inc. is a life, health and annuity insurance general agency engaged in the distribution of life, health and annuity products from multiple insurers.
- Thrivent Trust Company serves as a federal savings bank offering professional fiduciary and discretionary investment management services.
- Thrivent Trust Company of Tennessee, Inc. is chartered as a Tennessee public trust company offering financial planning and investment management services.
- Thrivent Advisor Network, LLC is a registered investment adviser providing advisory services to individuals, high net worth individuals, families, trusts, estates, businesses and retirement plans and is a licensed insurance agency.
- Thrivent Financial Investor Services Inc. provides transfer agent and shareholder services for Thrivent Mutual Funds, Interval Funds, Series Funds, Core Funds, and Cash Management Trust.

In addition to the commissions and fees already described, we receive other compensation when providing recommendations as a broker-dealer. Our receipt of compensation (either directly or indirectly) creates a conflict of interest between us and you. We manage this conflict through our policies and procedures, conducting due diligence reviews of the products and services that can be recommended, disclosing material conflicts to clients and prospective clients and by training our Financial Professionals, including on the need to act in your best interest. Below are different forms of compensation we can earn while providing you with recommendations as a broker-dealer.

- We distribute[5] and serve as the primary underwriter of variable annuities and variable life insurance products issued by Thrivent Financial for Lutherans. We also distribute Thrivent Mutual Funds that are advised by Thrivent Asset Management, LLC. These securities ("proprietary products") may be recommended to you by your Thrivent financial professional. When you purchase or invest in proprietary products, we and our affiliates are paid from fees and/or premiums that are charged to you.
- We may recommend securities from nonaffiliated third-party companies ("nonproprietary products"), which include insurance products, mutual funds, and other securities. When you purchase or invest in nonproprietary securities, we are paid from fees that are charged to you and/or commissions that we receive from these companies.
- When you own certain proprietary and nonproprietary mutual funds, Thrivent and your Financial Professional receive 12b-1 fees from Thrivent Distributors, LLC and nonaffiliated third-party companies. We also receive revenue-sharing payments that compensate us for distribution, training, marketing, and sales support services.
- NFS provides us with a business credit based on the total amount of assets on their platform that may be applied to fees owed to NFS.
- We may pay an affiliated or a nonaffiliated third party a fee for providing educational and administrative services.
- When you purchase a nonproprietary variable annuity or nonproprietary insurance, we receive a commission as a percentage of premium based on certain factors that include total volume of our Financial Professional's product sales, length of time that you continue to pay premiums or keep assets invested in the products sold, and the profitability of the products.
- Thrivent receives compensation from Purshe Kaplan Sterling Investments ("PKS"), an unaffiliated registered broker-dealer, for referring certain persons to become registered representatives of PKS. This referral fee is based on revenue derived from sales of the registered representative of PKS. These registered representatives will also be investment advisor representatives of Thrivent Advisor Network, LLC. The referral compensation creates an incentive for investment advisor representatives of Thrivent Advisor Network who also register with PKS to use PKS for brokerage services.

[4] Fixed annuities issued by Thrivent Financial for Lutherans and recommended by an appointed insurance agent will be in your best interest and suitable based on what you tell your insurance agent about your objectives, insurance needs, and other applicable financial information. Recommendations of a fixed annuity are not considered investment advice or otherwise a recommendation from Thrivent or your Financial Professional acting as your registered representative.

[5] We serve as the primary distributor of some proprietary variable annuities and variable life insurance products, so it is generally not possible to transfer them to another broker-dealer.

Thrivent financial professional compensation

The amount and type of compensation paid to your Financial Professional varies and depends on, among other things:

- Their relationship with Thrivent and if they have an agreement with Thrivent that makes them eligible for a broader range of compensation.
- The products and/or services recommended to you.
- If you actually purchase or invest in a product or account and the length of time that you own the product or are otherwise invested with us.
- Total volume of product sales, length of time that you continue to pay premiums or keep assets invested in the products sold, and the profitability of the products.
- If you purchase or invest in a proprietary product versus a nonproprietary product.

In addition to the commissions and fees already described, your Financial Professional may receive other compensation for providing you with recommendations and/or services as a Thrivent registered representative. Receipt of compensation (either cash or non-cash compensation) creates conflicts of interest between you and your Financial Professional. We manage these conflicts by training our Financial Professionals on their need to act in your best interest and through our policies and supervisory procedures. Your Financial Professional may not receive any or all of the specific types of compensation described in this disclosure. You can ask your Financial Professional for further details about the actual compensation he or she receives. Below are different forms of compensation certain personnel and your Financial Professional could earn while providing you with recommendations.

- When you invest in securities with us, a portion of the commissions, fees, and charges you pay are in turn used to compensate your Financial Professional. In addition, please know that:
  - Financial Professionals, who are not employees, use this compensation to pay for their own business expenses, including office space, equipment, and office staff they may employ.
  - Financial Professionals may share this compensation with other Financial Professionals. These fees may be a single payment or ongoing.
  - Based on the commissions they receive, Financial Professionals may receive subsidized retirement and insurance benefits. In lieu of these benefits, Financial Professionals may receive a higher commission.
- Your Financial Professional receives a portion of the commissions, fees, and charges that you pay when you invest your transferred or rolled over retirement assets (e.g., employer-sponsored 401(k) plan) with us based on their recommendation.
- When you purchase a nonproprietary annuity or variable life insurance product, certain Financial Professionals receive compensation based on the commission as a percentage of premium or a fee based on the amount of the assets managed under the product sold.
- Compensation may be paid to certain Financial Professionals for training and coaching other Financial Professionals on specific products and services that we offer, and on practice management. A portion of this compensation may be based on incremental sales of these products and services sold by the Financial Professionals receiving the training.
- Financial Professionals may be eligible to receive compensation from Thrivent Financial for Lutherans to support their marketing efforts. This compensation is based in part on the number of the Financial Professionals' new clients who become members of Thrivent Financial for Lutherans[6] because they purchased a membership-eligible product, retention of assets, and/or the sales volume of specific products and services.
- Financial Professionals are compensated for their work in bringing donor gifts to Thrivent Charitable Impact & Investing[7] (formerly InFaith Community Foundation) to the extent these donor gifts are invested in Thrivent Mutual Funds under agreement between Thrivent and Thrivent Distributors, LLC. This fee does not increase the cost of the product to you.
- Financial Professionals learn about products and services during events offered and paid for by either us or a nonaffiliated third party. Costs cover, but are not limited to, training materials, travel, lodging, and meals.
- Thrivent or a nonaffiliated third party may pay for certain educational events hosted by your Financial Professional for either existing or prospective customers. Costs include, but are not limited to, room rental, presentation materials, meals, entertainment/leisure outings, and promotional gifts.

[6]Thrivent Financial for Lutherans is owned by their membership. If you own a membership eligible product (e.g., proprietary life insurance, health insurance or annuity product), apply and are eligible for membership, then you are a Thrivent Financial for Lutherans member and part of a not-for-profit fraternal benefit society.

[7]Thrivent Charitable Impact & Investing (formerly InFaith Community Foundation) is a public charity serving donors and the community through charitable funds. Thrivent Charitable Impact & Investing is independent of Thrivent and its affiliates and Financial Professionals.

- Certain Financial Professionals are eligible to receive a cash bonus from their team practice based on what is earned by the whole team. This bonus is not taken out of your payments toward your investment.
- Financial Professionals and field management personnel receive additional compensation in the form of a cash bonus, sales award, limited reimbursements, or a higher proportion of fees. This additional compensation is based on the number of the Financial Professional's new clients who become members of Thrivent Financial for Lutherans[6] because they purchased a membership-eligible product, retention of assets, and/or the sales volume of specific products and services.
- Financial Professionals may be eligible to receive noncash compensation (e.g., attend sales conferences and other recognition events). Receipt of non-cash compensation is based on new clients who become members of Thrivent Financial for Lutherans[6] because they purchased a membership-eligible product and/or the amount of "new money" brought into the firm because a client or member purchased certain products and services, including annuities, variable life insurance products, mutual funds, other securities, engaged in financial planning services and/or a Financial Professional refers trust services to a client or member. In addition to the criteria listed above, Financial Professionals who also have a long tenure with Thrivent or its affiliates may also be eligible to participate in special recognition events (e.g., Hall of Fame).
- Financial Professionals who are employees receive a salary and are eligible to earn additional bonus compensation if they meet certain sales or revenue thresholds.
- Financial Professionals are eligible to receive benefits and may be eligible for other compensation.
- Some Financial Professionals may receive a loan from Thrivent Financial for Lutherans to invest in their practice. They may receive partial loan forgiveness if they exceed their expected sales of life and health insurance products.
- Thrivent Trust Company and Thrivent Trust Company of Tennessee, Inc. pays your Financial Professional a fee for referring you to them for professional personal trust, estate, and investment management services. Any such compensation payment will be disclosed to you, when applicable and as required by law, and will not increase your fees. Such payments may be made for the duration of your accounts held with Thrivent Trust Company or Thrivent Trust Company of Tennessee, Inc.
- Your Financial Professional may participate in an outside business activity with and receive compensation from an entity not affiliated with Thrivent. These activities may occur during normal business hours, including securities trading hours.
- Your Financial Professional may personally hold, or hold in an account where they have a beneficial interest, the same or different securities and/or use investment strategies that differ from those that are recommended to you.
- Those field management personnel who supervise and coach Financial Professionals are paid when Financial Professionals sell products. Some Thrivent corporate employees also are paid because they provide related training and support.

[6]Thrivent Financial for Lutherans is owned by their membership. If you own a membership eligible product (e.g., proprietary life insurance, health insurance or annuity product), apply and are eligible for membership, then you are a Thrivent Financial for Lutherans member and part of a not-for-profit fraternal benefit society.

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Thrivent is the marketing name for Thrivent Financial for Lutherans. Insurance products issued by Thrivent. Not available in all states. Securities and investment advisory services offered through Thrivent Investment Management Inc., a registered investment adviser, member FINRA and SIPC and a subsidiary of Thrivent. Thrivent.com/disclosures.

Thrivent and its financial professionals do not provide legal, accounting or tax advice. Consult your attorney or tax professional. Holding an annuity inside a tax-qualified plan does not provide any additional tax benefits. Withdrawals from a qualified plan or IRA made prior to the age of 59 ½ may be subject to a 10 percent federal tax penalty. This penalty applies to qualified plans, regardless of the product used to fund the plan. It is not a product-level penalty. Plan assets that are moved from one qualified plan or IRA to another qualified plan or IRA, or from one product to another product within the same qualified plan or IRA generally do not incur the penalty.

Investing involves risk, including the possible loss of principal. The product and summary prospectuses contain information on investment objectives, risks, charges and expenses. Read carefully before investing. Available at Thrivent.com.

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Application for Individual Variable Annuity

1. Ownership - *Individual and Joint Owners will also be Annuitants.*

☐ Individual ☐ Joint *(must be a spouse)* ☐ Trust ☐ Business

If a trust or a business, complete reason for third party ownership and Third Party Owner Supplement form.

Reason for third party ownership _____

Primary Owner *(if completing as a trust or business, only complete applicable fields below)*

Primary owner name/Trust/Business _____

Primary residential address _____

City _____ State _____ ZIP code _____

Email _____ Phone _____

Sex ☐ Male ☐ Female Date of birth _____ Social Security number/ Tax Identification number _____

Are you a citizen or permanent resident of the United States of America (USA)? ☐ Yes ☐ No

Joint Owner

Name _____

Primary residential address _____

City _____ State _____ ZIP code _____

Email _____ Phone _____

Sex ☐ Male ☐ Female Date of birth _____ Social Security number _____

Are you a citizen or permanent resident of the United States of America (USA)? ☐ Yes ☐ No

2. Annuitant - *Complete this section only if owner is a trust or a business.*

Name _____

Primary residential address _____

City _____ State _____ ZIP code _____

Email _____ Phone _____

Sex ☐ Male ☐ Female Date of birth _____ Social Security number _____

Are you a citizen or permanent resident of the United States of America (USA)? ☐ Yes ☐ No

3. Applicant Controller - *Complete only if sole owner is under age 16.*

Name _____

Date of birth _____ Sex ☐ Male ☐ Female

What is your relationship to the annuitant? _____

4. Military Service

Are you a member or have you entered into a written agreement to become a member of the military? This includes, but is not limited to, Reserve and National Guard. ☐ Yes ☐ No *If yes, complete Military Personnel Disclosure form.*

5. Replacement

Do you have any existing life insurance policies or annuity contracts with Thrivent or any other insurance companies? ☐ Yes ☐ No *If yes is answered to either question, review replacement form requirements.*

Is the contract intended to replace or change any part of, or all of, an existing life insurance policy or annuity contract? ☐ Yes ☐ No

6. Flexible Premium Deferred Variable Annuity Product

Plan type ☐ Nonqualified ☐ Traditional IRA ☐ Roth IRA

Optional Riders - *Only one can be selected.*

Death Benefit - *Standard Death Benefit is included in the contract.*

☐ Maximum Anniversary Death Benefit

Living Benefit

☐ Guaranteed Lifetime Withdrawal Benefit (with one Covered Person)

Covered Person Name _____ Date of birth _____

☐ Guaranteed Lifetime Withdrawal Benefit (with two Covered Persons)

Covered Person Name _____ Date of birth _____

Covered Person Name _____ Date of birth _____

Required if Covered Person is not an Owner or Annuitant.

Primary residential address _____

City _____ State _____ ZIP code _____

7. Dividend Options

☐ Apply to Annuity

☐ Cash (available only if plan type is nonqualified)

8. Premium Payment Information

Total initial premium $ _____

Billed Premium

☐ No Bill

☐ Premium billing amount $ _____

9. Beneficiary Designation

List the full name, relationship to member, date of birth, Social Security number, address and phone number for each beneficiary. If this application is completed electronically, only the beneficiary's name and relationship will display or print on this application. Any additional information collected is stored electronically.

Primary

First Contingent

Second Contingent

10. Agreements and Signatures

I understand and agree that:

1. I have read (or have had read to me) and verified all statements and answers recorded on this application. They are, to the best of my knowledge and belief, true, complete and correctly recorded.
2. This application will become part of the contract.
3. No representative of Thrivent except the president or secretary can make or alter any contract or waive any of Thrivent's rights or requirements.
4. Under the annuity contract applied for, the Accumulated Value and Death Proceeds may increase or decrease daily based on the investment experience of the Variable Account; and the annuity payments, when based on the investment experience of the Variable Account, are variable and are not guaranteed as to minimum dollar amount.
5. I have received a current variable annuity prospectus. I understand the provisions of the prospectus and agree to its terms.
6. I have received the current Beneficiary Provisions. I understand the provisions and agree to their terms.

Signed in the state of _____

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of owner _____

Date signed _____

Signature of owner _____

Date signed _____

Signature of owner (16 or over) or parent
or guardian (if owner is age 0-15) _____

Date signed _____

Signature of applicant
controller for 15 or under _____

Date signed _____

I certify that I have asked all questions and recorded all answers as they were given to me and reviewed these with the annuitant(s)/owner(s).

Signature of representative _____

Date signed _____

Print name _____ ID number _____

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Variable Products Supplement to Application

1. General Information

Name of owner ______________________________

Name of joint owner ______________________________

2. Premium Allocations

☐ Total initial premium $ ____________ ☐ Premium billing amount $ ____________

Premium Allocations must total 100% and be in whole numbers.

Contract Allocations	Initial	Billed
	%	%
	%	%
	%	%
	%	%
	%	%
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3. Additional Product Information

Automatic Transfers

Dollar Cost Averaging - Money Market ☐ Yes ☐ No

Dollar Cost Averaging - Fixed Account ☐ Yes ☐ No

Automatic Asset Rebalancing ☐ Yes ☐ No

4. Agreements and Signatures

I understand and agree that: I have read (or have had read to me) and verified all statements and answers recorded in the Variable Products Supplement to Application. They are, to the best of my knowledge and belief, true, complete and correctly recorded.

The signature below applies to all sections and statements made on this Variable Products Supplement to Application.

Signed in the state of _____

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of owner _____

Date signed _____

Signature of joint owner _____

Date signed _____

Signature of owner (age 16 and over)
Applicant controller (if owner is age 0-15) _____

Date signed _____

Signature of representative _____

Date signed _____

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New Business Cover Sheet

Attach this cover sheet when submitting applications and supporting documents. Applications not faxed, mailed or emailed as listed below can cause delays in processing your business.

- "Leave with Applicant Forms" should not be submitted to Thrivent.
- Make checks payable to: **Thrivent**

Send completed forms to:

Fax
800-225-2264

Email
BoxPDF@Thrivent.com

Mail
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Overnight Mail
Thrivent
4321 N. Ballard Road
Appleton, WI 54919-0001

Representatives - complete the following information

Total number of pages, including this cover sheet _____

Name of client _____ (First name) _____ (Last name)

Name of representative _____ (First name) _____ (Last name)

Representative ID number _____

Representative phone number (_____) _____ - _____

Representative fax number (_____) _____ - _____

Representative email address _____

Comments

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Deferred Variable Annuity Questionnaire

Section 1 - General Information

Name of applicant/owner

Name of applicant/owner

Section 2 - Product Information

Proprietary Thrivent Contracts Only

☐ I acknowledge that I have received and reviewed a copy of the Retirement Product Comparison Guide, form 33093 (for tax qualified plans).

Risks

☐ I acknowledge and understand that this product has risks, including:

a) market risk; my principal may not be guaranteed.

b) investment risk; the risk associated with the portfolios I have chosen.

c) liquidity risk; this is a long term investment.

Fees and Expenses

☐ I acknowledge and understand that this product has fees and expenses, including:

a) insurance expenses; mortality and other insurance expense charges.

b) investment expenses; portfolio fees, including investment advisory fees and operating expenses.

c) rolling surrender charges; each premium is subject to a surrender charge period of 7 years.

d) an annual contract maintenance charge; based on contract values.

Tax Considerations

☐ I acknowledge and understand the following tax considerations:

a) Taxes are deferred (postponed) until I take money out of the annuity.

b) I can reallocate between portfolios without creating a taxable event.

c) An annuity purchased within an IRA, 401(k) or other tax-deferred retirement plan doesn't provide any additional tax benefits.

d) It is important to consider maximizing contributions to other qualified plans.

Product Considerations

☐ I acknowledge and understand that this deferred variable annuity:

a) is an insurance product as well as an investment/securities product.

b) has a death benefit guarantee.

c) has optional benefits/riders that can be added for an additional cost to meet my specific financial needs.

d) provides several income payout (annuitization) options.

Investment Considerations

☐ I acknowledge that I have considered other investment options, such as mutual funds, which may cost more or less than this deferred annuity.

Beneficiary Notification

☐ I acknowledge and understand that it can be advantageous to inform my primary beneficiary(ies) about this purchase and that my financial representative is willing to explain this product to my beneficiaries upon my request.

Replacement

☐ Yes ☐ No Will this purchase replace an existing deferred variable or deferred fixed annuity?

If yes, indicate the reason for the exchange -

Section 3 - Additional Information (to be completed by the representative)

☐ Yes ☐ No Have you transferred/exchanged another deferred variable annuity for this client through Thrivent Investment Management Inc., or any other broker-dealer within the preceding 60 months?

☐ Yes ☐ No I have evaluated and believe this deferred variable annuity offers a financial benefit to the client, taking into account certain features of the product such as tax deferred growth, annuitization, or a death or living benefit. I furthermore believe the client has received a balanced and thorough sales presentation and has a solid understanding of this purchase.

If no, explain -

Section 4 - Agreements and Signatures

I understand an employee at the Operations Center may contact me to review this purchase.

Signature of applicant/owner **X**	Date signed
Signature of applicant/owner **X**	Date signed
Signature of representative **X**	Date signed

Name and code number of representative

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Payment Services Request

1. Owner

Name of owner _____

2. Initial and Subsequent Payment Information

Source of Payment	Initial Payment	Subsequent Payment
Annuity		
One-time withdrawal - Complete form 10438	$ _____	$ _____
Continuous withdrawal - Complete form 28833	$ _____	$ _____
Nonqualified Transfer		
Nonqualified transfer of assets - Complete form 10136	$ _____	
Life		
Partial withdrawal - Complete form 11090	$ _____	
Full withdrawal - Complete form 11090	$ _____	
Loan - Complete form 11090	$ _____	
Dividend/Surplus release - Complete form 11090	$ _____	
Mutual Fund		
One-time redemption - Complete form MF23433	$ _____	
Continuous redemption - Complete form 28833	$ _____	$ _____
Settlement Option/Immediate Annuity		
Partial withdrawal - Complete form 10438	$ _____	
Full withdrawal - Complete form 10438	$ _____	
Continuous payout - Complete form 28833	$ _____	$ _____
Rollover/Transfer/Conversion		
Complete form 24965 for 403(b) Complete form 11502 for all other retirement plans	$ _____	
Indirect rollover	$ _____	
1035 Exchanges		
1035 Exchange - Complete form 8906	$ _____	
Government Allotment		
Complete below information:		$ _____

Add to existing government allotment? ☐ Yes ☐ No

Name of payor on account _____

Social Security number _____

Branch of Service _____ Military Status _____

Other Sources of Payment

_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____

Check/Money Order/Bank $ _____ $ _____

Current tax year $ _____

Prior tax year $ _____

Initial Premium Deduction from Checking/Savings $ _____

Complete Automatic Payment Authorization.

The initial premium will be withdrawn 1 - 3 business days after application is signed.

Continuous Subsequent Payments from Checking/Savings $ _____

Billing type ☐ Electronic Bank Withdrawal ☐ Direct Bill

Frequency ☐ Annual ☐ Monthly

Complete Automatic Payment Authorization.

3. Automatic Payment Authorization

Complete bank information for electronic bank withdrawal

Full name of bank _____

Account type ☐ Checking ☐ Savings Routing number _____ Account number _____

Name of account owner _____ Withdrawal date _____

Address of account owner _____

City _____ State _____ ZIP code _____

Name of joint account owner _____

Address of joint account owner _____

City _____ State _____ ZIP code _____

For new business initial payments, I authorize Thrivent to make an **immediate** electronic withdrawal from the bank account listed upon receipt of this form.

I authorize Thrivent 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; 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 and amount changes, or adding or removing contracts for automatic payment; 5) release any and all information related to this authorization to the bank account owner or third party account owner; and 6) act upon electronic deposit, withdrawal, and administrative instructions I provide to my representative.

If this form is received less than 10 days prior to the withdrawal date you entered, your authorization shall take effect on the second occurrence of the mode you have selected. You further acknowledge that if you have selected a deduction to occur on day 29, 30, or 31, Thrivent will make the withdrawal on day 28.

Signature of bank account owner _____

Date signed _____

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Suitability Information

Section 1 - General Information

Name of owner/applicant (custodian/trust/business)

Name of joint owner/applicant (custodian/trustee/authorized person)

Employment status/occupation for primary owner/applicant:

☐ Employed ☐ Unemployed ☐ Retired

Section 2 - Additional Account Information Aggregated

Net Worth (Do not include primary residence):

☐ Under $50,000 ☐ $50,000 - $99,999 ☐ $100,000 - $249,999 ☐ $250,000 - $499,999
☐ $500,000 - $999,999 ☐ $1,000,000 - $2,999,999 ☐ $3,000,000 +

Liquid Net Worth (Assets easily converted to cash. Do not include residence or business):

☐ Under $20,000 ☐ $20,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000 - $249,999
☐ $250,000 - $499,999 ☐ $500,000 - $999,999 ☐ $1,000,000 - $2,999,999 ☐ $3,000,000 +

Annual Income:

☐ Under $20,000 ☐ $20,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000 - $159,999
☐ $160,000 - $299,999 ☐ $300,000 - $499,999 ☐ $500,000 +

Source of Income (select all that apply):

☐ Earned/Spousal income ☐ IRA/SEP/SIMPLE/Roth ☐ Qualified plan/pension ☐ Social Security
☐ Investment/Rental ☐ Reverse mortgage ☐ None ☐ Other - _____

Federal Tax Bracket:

☐ 0 - 12% ☐ 13 - 31% ☐ 32% +

Select all prior investment experience and provide approximate current value of assets (exclude this purchase).

Bank Savings, CDs, Money Market Funds	☐ Yes ☐ No	$ _____	Life Insurance (Cash Value)	☐ Yes ☐ No	$ _____
Stocks	☐ Yes ☐ No	$ _____	Variable Annuities	☐ Yes ☐ No	$ _____
Bonds	☐ Yes ☐ No	$ _____	Fixed Annuities	☐ Yes ☐ No	$ _____
Mutual Funds	☐ Yes ☐ No	$ _____	Other	☐ Yes ☐ No	$ _____

_____

☐ Yes ☐ No Does your current income cover your expected day to day living expenses?

☐ Yes ☐ No Do you have cash and/or other liquid assets available to you that may be used in the event of a financial emergency?

Section 3 - Risk Tolerance and Investment Objective

Select the highest **Risk Tolerance** the owner/applicant is willing to accept.

☐ Aggressive ☐ Moderately Aggressive ☐ Moderate ☐ Moderately Conservative ☐ Conservative

Select the **Investment Objective** that matches registration's investments.

☐ Aggressive Growth ☐ Growth ☐ Balanced/Conservative Growth ☐ Preservation of Principal

Section 4 - Individual Product Information

Purpose (select all that apply):

- ☐ Retirement
- ☐ Income (current or future)
- ☐ Death benefit guarantee
- ☐ Future needs and purchases
- ☐ Bequeath assets to heirs
- ☐ Estate planning
- ☐ Emergency fund
- ☐ Other - _____

Time Horizon: ☐ 0 - 3 years* ☐ 4 - 7 years* ☐ More than 7 years

*Time Horizon explanation:

Source of Funding (select all that apply):

- ☐ Income/Savings/Checking
- ☐ In-service distribution
- ☐ Employer sponsored retirement plan
- ☐ Gift/Inheritance/Death proceeds
- ☐ Investment
- ☐ Home equity credit/reverse mortgage
- ☐ Life insurance cash value

Section 5 - Required Supporting Rationale *(Best interest applies to products and states where applicable under regulations.)*

Use the following considerations to support your recommendation in the space below (include additional pages if necessary).

- Why the current strategy no longer meets the client's needs
- What options were considered and why were they ruled out
- Provide rationale for recommended strategy
- Explain why it's more advantageous to the client

Or ☐ See Salesforce Client Documentation - meeting type Take Action/Recommendation

For Thrivent career financial professionals only.

Section 6 - Disclosure Information

I understand and acknowledge that:

I have received and reviewed the product disclosure guide for this purchase and understand the features, risks, expenses, and costs associated with this product (for immediate and deferred annuities only).

Thrivent and/or its subsidiaries and representatives will benefit financially from this sale and that my representative, in most cases, will receive commissions and other incentives for serving as my agent for the sale of this product.

There may be a 10% federal tax penalty on the taxable portion if a withdrawal is taken or the contract is surrendered if you are under the age of 59 1/2.

☐ There was someone else involved during the sales presentation or decision making process to purchase/elect this product/agreement. Provide relationship of the individual(s) to the purchaser.

_____

☐ Yes ☐ No Excluding this purchase, have you transferred/exchanged another annuity within the preceding 60 months with Thrivent or any other company (for immediate and deferred annuities only)?

Provide history (if known) for each transfer/exchange as follows:

Name of the original representative(s)/agent(s)

Name of the company the representative(s)/agent(s) worked for

Approximate date the transfer/exchange occurred	Approximate amount of the transfer/ exchange	Amount of surrender charge
	$	$

Reason for the transfer/exchange

Other details known

The owner/applicant must provide new account and suitability information to meet insurance and securities industry rules designed for customer protection. Furthermore, 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 client. You may also need to show your driver's license or other identifying documents. This information is confidential and is only for the use of Thrivent Financial for Lutherans (hereinafter "Thrivent") and its affiliated companies except to the extent necessary to comply with federal law.

In compliance with regulatory requirements, all initial premium payments received for deferred variable annuities forwarded by Thrivent Investment Management Inc. to Thrivent will be held in a “Special Account for the Exclusive Benefit of Customers” pending principal approval of the suitability of this transaction. In the event suitability is not approved, Thrivent will promptly return the payments received to the applicant. If initial payments for non-proprietary mutual funds or variable annuities are received by Thrivent Investment Management Inc. the funds will be securely held by Thrivent Investment Management Inc. pending principal approval of the suitability of this transaction. In the event suitability is not approved, Thrivent Investment Management Inc.will promptly return the payments received to the applicant.

Section 7 - Agreements and Signatures

I have read (or have had read to me) the statements and answers made on this form. The signature below applies to all applicable sections and statements on this form.

Signed in the state of - _____

Signature of owner/applicant	Date signed
X	

Signature of owner/applicant	Date signed
X	

I certify that I have asked all questions and recorded all answers as they were given to me and reviewed these with the owner/applicant.

Signature of representative	Date signed
X	

Name and code number of representative

Thrivent Investment Management Inc. receives additional compensation from various mutual fund and variable annuity providers. Compensation may be based on sales volume or assets held. This additional compensation is not paid to any representatives who sell these products and you will not incur any extra sales charge. For more detail on these practices, including the full list of providers, visit our website at Thrivent.com.

The Securities Investor Protection Corporation (SIPC) provides protection for eligible assets in the event of a broker-dealer insolvency or other financial distress. SIPC does not guarantee investment returns or protect against market losses experienced by clients. For details on how SIPC protects your investment, you may request a SIPC brochure from your representative, visit the website at SIPC.org or contact SIPC at 202-371-8300.

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Beneficiary Provisions

Thrivent Financial for Lutherans is a fraternal benefit society. All beneficiaries must be eligible as required in the Society's bylaws.

The contract will control if any Beneficiary Provision(s) conflict.

Neither Thrivent nor its affiliates or representatives provide legal or tax advice. Where appropriate, you should consult with an attorney or tax advisor for advice.

Beneficiary Shares

CLASS: Examples of CLASSES of beneficiaries are primary, contingent, second contingent or First Beneficiary, Second Beneficiary, Contingent Beneficiary. Your contract may use different terminology which has the same meaning.

Beneficial Shares: Death proceeds will be paid in equal shares to all beneficiaries of the same CLASS who survive the insured. Instead of equal shares, specific dollar or percentages are permitted with approval.

- **Specific Dollar Amount:**
  - Specified dollar amounts shall be deducted first from death proceeds. Remaining proceeds shall be paid to other beneficiaries of the same CLASS in equal shares unless a different percentage is designated.
  - If proceeds are insufficient to pay all specified amount designations in a CLASS, amounts paid will be in pro rata shares.
- **Percentages:** If a beneficiary predeceases the insured(s), shares will be split pro rata between the remaining beneficiaries of the same CLASS. If beneficiaries of the same CLASS are named to share in a percentage, for example, 25% to John and Jane Doe, the percentage will be paid to the survivor(s) before death proceeds are paid to the CLASS.

Proceeds will be paid to the next CLASS of beneficiaries if all beneficiaries of the same CLASS predecease the insured(s).

If no beneficiary in any CLASS survives the insured, proceeds shall be paid to the owner or owner's estate as required by your contract.

Spousal Consent

You should consider whether to obtain your spouse's or ex-spouse's (herein “SPOUSE's”) signature if you are or ever have been married.

Your SPOUSE's signature may be required in circumstances such as the following:

- You live or have lived in a community property state;
- You have a divorce decree which ordered you to maintain life insurance; or
- You have or ever had a marital property agreement.

It is your sole responsibility, and not that of Thrivent, to determine whether your SPOUSE's signature should be obtained.

If your SPOUSE's signature was required but not obtained:

- If your SPOUSE believes s/he has a claim to proceeds, Thrivent must receive notice of that claim no later than the date it pays the contract proceeds; or
- You agree to hold Thrivent harmless for accepting your beneficiary designation and payment of any proceeds without your SPOUSE's consent.

Trust Beneficiaries

Trust Owned Contracts: If a contract is owned by a trust, naming a beneficiary other than the trust may cause legal and/or tax issues. Naming a beneficiary other than the trust may prevent the payment of proceeds according to the objectives of the trust.

Trust Beneficiaries: Trust beneficiaries must qualify as eligible beneficiaries under the bylaws of Thrivent, if applicable, at the time a claim is paid. Proceeds cannot be paid to the trust if its beneficiaries are ineligible under the bylaws of Thrivent when a claim is submitted.

Miscellaneous Provisions

Charity as Beneficiary: Thrivent may have the contractual right to prohibit annuitization elected by a charity at time of claim.

Final Services Funding: Thrivent may accept designations to name an entity which will provide for reimbursement to a state recovery program for services or for final services. An example of a state recovery program is Medicaid Estate Recovery. Examples of final services include, but are not limited to, funeral, mortuary, cemetery, cremation, and funeral trust. Any state recovery program or final services entity is permitted to receive only those proceeds necessary to reimburse for services received by the insured or pay the insured's final expenses. Verification of final expenses or reimbursement is required prior to payment of any claim. The balance of any proceeds shall be paid according to the beneficiaries you name. If there are no named beneficiaries, then the balance of any proceeds shall be paid to the insured's estate.

Irrevocable Beneficiary: To designate a primary or contingent beneficiary as irrevocable, indicate "irrevocable" in the beneficiary designation. After an irrevocable beneficiary is named any changes to the contract can only be made with the consent of the irrevocable beneficiary. These changes include beneficiary changes, loans, withdrawals, contract surrender,dividend option changes, and long-term care claim payments for Care Forward contracts

Minor Beneficiaries

When Naming a Custodian: You may wish to direct payment of proceeds to minor beneficiaries by naming a custodian. You may designate: a custodian who will control property until it is transferred to the beneficiary. These designations will be administered under the Uniform Transfers to Minors Act (or similar law) of the state where the minor resides unless another state is designated.

When Not Naming a Custodian: If any proceeds are payable to a person under age 18 at the time of claim and you did not designate a custodian, you are deemed to elect to use the state where the minor resides on the date of the insured's death to administer the property under the Uniform Transfers to Minors Act (or similar state law). Thrivent may pay, as custodian, any adult family member with whom the client resides.

Simultaneous Death

A beneficiary will be treated as having predeceased the insured if: 1) that beneficiary dies at the same time as the insured; or 2) within 15 days of the insured.

This provision shall not apply if the proceeds have already been paid to the beneficiary.

Your contract may contain a 15 day survival provision. If your contract contains this provision, that provision will control.

Group Designations

Thrivent strongly encourages individuals to be named, as this can clarify your intent with regards to beneficiary designations.

Thrivent will only approve the following Group Designations: 1) children; 2) sons; 3) daughters; 4) brothers; 5) sisters; 6) half-brothers; 7) half-sisters; 8) grandchildren; 9) great-grandchildren; 10) granddaughters; and 11) grandsons.

Unless you specify otherwise, group designations shall only include naturally born or legally adopted members of that group. For example, step-children who you have not legally adopted will not be included in a group designation of Children.

Per Stirpes

Per Stirpes is a stipulation directing that proceeds pass to the children of a beneficiary if that beneficiary pre-deceases the insured. If none survive the insured, proceeds will pass according to the instructions outlined in the Beneficiary Shares provision.

This stipulation may be added to any group or individual with approval from Thrivent. All provisions outlined under Group Designations will also apply to a Per Stirpes stipulation.

Signature - A signature is only required for new business applications in the state of New York.

By signing this form, I certify that I have read and agree to all the provisions on this form.

Signature of owner/controller and date signed

X _____

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Dollar Cost Averaging - Money Market Account

Thrivent ID	Contract number

Note: Refer to your prospectus for information about the subaccounts available and any required minimums for your contract.

Section 1 - Client Information

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

Section 2 - Dollar Cost Averaging Election

☐ Establish ☐ Change ☐ Stop

Transfer $ _____ from my Money Market Subaccount to the subaccount(s) indicated below.

Start date - _____ Select a payout date between 1-28. (If 29, 30, or 31 is chosen, 28 will be used.)

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Section 3 - Dollar Cost Averaging Allocation

Dollar Cost Averaging will occur as indicated below, subject to availability of subaccounts:

Subaccount Name	Percent	Subaccount Name	Amount
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$
	%		$

Section 4 - Disclosures and Signatures

Transfers will continue until the entire amount in the Thrivent Money Market Subaccount has been depleted, sufficient value does not exist to complete the next scheduled transfer or until you notify us to terminate the DCA program, whichever occurs first. If the amount in the Thrivent Money Market Subaccount has been depleted or there is insufficient value to complete the next scheduled transfer, the DCA program will be terminated. If you decide to subsequently allocate additional funds to the Thrivent Money Market Subaccount and desire transfers to begin again, a request must be submitted to us so that a new DCA program can be established.

If we receive this form in good order before your contract is issued and your selected start date is before the premium effective date of your contract, the start date shall be deemed to be the next modal date based on your selected start date. If we receive this form in good order after your contract is issued and after your selected start date, the start date shall be deemed to be the first business day (or Valuation Date for variable products) that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

Signature of owner/controller/assignee and date signed

X

Title (if applicable)

Signature of owner/controller/assignee and date signed

X

Title (if applicable)

Name and code number of representative

thrivent

Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001
thrivent.com • 800-847-4836

Dollar Cost Averaging - Fixed Account

Thrivent ID

Contract number

Refer to your prospectus for information about the subaccounts available and any required minimums for your contract.

Section 1 - Client Information

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

Section 2 - Dollar Cost Averaging (will occur as indicated below)

Subaccount Name	Percent	Subaccount Name	Percent
Aggressive Allocation	%	Global Stock	%
Moderately Aggressive Alloc	%	All Cap	%
Moderate Allocation	%	ESG Index	%
Moderately Conservative Alloc	%	Large Cap Growth	%
Partner Healthcare	%	Large Cap Value	%
Partner Emerging Markets Equity	%	Large Cap Index	%
Real Estate Securities	%	Low Volatility Equity	%
Small Cap Growth	%	Balanced Income Plus	%
Small Cap Stock	%	Multidimensional Income	%
Small Cap Index	%	High Yield	%
Mid Cap Growth	%	Diversified Income Plus	%
Mid Cap Value	%	Opportunity Income Plus	%
Mid Cap Stock	%	Income	%
Mid Cap Index	%	Government Bond	%
International Allocation	%	Limited Maturity Bond	%
International Index	%	Money Market	%

Section 3 - Signatures

Signature of owner/controller/assignee and date signed

X

Title (if applicable)

Signature of owner/controller/assignee and date signed

X

Title (if applicable)

Name and code number of representative

thrivent

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Automated Payment of a Thrivent Product

Thrivent ID	Contract/agreement/account number

Section 1 - General Information

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

Section 2 - Contract(s) to be Paid Information

The start date is not available when a new settlement option/immediate annuity is paying for premium or loan. The start date is determined at the time of issue of the settlement option/immediate annuity.

PUIO (Paid-Up Insurance Option)/APO (Additional Premium Option) payments will be paid when the premium is paid.

1. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable) | Contract/account number

☐ Premium - $ _____ ☐ Loan - $ _____ ☐ PUIO/APO - $ _____
Frequency - _____ Frequency - _____ Start date - _____

2. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable) | Contract/account number

☐ Premium - $ _____ ☐ Loan - $ _____ ☐ PUIO/APO - $ _____
Frequency - _____ Frequency - _____ Start date - _____

3. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable) | Contract/account number

☐ Premium - $ _____ ☐ Loan - $ _____ ☐ PUIO/APO - $ _____
Frequency - _____ Frequency - _____ Start date - _____

4. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable) | Contract/account number

☐ Premium - $ _____ ☐ Loan - $ _____ ☐ PUIO/APO - $ _____
Frequency - _____ Frequency - _____ Start date - _____

Section 3 - Notification for Federal and State Income Tax Withholding

For settlement option/immediate annuity withholding changes, the federal W-4P form and/or the Certification of Voluntary Withholding of State Income Tax from Pension and Annuity Payments (form 20017) must be used.

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 _____ %. If dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

State Tax Withholding:

☐ Do not withhold state income tax*

☐ Withhold the applicable state income tax amount of $ _____ or _____ %. If dollar amount or percentage is less than the state minimum, or if amount or 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.

*If your state requires withholding, we will withhold at your state's minimum rate unless you indicate a higher rate.

Section 4 - Additional Information

Section 5 - Employer Certification (complete for 403(b) automated withdrawals only)

By signing below, I certify that the participant/annuitant named on page 1 has had a distributable event (age 59 1/2, termination of employment, etc.) and is able to receive a distribution, in the form of a systematic withdrawal, in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. In the event the participant is no longer eligible to receive such systematic withdrawals, the employer will notify Thrivent in writing. In addition, I certify that I am an authorized representative of the employer.

Name of employer

Name of authorized representative of employer

Title of authorized representative of employer

Signature of authorized representative of employer and date signed

X

Section 6 - Agreements and Signatures

I authorize Thrivent to process the requested transaction and I certify I have received, read and agree to the Disclosures (pages 3-4 of this form) and any other disclosures contained in this form.

Signature of owner/controller/assignee/payor/authorized person/trustee and date signed

X

Title (if applicable)

Signature of owner/controller/assignee/payor/authorized person/trustee and date signed

X

Title (if applicable)

Name and code number of representative

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264

Disclosures

Section 3 - Notification for Federal and State Income Tax Withholding

You are liable for state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. Except where prohibited by state law, you can elect: 1) no withholding; 2) withholding at the minimum 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. You may change your withholding election for future distributions by contacting Thrivent. Check with your tax advisor to determine if withholding is necessary.

Mandatory Tax - Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

Roth Distributions - No tax withholding will be withheld from your Roth IRA.

Additional Disclosures

I fully acknowledge and understand that:

Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract(s) to become effective only if and when:

- Thrivent (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 (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.

Impact of withdrawal - The withdrawal from my annuity or mutual fund will occur approximately 10 days before the payment due date.

The payments to the recipient contract are withdrawals from my annuity, mutual fund or settlement option/immediate annuity contract. The withdrawals will automatically increase or decrease based upon changes to the amount billed for the recipient contract and will reduce and possibly deplete the value of my annuity or mutual fund contract. Subject to availability.

The withdrawals may result in reporting taxable gain to me even though the withdrawals will be applied to another Thrivent contract. I also understand that any withdrawal and reporting of any taxable gain cannot be reversed. This taxable gain will be subject to federal and state income tax withholding unless I have completed Notification for Federal and State Income Tax Withholding. Each withdrawal amount will be increased by the applicable withholding.

Annuity

- For variable or Multi-Year Guarantee products, the withdrawal will be made proportionately from all subaccounts or allocation periods. Specific subaccounts or allocation periods cannot be selected for the distribution.
- Fixed Indexed Annuity surrenders are withdrawn from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient. Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.
- Withdrawal charges may apply.
- A market value adjustment (MVA) may apply to distributions from a Fixed Period Allocation.
- If I am under age 59 1/2, a 10% premature distribution tax penalty may apply.

Impact of withdrawal on Guaranteed Living Withdrawal Benefit (GLWB) rider - I understand that if the GLWB rider is present and a withdrawal request results in a GLWB Excess Surrender as defined by the GLWB rider contract, all GLWB guaranteed values will be reduced. The Benefit Base and Survivor Benefit, if any, will be reduced by at least the amount of the Excess Surrender or in the same proportion the Account Value is reduced. The Guaranteed Withdrawal Amount for the next contract year will be reduced in the same proportion as the Benefit Base.

Settlement Option/Immediate Annuity - Cancellation of other Thrivent products will not negate the settlement option/immediate annuity agreement.

Notice to Qualified Plan Trustee(s) - Trustee(s) of Qualified Retirement Plans (such as Money Purchase Plans, Profit Sharing Plans, 401(k) Plans, Defined Benefit Plans, etc.) or 457(b) Plans must provide the Qualified Joint and Survivor Annuity Notice, when applicable, to plan participants. Your Thrivent representative will provide you with the required participant-specific benefit illustration to accompany the Qualified Joint and Survivor Annuity Notice. If a form of benefit other than the Qualified Joint and Survivor Annuity is elected, spousal consent must be obtained. Trustee(s) are also required to provide participants with a Distribution Disclosure Notice.

If you do not have the above referenced notices, Thrivent has generic notices for your use. These notices should be reviewed by your tax advisor to verify suitability for your plan. You are responsible for providing the applicable notices and obtaining any required signatures. Thrivent does not require a copy of these notices be sent to our office.

Generic notices available:

- Qualified Joint and Survivor Annuity Notice (form 15081)
- Spousal Consent (form 9336)
- 403(b) and Qualified Plan Distribution Disclosure (form 9972)

403(b) or Tax Sheltered Annuity Distribution Acknowledgement - I acknowledge that if the distribution from the above 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% 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 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.

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Transfer/Direct Rollover/ Conversion Request

Thrivent ID

Section 1 - General Information

Name of participant/IRA owner			Social Security number
Name of fund			Current account/contract number
Name of current custodian/financial institution			
Address of current custodian/financial institution	City		
	State	ZIP code	Phone

Section 2 - Transaction Information

Transaction requested (select one):

☐ Transfer ☐ Direct Rollover ☐ Conversion ☐ Spousal Rollover Due to Death

From	To	Plan Type
		Roth IRA - if coming from a Roth IRA, furnish original Roth IRA start date - _____
		Traditional IRA
		SEP
		SIMPLE IRA - if coming from SIMPLE IRA, furnish original SIMPLE IRA start date - _____
		SARSEP
		Qualified Retirement Plan (e.g. pension, 401(k), profit sharing) if the plan accepts rollovers
		Roth 401(k) - furnish original Roth 401(k) start date - _____
		Governmental 457 Plan

Section 3 - Required Minimum Distribution (RMD) Information

☐ **Transfer -** I have or will be taking this contract or fund/account's current year RMD from another source or I will complete a separate RMD request form to take future RMD payments from the contract or fund/account these funds are moving to. If the funds are being placed into a Qualifying Longevity Annuity Contract (QLAC), the current year RMD cannot be taken from the QLAC after the transfer. In that case, I have taken the current year RMD from this contract/account before the transfer or, if the funds are coming from an IRA/403(b), I have/will be taking the current year RMD from another IRA/403(b).

☐ **Rollover/Conversion -** I have taken this contract or fund/account's current year RMD from this contract or fund/account or from another source. For a spousal rollover, I have taken the decedent's RMD and my RMD, if applicable, for year(s) after the year of death.

☐ **Distribute my RMD** to me before completing my request (including decedent's RMD for a spousal rollover). My RMD amount (including decedent's RMD for a spousal rollover) for this contract or fund/account is $ _____. Complete the Notification for Federal and State Income Tax Withholding in Section 7.

Prior year end value of current contract or fund/account (include Actuarial Present Value (APV), if applicable)
$ _____

Section 4 - Distribution Information (for distributing company)

Transfers - If no box in Section 3 is checked, RMD will not be distributed prior to the transfer taking place. Any current year RMD amounts to be distributed must be requested by the client.

Rollovers/Conversions - RMD **must be** distributed prior to the rollover/conversion taking place. If no box is selected, the RMD will be distributed prior to the processing of the rollover/conversion.

Triggering Event Information - Required if Direct Rollover from Qualified Retirement Plan or Governmental 457 Plan.

Name of employer-sponsored plan

Triggering event	Date of event

Distribution Instructions to Plan Administrator/Trustee

Redeem/Liquidate: ☐ entire value ☐ partial value - $ _____ or ____ %

Total estimated value - $ _____

Redeem/Liquidate: ☐ immediately ☐ at maturity date - _____

This is authorization to redeem the above contract or fund/account. To ensure proper credit send a copy of this form with the check to the address indicated below. Reference the account owner's name and contract number on the check. Only cash or cash equivalents can be accepted. Shares of stocks and bonds must be liquidated prior to transfer. **If requesting a distribution from Thrivent Brokerage, the positions in the brokerage account must be liquidated prior to request of the transfer.** A request to redeem for the entire value will result in closure of the brokerage account.

Make check payable to:

Thrivent
PO Box 8075
Appleton, WI 54912-8075

Federal Wire
JP Morgan Chase Bank, N.A.
111 E. Wisconsin Ave.
Milwaukee, WI 53201

Routing/ABA # 021000021
Account # 822799516

Additional Instructions for federal wire:
The financial institution sending the bank wire will need to indicate: "For deposit into Thrivent variable annuity deposit account." If there is a contract number already assigned, that should also be indicated. If there is not yet a contract number, the financial institution should indicate "For deposit into a new variable annuity deposit account."

Section 5 - Intended Destination of Dollars

Product Type (FA, VA, DIA, SPIA)	Contract Number	Amount or Percent (percentage total must equal 100)	Change Allocation*
		$ or %	☐
		$ or %	☐
		$ or %	☐
		$ or %	☐
		$ or %	☐
		$ or %	☐

Section 6 - Additional Information

Section 7 - Notification for Federal and State Income Tax Withholding

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 _____ %. If dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

State Tax Withholding:

☐ Do not withhold state income tax*

☐ Withhold the applicable state income tax amount of $ _____ or _____ %. If dollar amount or percentage is less than the state minimum, or if amount or 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.

*If your state requires withholding, we will withhold at your state's minimum rate unless you indicate a higher rate.

Any tax withholding will be subtracted from the taxable amount (gross).

Section 8 - Agreements and Signatures

Select all that apply:

☐ A signature guarantee is required by the current custodian/financial institution. Obtain a signature guarantee or complete the Representative Attestation (form 26731) to have the Operations Center affix a Medallion signature guarantee.

☐ Client knows or strongly suspects that an ink original signature is required by the current custodian/financial institution. Print this form and complete the signature section.

☐ Yes ☐ No Has the original been sent to this custodian/financial institution?

☐ Client will provide company specific paperwork, in place of this transfer/direct rollover/conversion request form, to the current custodian/financial institution.

☐ Yes ☐ No Has the company specific paperwork been sent to this custodian/financial institution?

Authorization to Release Information

I authorize Thrivent to request information by telephone or in writing regarding the status of this transaction or receive information necessary to ensure proper tax reporting. This authorization will expire and be considered invalid 30 days following the date the account/contract is terminated but not to exceed one (1) year from the date signed. I understand I have the right to receive a copy of this authorization and revoke this authorization at any time by submitting a written request to Thrivent.

I irrevocably designate the funds distributed to be applied as indicated (direct rollover/transfer/conversion).

I authorize Thrivent to process the requested transaction and I certify I have received, read, and agree to the Disclosures (pages 5-6 of this form) and any other disclosures contained in this form.

Signature of participant/owner/plan trustee	Date signed
X	

Signature of participant/owner/plan trustee	Date signed
X	

Acceptance of Rollover/Transfer/Conversion by Thrivent: Authorized signature of corporate employee	Medallion Signature Guarantee Seal or Notary Seal

Name and code number of representative

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264

Disclosures

Section 2 - Transaction Information

Transfer - This transaction is not taxable. It will not be reported to the IRS. This is the only option allowed when moving money from a Thrivent Brokerage Account using this form.

Direct Rollover - This transaction is not taxable, but will be reported to the IRS. Current plan administrator paperwork may be required. Contact the former employer or the plan administrator for their required forms. A triggering event must occur to do a rollover from a qualified retirement plan or governmental 457 plan. RMD must be distributed prior to the rollover taking place. If completing a direct rollover from Thrivent Brokerage, contact Securities Brokerage Services for the appropriate form and further instructions.

Conversion (including qualified rollover contributions) - This transaction will be taxable. Complete tax withholding election in Section 7. It will be reported to the IRS. A SIMPLE IRA cannot be converted within two years of your initial SIMPLE IRA contribution. RMD must be distributed prior to the conversion taking place. You must complete the withholding election in Section 7. Conversions are not allowed between Thrivent Brokerage and other Thrivent products. The conversion must take place between two Thrivent Brokerage accounts before being transferred to another Thrivent product.

Cost basis - After-tax money in a traditional IRA cannot be rolled over to a qualified retirement plan, unless the plan permits. You, as IRA owner, are responsible for determining if there is cost basis in your traditional IRA and assuring that cost basis is not rolled over, if the plan does not accept cost basis. Cost basis information should be verified with your tax advisor. Thrivent is not responsible for the accuracy of this information or the tracking of cost basis.

Section 3 - Required Minimum Distribution (RMD) Information

RMD for Qualified Retirement Plans, 403(b)s and IRAs cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from IRA, etc.). RMD must be taken prior to sending the funds to Thrivent.

The calculation of your required minimum distribution is based on many factors, including the prior December 31 account balance. The calculation is accurate only to the extent the prior December 31 account balance that was provided to us is accurate. We will not be responsible for an inaccurate calculation that results from providing us with inaccurate account balance information.

Section 5 - Intended Destination of Dollars

***Variable Annuity Deposit Notice -** The funds requested on this form will be applied based on the most recent premium allocation instructions on record at Thrivent, unless the change allocation box is checked and an Allocation Change/ Remittance Request (form 28831) is submitted.

***Fixed Annuity Deposit Notice -** If funds requested on this form are going into a Multi-Year Guarantee product, the premiums will be allocated according to the allocation instructions on record at Thrivent, unless the change allocation box is checked and an Allocation Change/Remittance Request (form 28831) is submitted.

Section 7 - 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.

Disclosures of Distribution Request

For internal product-to-product transfers, rollovers, or conversions only - Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract or fund/account(s) to become effective only if and when:

- Thrivent (including its subsidiaries and affiliates) has approved the 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 (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.

Fixed Indexed Annuity surrenders are withdrawn from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient. Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.

Variable or Multi-Year Guarantee product distributions will be taken proportionately from all subaccounts or allocation periods containing a value unless specified otherwise.

Any surrender charges will be subtracted from the amount requested unless you specify otherwise.

Notice to Qualified Plan Trustee(s) - Trustee(s) of Qualified Retirement Plans (such as Money Purchase Plans, Profit Sharing Plans, 401(k) Plans, Defined Benefit Plans, etc.) or 457(b) Plans must provide the Qualified Joint and Survivor Annuity Notice, when applicable, to plan participants. Your Thrivent representative will provide you with the required participant-specific benefit illustration to accompany the Qualified Joint and Survivor Annuity Notice. If a form of benefit other than the Qualified Joint and Survivor Annuity is elected, spousal consent must be obtained. Trustee(s) are also required to provide participants with a Distribution Disclosure Notice.

If you do not have the above referenced notices, Thrivent has generic notices for your use. These notices should be reviewed by your tax advisor to verify suitability for your plan. You are responsible for providing the applicable notices and obtaining any required signatures. Thrivent does not require a copy of these notices be sent to our office.

Generic Notices Available
- Qualified Joint and Survivor Annuity Notice (form 15081)
- Spousal Consent (form 9336)
- 403(b) and Qualified Plan Distribution Disclosure (form 9972)

Annuities - When a qualified plan is requesting a rollover to the plan participant's IRA within the same contract, the trustee(s) hereby transfer all rights, title, and interest in the contract to the participant listed in Section 1.

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Nonqualified Transfer Request

Thrivent ID

Section 1 - General Information

Name of owner of financial services company account			Social Security number
Name of joint owner of financial services company account, if applicable			Social Security number
Current account/contract number	Name of fund		
Name of financial services company			
Address of financial services company	City		
	State	ZIP code	Phone

Section 2 - Distribution Instructions to Current Financial Services Company

Total estimated value - $ _____

Redeem: entire value partial value - $ _____ or _____ %

Redeem: immediately at maturity date - _____

This is authorization to redeem the above account/contract number. To ensure proper credit, send a copy of this form with the check to the address indicated below. Reference the account owner's name and account/contract number on the check. If the funds are being split and any portion of the funds is for Thrivent Financial for Lutherans, check Thrivent, Annuities.

Annuities - Make check payable to:
Thrivent
PO Box 8060
Appleton WI 54912-8060

Thrivent Mutual Funds - Make check payable to:
Thrivent Mutual Funds
PO Box 219348
Kansas City MO 64121-9348

Section 3 - Intended Destination of Dollars

Product Type (FA, VA, DIA, SPIA, MF)	Account or Contract Number	Mutual Fund Name/Share Class (not used for annuity)	Amount or Percent (percentage total must equal 100)	Change Allocation*
			$ **or** %	
			$ **or** %	
			$ **or** %	
			$ **or** %	
			$ **or** %	
			$ **or** %	

Select all that apply:

☐ A signature guarantee is required by the current custodian/financial institution. Obtain a signature guarantee or complete the Representative Attestation (form 26731) to have the Operations Center affix a Medallion signature guarantee.

☐ Client knows or strongly suspects that an ink original signature is required by the current custodian/financial institution. Print this form and complete the signature section.

☐ Yes ☐ No Has the original been sent to this custodian/financial institution?

☐ Client will provide company specific paperwork, in place of this nonqualified transfer request form, to the current custodian/financial institution.

☐ Yes ☐ No Has the company specific paperwork been sent to this custodian/financial institution?

Authorization to Release Information

I authorize Thrivent to request information by telephone or in writing regarding the status of this transaction or receive information necessary to ensure proper tax reporting. This authorization will expire and be considered invalid 30 days following the date the account/contract is terminated but not to exceed one (1) year from the date signed. I understand I have the right to receive a copy of this authorization and revoke this authorization at any time by submitting a written request to Thrivent.

Additional information

Section 4 - Agreements and Signatures

I understand and assume any penalties that may be incurred as a result of early withdrawal of my Certificate of Deposit.

I authorize Thrivent to process the requested transaction and I certify I have received, read, and agree to the Disclosures (page 3 of this form).

Signature of owner and date signed

X

Signature of joint owner and date signed

X

Authorized signature of acceptance by Thrivent Financial for Lutherans and date signed

X

Authorized signature of acceptance by Thrivent Financial for Lutherans	Medallion Signature Guarantee Seal or Notary Seal

Name and code number of representative

Disclosures

Section 3 - Intended Destination of Dollars

***Variable Annuity Deposit Notice -** The funds requested on this form will be applied based on the most recent premium allocation instructions on record at Thrivent, unless the change allocation box is checked and an Allocation Change/ Remittance Request (form 28831) is submitted.

***Fixed Annuity Deposit Notice** - If funds requested on this form are going into a Multi-Year Guarantee product, the premiums will be allocated according to the allocation instructions on record at Thrivent, unless the change allocation box is checked and an Allocation Change/Remittance Request (form 28831) is submitted.

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 (including its subsidiaries and affiliates) has approved the 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 (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.

Cost Basis Method Applied to 1099-B Reportable Thrivent Mutual Fund Account(s)
If an account/contract is funded with dollars from a 1099-B reportable Thrivent Mutual Fund account, the cost basis method on the Thrivent Mutual Fund account will be applied to the redemption. You cannot change the cost basis method used after the redemption has been processed.

If you are not using the average cost method on the account to track cost basis and you want to override the cost basis method on this transaction, indicate the method to be used in the Additional information area.

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Assignment and Agreement for 1035 Exchange

Thrivent ID

Section 1 - General Information

Name of insured/annuitant

Name of insured/annuitant

Name of owner	Social Security number
Name of additional owner	Social Security number

Section 2 - Contract(s) to be Exchanged

Full company name			Company phone
Company service address		City	
		State	ZIP code
Contract number	Contract issue date	Type of contract	

From ("Exchanged Contract(s)")	Select One	To ("New Contract" or "Existing Contract")	Type of Exchange	Exchange Frequency
Life Insurance	☐	**New** Life Insurance	Full	
	☐	**New** Nonqualified Annuity	Full	
	☐	**Existing** Nonqualified Annuity Contract number -	Full	
	☐	**Existing** Long-Term Care Insurance Contract number -	Full	
	☐	**New** Long-Term Care Insurance	Full	

From ("Exchanged Contract(s)")	Select One	To ("New Contract" or "Existing Contract")	Type of Exchange	Exchange Frequency
Nonqualified Annuity	☐	**New** Nonqualified Annuity	☐ Partial $ _____ or ___ % ☐ Full	
	☐	**Existing** Nonqualified Annuity Contract number - _____	☐ Partial $ _____ or ___ % ☐ Full	
	☐	**Existing** Long-Term Care Insurance Contract number - _____	☐ Partial $ _____ or ___ % ☐ Full	☐ One Time Exchange ☐ Recurring Exchanges *(Only available for internal exchanges on an annual frequency)*
	☐	**New** Long-Term Care Insurance	☐ Partial $ _____ or ___ % ☐ Full	☐ One Time Exchange ☐ Recurring Exchanges *(Only available for internal exchanges on an annual frequency)*

Section 3 - Agreements

I, the undersigned owner(s), hereby agree to exchange the above-designated contract(s), (hereinafter "**Exchanged Contract(s)**") to Thrivent pursuant to Section 1035 of the Internal Revenue Code. In consideration of Thrivent assisting me with the exchange:

1. I hereby assign my rights, title, and interest (as indicated above) in the **Exchanged Contract(s)** to Thrivent, including the right to receive its cash surrender value. If requested by Thrivent, I agree to execute a separate assignment form that shall be acceptable to the company that issued the **Exchanged Contract(s)** so that said company will recognize that Thrivent is an owner of the contract(s), or any portion thereof.
2. I understand and agree that Thrivent is not obligated to and will not make any premium payments on the **Exchanged Contract(s)** and I will not hold Thrivent liable if the contract(s) lapse(s) for nonpayment of premiums or any loan balance.
3. I warrant that no other individual, firm, or trustee has any interest in the **Exchanged Contract(s)** and that I have the sole right to surrender **Exchanged Contract(s)** and receive the cash surrender value.
4. I represent and agree that Thrivent is furnishing this assignment form and is participating in this transaction at my request and as an accommodation to me. I represent and agree that Thrivent makes no representations concerning my tax treatment under Section 1035 of the Internal Revenue Code or otherwise. I agree that Thrivent is not responsible or liable for my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.
5. Thrivent agrees to apply all proceeds received from the **Exchanged Contract** as I have requested to the **"New Contract"** for which I have applied, if issued, or to a Thrivent contract I already own **("Existing Contract")** subject to the terms of paragraph (6) of this Agreement. Thrivent agrees that the **New Contract** or **Existing Contract** shall be credited with the cash surrender value received from the **Exchanged Contract(s)**.
6. My obligations and the obligations of Thrivent described in paragraphs (1) and (5) of this agreement are contingent upon Thrivent's approval of the issuance of the **New Contract** or my request to apply a premium to my **Existing Contract**. If Thrivent does not approve the issuance of the **New Contract** or approve my request to apply premium to my **Existing Contract**, my assignment of the **Exchanged Contract** pursuant to paragraph (1) shall be void.
7. Thrivent and I may agree to modify the **New Contract** or my premium request before either is approved by Thrivent. The modification of the **New Contract** or my premium request, by mutual agreement, shall not change the obligations of me or Thrivent under this agreement. If, by the agreement of the parties the **New Contract** or my premium request is modified, the modified contract or request shall become subject to this agreement.
8. I understand the assignment and surrender I am requesting as part of this exchange cannot be reversed once it is processed. I understand that I have no right to the return of the **Exchanged Contract(s)** once such contract(s) have been surrendered - my rights shall be limited to the return of the net surrender value in the **New Contract** under the Right to Cancel provision or the net surrender value in the **Existing Contract** under a surrender/termination provision. Consequently, I also understand that any taxable gain resulting from this exchange cannot be reversed once the distribution is processed even if I request a return of my net surrender value.

9. I agree to destroy my **Exchanged Contract(s)** if this request is for a full 1035 exchange.
10. **Partial Exchanges to Annuities Only** - I fully acknowledge and understand that if I take a distribution from either contract (new or existing) within 180 days after the exchange, the IRS may treat this exchange as a way to avoid tax and I may be assessed with additional taxes, penalties and interest. I understand that Thrivent is unable to predict what regulations or tax requirements, if any, will be issued regarding partial exchanges and the effect those regulations or requirements will have on any contracts involved in a partial exchange.
11. **Exchanges to Long-Term Care Insurance Only** - It is currently unclear what, if any, tax impact the exchange may have on the benefit payments from the long-term care insurance contract. I fully acknowledge and understand that Thrivent is unable to predict what regulations or tax requirements, if any, will be issued regarding exchanges to long-term care insurance and the effect those regulations or requirements will have on any contract involved in the exchange.
12. **For Recurring 1035 Exchange Requests to Long-Term Care Insurance:** I understand that subsequent exchange amounts may vary based on amounts billed for my Long-Term Care Insurance contract and that exchanges will reduce and possibly deplete the value of the Exchanged Contract. I authorize adjustment of the requested 1035 Exchange amount to reflect the premium necessary in subsequent exchanges. Thrivent agrees to provide notice of the necessary 1035 Exchange amount taken each year. For recurring requests, Variable and Multi-Year Guarantee Annuity amounts will be distributed proportionately from each investment option/allocation. For Fixed Indexed Annuities, amounts will be distributed from the Fixed Account first and will only be taken from the Indexed Account when the value in the Fixed Account is insufficient. Amounts removed from the Indexed Account will not receive any interest. Requests are intended for exchanges between Thrivent products. Requests for 1035 Exchanges from external companies may require the completion of annual paperwork.
13. **For ad hoc 1035 Exchange Requests:** You may ask us to distribute the amount from specific investment options/ allocations. If you do not, Variable and Multi-Year Guarantee Annuity amounts will be distributed proportionately from each investment option/allocation. For Fixed Indexed Annuities, amounts will be distributed from the Fixed Account first and will only be taken from the Indexed Account when the value in the Fixed Account is insufficient. Amounts removed from the Indexed Account will not receive any interest.
14. **Exchanged Contract Surrender Charges may apply**
15. **A market value adjustment (MVA)** may apply to exchange amounts from Exchanged Contract with a Fixed Period Allocation.
16. **Impact for an Annuity with Long-Term Care Insurance** - I understand that if a long-term care insurance benefit or rider is present on the contract being exchanged, an exchange request to another annuity will result in termination of my LTC insurance benefits.

I fully acknowledge and understand that by exchanging the contract requested, the following may result:

Taxable Gain - An amount of approximately $ _____ will be reported to the IRS as being taxable in the year the exchange is processed (if nothing will be taxable, enter zero). In certain situations, the tax gain will be greater than estimated above due to previous withdrawals processed.

Penalty Tax - If the exchange results in a taxable distribution, an IRS penalty tax may apply to the taxable portion of the distribution if I am under age 59 1/2 and no other exception applies.

Surrender Charges - A surrender charge of $ _____ will be levied (if no surrender charges, enter zero).

Section 4 - Signatures

Signature of owner/trustee/authorized signer and date signed

X _____

Title (if applicable)

Signature of owner/trustee/authorized signer and date signed

X _____

Title (if applicable)

Signature of representative/witness and date signed

X _____

As used in this form "Thrivent" refers to Thrivent Financial for Lutherans and its subsidiaries without limitation.

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403(b) Transfer/Exchange/ Rollover/Conversion Request

Thrivent ID

Section 1 - General Information

Name of participant	Social Security number

Section 2 - 403(b) Money Movement Information

Current account/contract number	Name of fund

Name of current custodian/financial institution

Address of current custodian/financial institution	City		
	State	ZIP code	Phone

Type of money movement:

If funds include both contribution types, the investment will be applied as employee unless indicated otherwise in Section 7 - Additional Information. See disclosure for assets moving into a 403(b) plan.

☐ **Transfer** - 403(b) to 403(b) with change to employer Contribution type: ☐ Employee ☐ Employer ☐ Both

☐ **Exchange** - 403(b) to 403(b) with **no** change to employer Contribution type: ☐ Employee ☐ Employer ☐ Both

☐ **Rollover** - money movement involving 403(b)

- ☐ from 403(b) to Traditional IRA
- ☐ from 403(b) to SEP IRA
- ☐ from 403(b) to SIMPLE IRA
- ☐ from 403(b) to Roth IRA (This is a taxable rollover.)
- ☐ from Roth 403(b) to Roth IRA
- ☐ from Traditional IRA to 403(b)
- ☐ from Governmental 457 Plan to 403(b)
- ☐ from Qualified Retirement Plan (e.g. pension, Profit Sharing, 401K) to 403(b)
- ☐ from SEP/SARSEP IRA to 403(b)
- ☐ from SIMPLE IRA to 403(b) - original SIMPLE IRA start date - _____

☐ **Spousal Rollover Due to Death**

Section 3 - Required Minimum Distribution (RMD) Information (RMD must be distributed prior to Rollover)

☐ **Do not distribute my RMD** to me. I have or will be taking this contract or fund/account's current year RMD from another source or I have elected the delayed retirement provision plan option.

☐ **Distribute my RMD** to me before completing my request (including decedent's RMD for a spousal rollover). My RMD amount (including decedent's RMD for a spousal rollover) for this contract or fund/account is $ _____. Complete the Notification of Federal and State Income Tax Withholding Section 8.

Prior year end value of current contract or fund/account (include Actuarial Present Value (APV), if applicable)

$ _____

Section 4 - Distribution Information (for distributing company)

Transfers and Exchanges - If no box is selected, do not distribute RMD prior to transfer/exchange taking place. Any current year RMD amounts to be distributed must be requested by the client.

Rollovers/Conversions - RMD **must be** distributed prior to the rollover/conversion taking place. If no box is selected for Thrivent Annuities, the RMD will be distributed prior to the processing of the rollover/conversion.

Distribution Instructions to Plan Administrator/Trustee(s)

Redeem/Liquidate: ☐ entire value ☐ partial value - $ _____ or ____ %
Total estimated value - $ _____

Redeem/Liquidate: ☐ immediately ☐ at maturity date _____

Amount of cost basis $ _____

At this time, Thrivent is unable to accept after tax amounts (cost basis) into a mutual fund 403(b) account.

This is authorization to redeem the above contract or fund/account. To ensure proper credit send a copy of this form with the check to the address indicated below. Reference the account owner's name and contract or fund/account number on the check. Only cash or cash equivalents can be accepted. Shares of stocks and bonds must be liquidated prior to transfer. **If requesting a distribution from Thrivent Brokerage, the positions in the brokerage account must be liquidated prior to request of the transfer.** A request to redeem for the entire value will result in closure of the brokerage account.

Make check payable to:

Thrivent
PO Box 8060
Appleton, WI 54912-8060

Federal Wire

JP Morgan Chase Bank, N.A.
111 E. Wisconsin Ave.
Milwaukee, WI 53201

Routing/ABA # 021000021
Account # 822799516

Additional Instructions for federal wire:
The financial institution sending the bank wire will need to indicate: "For deposit into Thrivent variable annuity deposit account." If there is a contract number already assigned, that should also be indicated. If there is not yet a contract number, the financial institution should indicate "For deposit into a new variable annuity deposit account."

Section 5 - Employer Signature(s)

From:

Name of employer sponsoring the plan if **coming from** a 403(b)	Employer Thrivent ID

By signing below I certify that I am an authorized representative of the employer and I acknowledge that I understand the participant is requesting a movement of their 403(b) assets from the current custodian/financial institution to Thrivent and verify that the participant is entitled to receive a distribution under the terms of the 403(b) plan. In addition, any Required Minimum Distribution (RMD) amount indicated in Section 3 complies with the terms of the plan.

Signature of authorized representative of the employer	Date signed
X	

To:

Name of employer sponsoring the plan if **going to** a 403(b)	Employer Thrivent ID

By signing below I certify that I am an authorized representative of the employer and I acknowledge that I understand the participant is requesting a movement of their assets from the current custodian/financial institution to Thrivent and the plan accepts this sort of money movement.

Signature of authorized representative of the employer	Date signed
X	

Section 6 - Allocation of Dollars

Product Type (FA, VA, DIA, SPIA)	Contract Number	Amount or Percent (percentage total must equal 100)	Change Allocation
		$ or %	☐
		$ or %	☐
		$ or %	☐
		$ or %	☐
		$ or %	☐
		$ or %	☐

Section 7 - Additional Information

Section 8 - Notification for Federal and State Income Tax Withholding (for Conversions, Qualified Rollover Contributions, or Required Minimum Distributions only)

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 _____ %. If dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

State Tax Withholding:

☐ Do not withhold state income tax*

☐ Withhold the applicable state income tax amount of $ _____ or _____ %. If dollar amount or percentage is less than the state minimum, or if amount or 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, 6.99% 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 will be subtracted from the taxable amount (gross).

Section 9 - Agreements and Signatures

I authorize Thrivent to process the requested transaction and I certify I have received, read, and agree to the Disclosures (pages 5-6 of this form) and any other disclosures contained in this form.

Select all that apply:

☐ A signature guarantee is required by the current custodian/financial institution. Obtain a signature guarantee or complete the Representative Attestation (form 26731) to have the Operations Center affix a Medallion signature guarantee.

☐ Client knows or strongly suspects that an ink original signature is required by the current custodian/financial institution. Print this form and complete the signature section.

☐ Yes ☐ No Has the original been sent to this custodian/financial institution?

☐ Client will provide company specific paperwork, in place of this transfer/exchange/rollover/conversion request form, to the current custodian/financial institution.

☐ Yes ☐ No Has the company specific paperwork been sent to this custodian/financial institution?

Authorization to Release Information

I authorize Thrivent to request information by telephone or in writing regarding the status of this transaction or receive information necessary to ensure proper tax reporting. This authorization will expire and be considered invalid 30 days following the date the account/contract is terminated but not to exceed one (1) year from the date signed. I understand I have the right to receive a copy of this authorization and revoke this authorization at any time by submitting a written request to Thrivent.

I irrevocably designate the funds distributed to be applied as indicated (direct rollover/transfer/conversion).

Signature of client	Date signed
X	

Acceptance of Rollover/Transfer/Conversion by Thrivent: Authorized signature of corporate employee	Medallion Signature Guarantee Seal or Notary Seal

Name and code number of representative

Mail completed form to:
Thrivent
PO Box 8060
Appleton, WI 54912-8060

Fax:
800-225-2264

Disclosures

Section 3 - Required Minimum Distribution (RMD) Information

RMD for Qualified Retirement Plans, 403(b)s and IRAs cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from IRA, etc.). RMD must be taken prior to sending the funds to Thrivent.

The calculation of your required minimum distribution is based on many factors, including the prior December 31 account balance. The calculation is accurate only to the extent the prior December 31 account balance that was provided to us is accurate. We will not be responsible for an inaccurate calculation that results from providing us with inaccurate account balance information.

Section 6 - Allocation of Dollars

Change Allocation - The funds requested on this form will be applied based on the most recent premium allocation instructions on record at Thrivent, unless the change allocation box is checked and an Allocation Change/Remittance Request (form 28831) is submitted.

Section 8 - 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.

Conversions (includes qualified rollover contributions) - A conversion from a 403(b) to a Roth IRA is a reportable and taxable event. RMD must be distributed prior to the conversion taking place. Conversions are not allowed between Thrivent Brokerage and other Thrivent products. The conversion must take place between two Thrivent Brokerage accounts before being transferred to another Thrivent product.

Additional Disclosures

Cost basis should be verified with your tax advisor - Thrivent is not responsible for the accuracy of any cost basis information.

Assets moving into a 403(b) plan - Thrivent requires a Service Provider Agreement or an Information Sharing Agreement, signed by the employer who sponsors the plan **receiving** the money at Thrivent prior to requesting funds. Employee and employer contributions moving to Thrivent will be placed into an employee account unless you set up both employee and employer accounts and the sending company provides a break-out of the assets. Funds rolled over into a 403 (b) will be placed in a separate rollover contract or fund/account, which may require a new application.

For internal product-to-product transfers, rollovers, or conversions only - Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract or fund/account(s) to become effective only if and when:

- Thrivent (including its subsidiaries and affiliates) has approved the application of the amount(s) requested to the receiving contract or fund/account(s), as described above, or, if not, as I subsequently agree to accept; and
- With respect to any receiving contract or fund/account(s) that I have applied for, as described above, Thrivent (including its subsidiaries and affiliates) has approved the issuance of the receiving contract or fund/account(s), as applied for or, if not, as I subsequently agree to accept.

403(b) Distribution Acknowledgement (for internal transactions) - 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 the 30 day waiting period and request Thrivent and/or Thrivent Investment Management Inc. 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.

For internal products:

- Variable or Multi-Year Guarantee product distributions will be taken proportionately from all subaccounts or allocation periods containing a value unless specified otherwise.
- Fixed Indexed Annuity surrenders are withdrawn from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient. Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.
- Any surrender changes will be subtracted from the amount requested unless you specify otherwise.

Minimum Investment Requirements - If the balance of your account falls below the minimum investment requirement, the account may be subject to an annual small account fee or closed out. See the prospectus for details.

Beneficiary Designation - You may change your beneficiary on IRA accounts at any time by written notice to the custodian. If more than one beneficiary designation is delivered to the custodian, the designation with the latest date will be honored. If no beneficiary is designated for your account, then your surviving spouse, or if not married, your estate, will be your beneficiary. State community property law may affect your designation of a beneficiary. If you have legal questions, consult your attorney.

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Recharacterization Election

Thrivent ID	Current account/contract number

Section 1 - General Information

Name of IRA owner

Section 2 - Recharacterization Instructions

☐ Recharacterize entire Roth IRA or Traditional IRA balance. This option is available for accounts/contracts containing **only** funds that were contributed or converted during the tax year relating to this recharacterization.

☐ Recharacterize only a portion of Roth IRA or Traditional IRA balance.

Tax Year	Contribution Amount	Date(s) of Contribution/Conversion
	$	
	$	
	$	
	$	
	$	
	$	

☐ Yes ☐ No Should automatic investment plan for contribution be discontinued?

Section 3 - Intended Destination of Dollars

Product Type (FA, VA)	Contract Number	Percent (total must equal 100%)	Change Allocation*
		%	☐
		%	☐
		%	☐
		%	☐
		%	☐
		%	☐

***Variable Annuity Deposit Notice -** The funds requested on this form will be applied based on the most recent premium allocation instructions on record at Thrivent, unless the change allocation box is checked and an Allocation Change/ Remittance Request (form 28831) is submitted.

***Fixed Annuity Deposit Notice -** If funds requested on this form are going into a Multi-Year Guarantee product, the premiums will be allocated according to the allocation instructions on record at Thrivent, unless the change allocation box is checked and an Allocation Change/Remittance Request (form 28831) is submitted.

Section 4 - Agreements and Signature

- When you choose to recharacterize a conversion or contribution, the net gain or loss attributable to the amount being recharacterized must be transferred along with the recharacterized amount.
- Thrivent Financial for Lutherans will report this recharacterization as specified by the Internal Revenue Service (IRS). In addition, you will have some personal income tax reporting as specified by the IRS because of the recharacterization.
- The IRS has placed restrictions on Roth IRA recharacterizations. Special rules apply if you exceed these recharacterization limits. Please contact your tax advisor before performing a recharacterization.

By choosing to recharacterize, I understand that this election cannot be revoked after the transfer is made. I also understand that if I recharacterize, the funds will be applied to a new contract (unless I have an existing contract to which the funds can be applied). If the funds are placed into a new contract, withdrawal charges on the new contract may start over.

Signature of IRA owner	Date signed
X	

Name and code number of representative

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264

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Excess Removal from Traditional IRA/ Roth IRA/SEP IRA/SARSEP IRA

Thrivent ID

Do not use this form for a Recharacterization Election.

Section 1 - General Information

☐ Fixed Deferred Annuity ☐ Variable Deferred Annuity

Name of owner (print first, middle, and last name)

Contract number(s)	Phone

Excess created from: ☐ Contribution ☐ Rollover ☐ Transfer

Rollover assets from another company (excess contribution was made prior to rolling to Thrivent) - The growth or loss incurred (at the originating financial institution) prior to the rollover of the excess contribution must be provided prior to the requested removal of the excess contribution.

Variable deferred annuity - The excess amount, adjusted for gains or losses, will be removed proportionately from all subaccounts containing a value.

Fixed Indexed Annuity - The excess amount will be taken from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient.

Section 2 - Excess Information

Complete Part 1 if you filed your tax return timely and you are requesting your excess to be removed by the later of (1) your tax filing deadline* or (2) the date six months following your tax filing deadline (generally October 15).

Complete Part 2 if you did not file your tax return timely or it is past the tax filing extension deadline (generally October 15).

*Filing due date generally means April 15. If the due date falls on a Saturday, Sunday or legal holiday, the due date is delayed until the next business day. If you live in certain states and the filing due date falls on Patriot's Day, the due date is delayed until the next business day. If the due date falls on Emancipation Day (April 16), the due date is delayed until the next business day. In addition, certain disasters (hurricanes, floods, etc.) can generate additional delays as granted by the IRS. The IRS will grant an automatic six-month extension if you file timely.

Part 1 - tax return filed on time and excess requested by the later of either tax filing deadline or six-month extension

Traditional/Roth IRA

Excess amount	Tax year excess contribution occurred
$	

SEP IRA - I acknowledge this excess contribution was the result of an employer excess contribution. Based on IRS regulations, the excess contribution has been re-designated as a traditional IRA contribution and I elect to remove the amount as a traditional IRA excess.

If the employer wishes to recover the excess contributions, the employer would need to go through the IRS Employee Plans Compliance Resolution System (EPCRS) rather than completing this form.

Excess amount	Calendar year contribution was received by Thrivent
$	

SARSEP IRA - I acknowledge this excess contribution was the result of an employer salary deferral. Refund the excess contribution (adjusted for investment gains or losses) to the owner.

IRS regulations require earnings on any excess salary deferral distribution made prior to April 15 of the year following the year of deferral, be reported by the owner as income for the year distributed. If you already filed your tax return, you need to report the earnings on an amended tax return. If you are under 59 1/2, earnings may be subject to a 10% IRS premature distribution penalty. See IRS Form 5329 for more information.

Excess amount	Calendar year contribution was received by Thrivent
$	

Part 2 - tax return not filed on time or after filing extension deadline

If you want to designate your excess contribution as a contribution for the current year, you do not need to complete this form to notify Thrivent. See IRS Form 5329 for instructions on using the carry forward method.

Traditional IRA - Contributions can only be removed if the contribution amount exceeds taxable compensation or maximum eligible contribution amount.

Roth IRA - Contribution can only be removed if the contribution amount exceeds taxable compensation or maximum eligible contribution amount, or the modified adjusted gross income limits are exceeded, reducing the eligible contribution amount. If you are removing a failed conversion, Thrivent will send a corrected IRS Form 5498 for the year in which the conversion was made which may require you to do corrective tax reporting.

Excess amount	Tax year excess contribution occurred
$	

SEP IRA and SARSEP IRA - I acknowledge this excess contribution was the result of an employer excess contribution (SEP IRA) or an excess employee salary deferral contribution (SARSEP IRA). Based on IRS regulations, the excess contribution has been re-designated as a traditional IRA contribution and I elect to remove the amount as a traditional IRA.

Excess amount	Calendar year contribution was received by Thrivent
$	

Traditional IRA excess removals (includes re-designated SEP IRA and SARSEP IRA contributions)

Answer both the questions below. If either of the questions are not answered, Thrivent will treat the excess amount as a taxable event. Specifics on taxable compensation and maximum contributions can be found in IRS Publication 590.

☐ Yes ☐ No 1. Did the contribution exceed the maximum contribution amount?

☐ Yes ☐ No 2. Did the contribution exceed your taxable compensation for the tax year?

Taxation for Traditional IRA

- If the answer to question 1 is yes, the excess amount must be included in gross income. If you are under age 59 1/2, any taxable excess amount may be subject to a 10% premature distribution penalty (see IRS Form 5329 for more information).
- If question 1 is no and 2 is yes, then the excess is not included in gross income and is not taxable. Thrivent will assume that the contribution was not deducted, or if deducted, that you amended your return within the time period(s) as stated below. Therefore, Thrivent will treat the excess amount over the taxable compensation as not taxable.
  - If you did not take a deduction for the excess contribution amount, the excess amount over taxable compensation would not be taxable; or
  - If you took a deduction for the excess contribution, the excess amount over taxable compensation would be taxable unless you file an amended return within three years after the return is filed, or within two years from the time the tax was paid, whichever is less.
- If question 1 is no and 2 is also no, then this is not a true excess and cannot be removed as an excess.
- SARSEPs: The excess is taxable in the year of deferral and the year distributed. The earnings are taxable in the year distributed.

Roth IRA excess removals

Answer all the questions below. Specifics on taxable compensation, maximum contributions and Modified Adjusted Gross Income (MAGI) can be found in IRS Publication 590.

☐ Yes ☐ No 1. Did the contribution exceed the maximum contribution amount?

☐ Yes ☐ No 2. Did the contribution exceed your taxable compensation for the tax year?

☐ Yes ☐ No 3. If the answer to question 2 is no, was your MAGI below the level to be eligible to contribute (full or partial) to the Roth IRA?

Taxation for Roth IRA

- If the answer to question 1 is yes for a Roth IRA, excess is a return of cost basis therefore is not taxable.
- If question 1 is no and 2 is yes, then excess is not included in gross income and is not taxable.
- If question 1 is no and 2 is no, then:
  - if question 3 is also no, the excess can be removed but since it is a return of cost basis, it is not taxable.
  - if question 3 is yes, it is not a true excess and cannot be removed as an excess.

Section 3 - Distribution Option Desired

Requests using Part 1 above: IRS regulations require that earnings on any excess contribution be reported by the owner as income for the year the excess contribution occurred. If you already filed your tax return, you need to report the earnings on an amended tax return. If you are under 59 1/2, earnings may be subject to a 10% IRS premature distribution penalty. See IRS Form 5329 for more information.

Exception: SARSEP earnings are taxable in the year distributed.

Requests using Part 2 above: When removing the excess after the tax filing deadline, the earnings on the excess are not required to be removed and remain in the account/contract. Excess contributions after the tax filing deadline are subject to a 6% IRS penalty tax for each year the excess remained in the account/contract.

If no selection is made below for excess and earnings (where applicable), the excess amount and/or earnings will be refunded to the IRA owner by check.

Send excess amount by: ☐ Check ☐ Direct Deposit (complete bank info below) ☐ Apply to contract/account

Distribute excess to this contract or fund/account number(s)	Tax year

If new contract or fund/account number(s), a new application is required. If no tax year is listed, the excess will be applied to the current year.

Earnings info below applies to requests using Part 1 only (not applicable if tax return was not filed timely or it is after the extension deadline).

Send earnings by: ☐ Check ☐ Direct Deposit (complete bank info below) ☐ Apply to contract/account

Distribute excess to this contract or fund/account number(s)	Tax year

If new contract or fund/account number(s), a new application is required. If no tax year is listed, the earnings will be applied to the current year.

For Direct Deposit only, complete bank information below.

Name of account owner			Account number
Name of joint account owner			
Name of financial institution			Financial institution phone
Address			Routing number
			Type of account: ☐ Checking (attach void check) ☐ Savings
City	State	ZIP code	

If I have elected to have my payout deposited in an account at another financial institution, I authorize Thrivent to begin making such deposits (and corrections, if needed) to the financial institution indicated above. This financial institution is authorized to accept and/or correct deposits to my account. This authority shall remain in effect until I revoke it by terminating my contract or by giving prior notice to Thrivent as applicable.

Section 4 - Additional Information

Section 5 - Notification for Federal and State Income Tax Withholding

No tax withholding will be completed on excess removals.

Section 6 - Validation

For your protection, validation of your identity is requested for certain variable and non-variable contract transactions.

Surrender/disbursement transactions:

a. Greater than $499,999 will require a Medallion Signature Guarantee for variable contract transactions and a Notary Public for non-variable contract transactions.
b. Greater than $99,999 and up to $499,999 will require one of the following forms of validations:
    - Attestation by a Thrivent representative
    - A Notary Public
    - A Medallion Signature Guarantee (not available for fixed contracts)
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 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 voided check from the bank account, a Notary Public, or attestation by a Thrivent 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 contract 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.

Medallion Signature Guarantee Seal or Notary Seal

Section 7 - Signature

Signature of owner and date signed

X

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264

thrivent

Asset Transfer Disclosure

Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001
thrivent.com • 800-847-4836

Section 1 - General Information

Name of owner (individual, custodian, trustee)	Thrivent ID
Name of joint owner (individual, custodian, trustee)	Destination account number (if existing)

For direct rollovers - Sections 4, 5 and 6.

Section 2 - Destination Account Details

Product type (select one):

☐ Fixed Annuity ☐ Variable Annuity ☐ Indexed Annuity ☐ Immediate Annuity
☐ Thrivent Mutual Fund ☐ Retail Brokerage ☐ Managed Account ☐ AdvisorFlex
☐ Other - _____

Share class	Annual advisory fee/Account service fee/Front-end load %	Range of available portfolio/subaccount investment expenses %

Annuity Details

Surrender charge	Surrender period remaining
$ _____ or _____ %	Years _____ Months _____
Mortality and expense charge _____ %	Interest rate (fixed annuity or fixed subaccount) Current _____ % Guaranteed _____ %

Benefit/Rider	Expense	Benefit/Rider	Expense
	%		%
	%		%

Retail Brokerage Accounts Details - List the investments to be purchased. Attach a separate sheet if necessary - OR - if the specific assets to be purchased in a Retail Brokerage Account aren't known, check all the potential investments below that apply. Commissions and/or sales charges will depend on specific investments selected.

Symbol/ Description	Purchase Amount	Sales Load/ Commission	Share Class	Breakpoint Level (*All eligible household accounts)*	CDSC/ Redemption Fees

☐ Mutual Funds - list share class: _____ ☐ Fixed income ☐ Options
☐ Stocks/Exchange traded funds ☐ Fixed income - High yield
☐ Holding/liquidation account only - Assets will be held or sales proceeds will not be used to purchase new assets.
☐ Other/Unknown - describe: _____

Section 3 - Source Account Details

Product type (select one):

☐ Fixed Annuity ☐ Variable Annuity ☐ Indexed Annuity ☐ Immediate Annuity

☐ Mutual Fund ☐ Retail Brokerage ☐ Managed Account

☐ Other - _____

Account/Contract number	Name of company/plan	Name of product
Account open date	**Amount of transfer**	**Share class**
	$	
Range of available portfolio/subaccount investment expenses		**Annual advisory fee/Account service fee**
%		%
Total sales load paid in last 2 years	**Surrender/Back-end period remaining**	**Surrender/Back-end charges**
$	Years Months	$

Annuity Details

Mortality and expense charge	Death benefit guarantee	Interest rate (fixed annuity or fixed subaccount)
%	$	Current % Guaranteed %

Benefit/Rider	Ability to Remove	Expense	Benefit/Rider	Ability to Remove	Expense
	☐ Yes ☐ No	%		☐ Yes ☐ No	%
	☐ Yes ☐ No	%		☐ Yes ☐ No	%

Benefit base of income rider - $ _____

Brokerage Account Holdings Details

Number of trades in past 12 months: ☐ <4 ☐ 4-10 ☐ >10 Commission paid in the last 90 days $

Section 4 - Disclosures for Defined Contribution Plans

Evaluate your transfer options. If you are considering rolling over money from an employer sponsored retirement plan into an individual retirement plan (IRA), you generally have four choices: 1) keep some or all of your saving in your former employer's plan; 2) transfer assets to your new employer's plan, if allowed; 3) rollover your plan assets into an individual retirement plan (IRA); or 4) cash out your balance. If you are under 59 1/2, the IRS generally will consider your payout an early distribution, meaning you could owe a 10% early withdrawal penalty on top of federal and applicable state and local taxes.

Listed below is important information that I reviewed with my financial representative regarding rolling over my retirement plan assets into an IRA:

Fees and Expenses. Generally, it is more expensive to transfer assets from an employer-sponsored retirement plan into an IRA, than to keep those assets in an employer-sponsored retirement plan. However, IRAs often enable you to select from a broader range of investment options than available in an employer-sponsored retirement plan. I reviewed the investment options and fees in my employer-sponsored retirement plan, determined that I am not satisfied with the available investment options and would like to transfer the assets into an IRA.

Services. An investor may wish to consider the different levels of service available under each option. Some plans, for example, provide access to investment advice, planning tools, telephone help lines, educational materials and workshops. Similarly, IRA providers offer different levels of service, which may include full brokerage service, investment advice, distribution planning and access to securities execution online.

Penalty-Free Withdrawals. If I leave my job between the age of 55 and 59 ½, I may be able to take penalty-free withdrawals from my employer-sponsored retirement plan. In contrast, withdrawals generally may not be made from an IRA until age 59 ½. It also may be easier to borrow from an employer-sponsored retirement plan.

Protection from Creditors and Legal Judgments. Generally speaking, plan assets have unlimited protection from creditors under federal law, while IRA assets are protected in bankruptcy proceedings only. State laws vary in the protection of IRA assets in lawsuits. Thrivent and its financial professionals do not provide legal, accounting or tax advice. Consult your attorney or tax professional.

Required Minimum Distributions (RMD). At age 70 ½ for individuals who turned age 70 ½ in 2019 or earlier or at age 72 for individuals who turn age 70 ½ in 2020 or later, the rules for both employer-sponsored retirement plans and IRAs require the periodic withdrawal of certain minimum amounts, known as the RMD. However, if a person is still working at age 70 ½ or age 72, they are generally not required to make RMDs from their current employer's plan. This may be advantageous for those who plan to work into their 70s.

Employer Stock. If you hold significantly appreciated employer stock in an employer-sponsored retirement plan, then you should consider the negative tax consequences of rolling the stock to an IRA. If employer stock is transferred in-kind to an IRA, stock appreciation will be taxed as ordinary income upon distribution.

Section 5 - Required Supporting Rationale *(Best interest applies to products and states where applicable under regulations.)*

Complete only for Brokerage/Managed accounts and all product subsequent purchases.

Use the following considerations to support your recommendation in the space below (include additional pages if necessary).

- Why the current strategy no longer meets the client's needs
- Provide rationale for recommended strategy
- What options were considered and why were they ruled out
- Explain why it's more advantageous to the client

Or ☐ See Salesforce Client Documentation - meeting type Take Action/Recommendation

For Thrivent career financial professionals only.

Section 6 - Agreements and Signatures

I read and reviewed each section of this Asset Transfer Disclosure with my financial professional. It is my intention to transfer my assets in the manner described above and agree to the provisions of this Asset Transfer Disclosure agreement.

This transaction may result in a taxable event or have future tax implications. I may need to consult with a tax advisor. Withdrawal prior to the age of 59 1/2 may be subject to a 10% federal tax penalty.

Signature of owner (individual, custodian, trustee)	Date signed
X	
Signature of joint owner (individual, custodian, trustee)	Date signed
X	

Representative use - I have reviewed this transaction and find it appropriate for the client.

Signature of representative (or authorized individual on behalf of representative, brokerage only)	Date signed
X	

Name of representative	NFS Rep code of representative (brokerage only)
Name of authorized individual signing on behalf of representative (brokerage only)	NFS Rep code of authorized individual (brokerage only)

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

Thrivent Mutual Funds
Regular Mail:
Thrivent Mutual Funds
PO Box 219347
Kansas City, MO 64121-9347
Express Mail: **Fax:**
Thrivent Mutual Funds 866-278-8363
430 W 7th St
Kansas City, MO 64105

Brokerage
Upload all brokerage account paperwork via Wealthscape BPM.

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Required Minimum Distribution Request

1. Owner Information

Thrivent ID and email are optional in the state of California.

Thrivent ID _____

Contract number _____ Contract number _____ Contract number _____

Name _____

Email _____

2. Required Minimum Distribution (RMD) Information

☐ Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere.

☐ One-Time Age 72 Distribution - Required Beginning Date (RBD) - I have or will be attaining age 72 and would like to delay my initial RMD payout to a date from 1/1 but prior to 4/1 of the year after I turn age 72. Applies to the year the participant attains age 72 and only to non-inherited contracts.

Payout date _____

☐ Ongoing Automatic Distribution

Payout frequency

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start date - _____

☐ IRS Joint Life Expectancy Table (only applicable to non-inherited contracts) - My sole primary beneficiary is my spouse who is more than 10 years younger than I am.

Spouse's date of birth _____

3. Delivery of Distribution

☐ Check

☐ Deposit into a **new** nonqualified Thrivent Mutual Fund account

☐ Deposit into an **existing** nonqualified Thrivent Mutual Fund account or Thrivent annuity

Fund/Account/Contract number _____

☐ Direct Deposit

Complete bank information for direct deposit

Full name of bank account owner(s) _____

Full name of bank _____

Account type ☐ Checking ☐ Savings

Routing number _____ Account number _____

4. Request for Waiver of Surrender Charges (subject to availability)

Optional in the state of California.

☐ Confinement to health care facility still applicable. Information already on file at Thrivent.

☐ Request for Waiver of Surrender Charges for Health Care Facilities Confinement form will be sent to Thrivent separately.

☐ A letter from the nursing home concerning waiver of surrender charges will be sent to Thrivent separately.

☐ A letter from an attending physician or doctor indicating a life expectancy of less than 12 months will be sent to Thrivent separately. Attending physician cannot be a family member.

☐ A Claimant's Statement for Total Disability form and an Attending Physician's Statement of Disability form will be sent to Thrivent separately.

☐ Proof of state unemployment benefits will be sent to Thrivent separately.

5. Withholding

Federal and State Withholding Election

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash surrender value and pay it to the IRS unless you tell us in writing not to withhold the tax. Some states also require us to withhold state income tax if we withhold federal tax.

If you do not want to withhold or would like a percentage other than the required withholding percentage, indicate below.

☐ Do not withhold federal income tax ☐ Other federal withholding _____%

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

6. Additional Information

7. Validation **(see validation requirements in disclosure section)**

Medallion Signature Guarantee Seal or Notary Seal

8. Agreements and Signatures

I authorize Thrivent to process the requested transaction and I certify I have received, read and agree to the Disclosures (pages 4-5 on this form) and any other disclosures contained in this form.

If you are signing in any capacity other than the owner/controller/assignee, a title (power-of-attorney, conservator, guardian, trustee, authorized person, etc.) must be provided.

Signature of owner/controller/assignee _____

Date signed _____

Title _____

Employer Certification ***Only** for 403(b) Required Minimum Distributions.*

By signing, I certify that the participant (annuitant/payee) named in Section 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.

Name of employer _____

Name of authorized representative of employer _____

Title of authorized representative of employer _____

Signature of authorized representative of employer _____

Date signed _____

Send completed form to:

Thrivent
PO Box 8075
Appleton WI 54912-8075

Fax: 800-225-2264

Disclosures

Required Minimum Distribution (RMD) Information

For variable or Multi-Year Guarantee products, the RMD will be made proportionately from each subaccount or allocation period. Specific subaccounts or allocation periods cannot be selected for the distribution.

For Fixed Indexed products, the RMD will be taken from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient.

If you choose to aggregate your RMD with other contract(s), you will be responsible for calculating and distributing your aggregated amount each year. Inherited contracts cannot be aggregated with non-inherited contracts.

Payout date - if 29-31 is chosen, the 28th will be used. If no date is entered, your distribution date will be the 15th.

If the payment frequency is left blank, illegible, or invalid, you are deemed to have elected annual distribution. If annual distribution is elected, but the month is left blank, illegible, or invalid, you are deemed to have elected December. If the date of distribution is left blank, illegible, or invalid, you are deemed to have elected the 15th and for distributions to begin when this date next occurs.

If funds are being removed from a specific subaccount, and the value of that subaccount drops below the requested distribution amount, the value in that subaccount will be depleted and the balance will be taken proportionately from the remaining subaccounts. Subsequent payouts will be removed proportionately from all the remaining subaccounts, unless otherwise instructed.

One-Time Age 72 Distribution - Required Beginning Date (RBD)
Date must be from 1/1 through 3/28 of the year after turning age 72.

Ongoing Automatic Distribution
For Variable Annuities, any payouts that occur on a weekend or nonbusiness day will be processed using the following business day's unit price.

Semiannual, quarterly, and monthly distributions will be adjusted so the annual required amount is distributed by December 31.

RMD will be calculated using your prior year end account balance and the Actuarial Present Value (APV) if applicable on your annuity contract. The value will be divided by the applicable divisor from the Internal Revenue Service (IRS) Uniform Distribution Table, unless your spouse is your sole beneficiary and is more than 10 years younger than you. Inherited contracts use the IRS Single Table.

IRS Joint Life Expectancy Table
The applicable divisor from the IRS Joint Life Expectancy Table will be used. If I change my beneficiary in the future so my spouse is no longer the sole primary beneficiary, I understand that I need to separately request to have my RMD calculation changed to use the IRS Uniform Distribution Table.

Delivery of Distribution

I authorize Thrivent to make this electronic deposit and, if necessary, corrections to my bank account. I further authorize Thrivent to act upon future electronic deposit instructions I provide to my representative or directly to Thrivent. My authorization is valid for electronic deposits and corrections that comply with U.S. law. This authorization shall remain in full force and effect until I revoke it by giving 10 day prior notice to Thrivent.

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.

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

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.

Validation

For your protection, validation of your identity is requested for certain variable and non-variable contract transactions.
Surrender/disbursement transactions:

a. Greater than $499,999 will require a Medallion Signature Guarantee for variable contract transactions and a Notary Public for non-variable contract transactions.
b. Greater than $99,999 and up to $499,999 will require one of the following forms of validation:
   · Attestation by a Thrivent representative
   · A Notary Public
   · A Medallion Signature Guarantee (not available for fixed contracts)
c. Greater than $10,000, 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 representative.
d. Greater than $10,000, less than $99,999, and the bank information provided has been on record for less than 15 days will require a voided check from the bank account, a Notary Public, or attestation by a Thrivent 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 contract 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.

Other Disclosures

If we receive this form in good order after your selected start date, the start date shall be deemed the first business day, or Valuation Date, (for variable products) that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

I understand that this distribution represents only the minimum amount which must be distributed annually and I can receive more than the minimum either now or in the future.

A market value adjustment (MVA) may apply to distributions from a Fixed Period Allocation.

Fixed Indexed Annuity surrenders are withdrawn from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient. Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.

Withdrawal charges may apply.

I acknowledge that distributions made under the above requested RMD will result in the reporting of a taxable amount to the IRS and it cannot be reversed. Such taxable amount will be subject to income tax withholding unless the Notification for Federal and State Income Tax Withholding is completed.

thrivent

Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001
Thrivent.com • 800-847-4836

Representative Attestation

I hereby represent under penalty of perjury that:

- The signature(s) is/are by persons known to me and was/were affixed to the attached document in my presence; and
- The client(s) has/have reached the age of majority in the jurisdiction in which the transaction will occur.

I agree to indemnify and hold harmless Thrivent Financial for Lutherans and its subsidiaries and affiliates, including, without limitation, Thrivent Investment Management, Inc. and any person authorized by them, to authenticate signature (s) (”Authorized Individual”) from any loss, liability, claim, or demand (including costs of investigation, attorneys' fees and court costs) which they may suffer or which may be asserted against them by reason of an Authorized Individual authenticating a signature at my request. I hereby authorize Thrivent or Authorized Individual to charge my commission account for damages covered by this indemnity agreement in addition to any other legal or equitable remedies they may have.

Name of primary owner/applicant/custodian/trust/business	Account/contract number
Name of joint owner/applicant/custodian/trustee/authorized person	Date transaction requested

Signature of representative and date signed

X

Name and code number of representative

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Life Surrender Request

1. Insured Information

Thrivent ID _____ Contract number _____ Email _____

Name _____

2. Surrender Type

a. Value Distribution

☐ Full Surrender *(this will close the contract and terminate coverage)*

☐ Partial Surrender *(Universal Life/Variable Universal Life only)* $ _____

b. Loan

☐ Loan $ _____

c. Dividend Surrender/Change *(Traditional Life only)*

☐ Dividend/Surplus Refund Release $ _____

☐ Dividend/Surplus Refund Option Change

3. Delivery of Payment

☐ Check

☐ Direct Deposit

Complete bank information for direct deposit

Full name of bank account owner(s) _____

Full name of bank _____

Account type ☐ Checking ☐ Savings

Routing number _____ Account number _____

☐ Apply to another Thrivent contract/account.

Contract number	Premium amount	Loan repayment
_____	$ _____	$ _____
_____	$ _____	$ _____

4. Withholding and Charges

Surrender Charges and Tax Withholding Amount

Any surrender/decrease charges or tax withholding should be selected below.

☐ Add to amount requested. *Your distribution will be for the amount requested. Your account balance will be reduced by this amount plus, any applicable surrender charges, federal/state tax withholding.*

☐ Subtract from amount requested. *Your distribution will be for the amount requested less any applicable surrender charges, federal/state tax withholding. Your account balance will be reduced by the amount requested.*

Unless otherwise indicated on this form, any surrender charges and/or withholding will be added to the distribution amount requested.

Federal and State Withholding Election

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash surrender value and pay it to the IRS unless you tell us in writing not to withhold the tax. Some states also require us to withhold state income tax if we withhold federal tax.

If you do not want to withhold or would like a percentage other than the required withholding percentage, indicate below.

☐ Do not withhold federal income tax ☐ Other federal withholding _____%

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

*Complete **only** if you selected **'Loan'** in section 2, b.*

5. Loan Repayment Information

Loan Repayment Amount $ _____ Payment frequency ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Complete bank information for monthly electronic withdrawal

Full name of bank _____

Account type ☐ Checking ☐ Savings Routing number _____ Account number _____

Name of account owner _____ Withdrawal date _____

Address of account owner _____

City _____ State _____ ZIP code _____

Name of joint account owner _____

Address of joint account owner _____

City _____ State _____ ZIP code _____

For new business initial payments, I authorize Thrivent to make an **immediate** electronic withdrawal from the bank account listed upon receipt of this form.

I authorize Thrivent 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; 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 and amount changes, or adding or removing contracts for automatic payment; 5) release any and all information related to this authorization to the bank account owner or third party account owner; and 6) act upon electronic deposit, withdrawal, and administrative instructions I provide to my representative.

If this form is received less than 10 days prior to the withdrawal date you entered, your authorization shall take effect on the second occurrence of the mode you have selected. You further acknowledge that if you have selected a deduction to occur on day 29, 30, or 31, Thrivent will make the withdrawal on day 28.

Signature of bank account owner _____

Date signed _____

Signature of joint bank account owner _____

Date signed _____

*Complete **only** if you selected a divided option change in section 2, c.*

6. Dividend/Surplus Refund Option Change

Dividend/surplus refunds have the potential for creating a tax liability for the owner. Tax withholding may apply. Complete the tax withholding information in section 4 and complete a W9 form.

Select one:

- ☐ **Paid in Cash** - A check is mailed to the contract owner/controller when the dividends/surplus refund is earned.
- ☐ **Accumulate at Interest** - Dividends/surplus refund is left to accumulate at interest which is paid annually at the rate established by the Board of Directors.
- ☐ **Paid-up Additions** - Dividend/surplus refund purchases paid-up additional insurance (or retirement annuity) which is in addition to the benefit provided by the basic contract.
- ☐ **Reduce Premium/Excess to Paid-up Additions** - Dividend/surplus refund is used to pay premiums due and any excess is used to purchase paid-up additional insurance.
- ☐ **Reduce Premium/Excess in Cash** - Dividends/surplus refund is used to pay premiums due and any excess is sent by check.
- ☐ **Reduce Premium/Excess to Reduce Loan** - Dividend/surplus refund is used to pay premiums due and any excess is used to reduce the existing loan, if any.
- ☐ **Reduce Premium/Excess to Paid-up Additions/Surrender Paid-up Additions** - Dividend/surplus refund is used to pay premiums due, any excess is used to purchase paid-up additional insurance or any remaining premium due is paid by surrendering paid-up additional insurance.

☐ **Reduce Loan/Excess to Cash** - Dividend/surplus refund is used to reduce the existing loan and any excess is sent by check.

☐ **Reduce Loan/Excess to Paid-up Additions** - Dividend/surplus refund is used to reduce the existing loan and any excess is used to purchase paid-up additional insurance.

The following two options are available only on Presidential Plus, Partner Presidential Plus, Survivor Presidential Plus, Survivor Whole Life and Whole Life Plus plans.

☐ **Adjustable Yearly Term - Reduce Premiums and Surrender Paid-Up Additions** - This option is available only when changing the option from Adjustable Yearly Term. Dividends are used to pay premiums due in addition to Dividend Term or One Year Term Insurance. Any excess dividend is used to purchase paid-up additional insurance.

☐ **Adjustable Yearly Term** - This option is available only when changing the option from Adjustable Yearly Term - Reduce Premiums and Surrender Paid-up Additions. Dividends purchase a combination of Dividend Term or One Year Term Insurance and paid-up additional insurance to maintain the insurance target amount.

7. Additional Information

8. Validation **(see validation requirements in disclosure section)**

Medallion Signature Guarantee Seal or Notary Seal

9. Agreements and Signatures

I authorize Thrivent to process the requested distribution and I certify: 1) I have received, read, and agree to the Disclosures (pages 4-5 of this form) and any other disclosures contained in this form; 2) I understand this transaction may be taxable and subject to surrender charges; 3) I understand I have the opportunity to request a quote of the taxable gain and surrender charges prior to requesting this transaction; and 4) I understand this transaction, including any distribution of taxable gain or assessment of surrender charges, cannot be reversed.

If you are signing in any capacity other than the owner/controller/assignee, a title (power-of-attorney, conservator, guardian, trustee, authorized person, etc.) must be provided.

Signature of owner/controller/assignee _____

Date signed _____

Title _____

Signature of joint owner/controller/assignee _____

Date signed _____

Title _____

Send completed form to:

Thrivent
PO Box 8075
Appleton WI 54912-8075

Fax: 800-225-2264

Disclosures

Surrender Type

Taxable Amount - The distribution may result in reporting taxable amount as ordinary income.

Penalty Tax - If this contract is a Modified Endowment Contract, an IRS penalty tax may apply to the taxable portion of my distribution if I am under age 59 1/2.

Surrender/decease charges may apply.

Any distribution request or dividend/surplus refund option change processed will invalidate any previous sales illustrations. Contact your representative for an illustration that shows the effects of this request on your death benefit and cash value.

If the distribution amount requested is more than the amount available and an internal product to product transfer is not involved, the distribution will be processed for the maximum amount available without terminating the contract. Does not apply to complete surrenders/entire values.

I understand that any taxable gain resulting from this distribution cannot be reversed once the distribution is processed. Such taxable gain will be subject to federal and state income tax withholding unless the Notification for Federal and State Income Tax Withholding is completed. I also understand the distribution I am requesting cannot be reversed once it is processed.

Loan Requests

I understand that:

- The contract is security for any contract loan.
- A contract loan bears interest from the date of disbursement at the rate provided for in said contract, or at the rate of 6 percent if no rate is provided. Interest is payable annually and if not paid will be added to the loan and bear interest at the same rate. If the interest rate is adjustable, contact the Thrivent Customer Interaction Center at 800-847-4836 to obtain the current rate being charged.
- Refer to your prospectus for information on how Variable Universal Life loans affect the subaccounts or fixed account, if available.
- A loan may result in the termination of the Death Benefit Guarantee, Lapse Protection Balance or No Lapse Guarantee, as applicable.

Full Surrender

I understand that:

- All insurance coverage provided by this contract and the rights of the beneficiaries under this contract cease.

Partial Surrender

I understand that:

- The partial surrender will reduce the cash value of the contract so there may be insufficient amounts to pay the monthly deductions and increased risk of lapse of the coverage.
- It may become necessary that additional premiums be paid in order to provide adequate cash value for future monthly deductions.
- The partial surrender may result in the reduction of the specified face amount by the amount of cash value withdrawn which could reduce the payable death benefit.
- As a result of the partial surrender, in addition to the risk of current tax liabilities, there is also an increased risk of future tax liabilities associated with the contract.
- Minimum surrender amounts may apply.
- A partial surrender may result in the termination of the Death Benefit Guarantee, Lapse Protection Balance or No Lapse Guarantee, as applicable.

Delivery of Payment

Direct Deposit - I authorize Thrivent to make this electronic deposit and, if necessary, corrections to my financial institution 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 corrects are made to my financial institution account. This authorization shall remain in full force and effect until I revoke it by giving 10 days prior notice to Thrivent.

Checks - For contracts with multiple owners, disbursement checks may be made payable to only the primary owner. If only the primary owner's name appears as the payee on a disbursement check from a contract with multiple owners, it is the responsibility of the primary owner to obtain signatures of the other owners prior to cashing the check. If the disbursement results in taxable income, the tax information will be reported to all owners.

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 (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 (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.

Withholding and Charges

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.

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.

Dividend/Surplus Refund Option Change

This option will be effective on the next contract anniversary date. Refer to your contract for information about the availability of options. Dividend/surplus refunds are not guaranteed.

If you select Reduce Loan and your contract does not allow for this dividend option, then you are authorizing Thrivent to set your dividend option to Cash and to apply that cash dividend as a loan repayment to this contract.

Validation

For your protection, validation of your identity is requested for certain variable and non-variable contract transactions. Surrender/disbursement transactions:

a. Greater than $499,999 will require a Medallion Signature Guarantee for variable contract transactions and a Notary Public for non-variable contract transactions.

b. Greater than $99,999 and up to $499,999 will require one of the following forms of validation:
   · Attestation by a Thrivent representative
   · A Notary Public
   · A Medallion Signature Guarantee (not available for fixed contracts)

c. Greater than $10,000, 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 representative.

d. Greater than $10,000, less than $99,999, and the bank information provided has been on record for less than 15 days will require a voided check from the bank account, a Notary Public, or attestation by a Thrivent 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 contract 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.

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Military Personnel Financial Services Disclosure Regarding Life Insurance Products (Including Annuities)

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

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

No person may sell, or offer for sale, any life insurance product to any active member of the Armed Forces (or his or her dependents in some states), regardless of the location of the sale, unless this disclosure is provided.

Disclosure

1. Subsidized life insurance is available to members of the Armed Forces from the Federal Government under the Servicemembers' Group Life Insurance ("SGLI") program, under subchapter III of Chapter 19, Title 38, United States Code.
2. SGLI coverage is available in $50,000 increments up to the maximum of $400,000. As of July 1, 2019 SGLI premiums are $.06 per $1,000 of insurance per month, regardless of the member's age. More detailed information (including SGLI family rates, tables indicating the amount of insurance available and monthly premium deduction amounts) can be obtained by contacting Service Members Group Life Insurance at 1-800-419-1473 or at www.insurance.va.gov.
3. The life insurance product being offered to you at this time is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the life insurance product being offered.
4. No person, other than a licensed life insurance producer, has received any referral fee or incentive compensation in connection with the offer or sale of this life insurance product.
5. As required by state law, your contract will contain a Right to Return or Free Look provision. It is important to review the contract immediately upon receipt. Your contract will provide at least a minimum of a 10-day free look, please refer to your contract for specific length of free look period in your state. If you decide you do not wish to keep your contract, return it to the representative or the Company within the free look period specified and your contract will be void from the beginning. Any payment made will be returned as specified in your contract.
6. You may obtain additional information regarding your state insurance department and how to contact them at this website: http://www.naic.org/state_web_map.htm.

Department of Insurance having Primary Jurisdiction (Representative will complete)

Name of state regulator

Address	City		
	State	ZIP code	Phone

For Life Insurance Only

Policy type applied for:		Death benefit applied for	First year cost
☐ Term Life	☐ Universal Life		
☐ Variable Universal Life	☐ Whole Life	$	$

Signatures

Signature of proposed insured/annuitant (age 16 or over) applicant controller (if proposed insured/annuitant is under age 16) and date signed (mm/dd/yyyy)

Signature of contract owner and date signed (mm/dd/yyyy)

Signature of financial professional and date signed (mm/dd/yyyy)

Name of financial professional	Code number of financial professional

Send completed form to:

Thrivent
4321 N Ballard Road
Appleton WI 54919-3300

Or fax to: 800-225-2264

REPLACEMENT NOTICE

ASK QUESTIONS -- IT'S YOUR MONEY -- GET THE FACTS

Whether it is to your advantage to replace or change your existing insurance or annuity program, only you can decide. It is in your best interest to obtain adequate information in order to compare relatively short and long range costs and benefits before a final decision is made.

The producer or insurance company assisting you with this new purchase must notify your existing producer or company so that they may prepare a detailed, current statement concerning your existing program for your comparison. Statements and illustrations should not, however, be used as the sole basis to compare policies or contracts. We want you to understand the effects of replacements before you make your purchase decision, and ask that you review the statements listed under "Items to Consider."

EXISTING INSURANCE WHICH MAY BE REPLACED OR CHANGED

Full name of insurance company	Home office location	
Name of insured		Policy or contract number*
Full name of insurance company	Home office location	
Name of insured		Policy or contract number*
Full name of insurance company	Home office location	
Name of insured		Policy or contract number*

Surrender Charge of Policy Being Replaced _____ % and $ _____

Sales Charge of Policy Being Purchased (if applicable) $ _____

New Surrender Period and Surrender Charges of Policy Being Purchased.

Years										
% Charge										
Years										
% Charge										

*If a number has not been assigned by the existing insurer, indicate alternative identification, such as an application or receipt number.

ITEMS TO CONSIDER

1. Due to a possible change in insurability status (health, occupation or high risk recreational activities) you might be denied new coverage, or the premium may be higher than a standard premium.
2. The Incontestability and Suicide Clause time periods would probably begin anew in a new policy. This could possibly result in a claim being denied that might otherwise have been paid under an existing policy or contract.
3. Your present insurance company may be able to modify your existing plan on terms which may be more favorable for you than completely replacing it with a new policy or contract.
4. Don't terminate or alter your existing policy until after the new policy has been delivered to you and accepted by you.
5. If you terminate your existing policy, you may incur surrender charges and/or penalties. The new policy you are purchasing may have a new surrender charge period and/or sales charges.
6. There may be tax consequences in replacing an existing policy. Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Is this transaction a "tax free" exchange? See your tax advisor for specific tax advice regarding the proposed transaction.

7. Take your time in making your decision about purchasing the new policy. Gather all information about the new policy and compare it to your old policy. Remember, you do not have to make a decision during the first meeting with your sales person.
8. REMEMBER: Following receipt of a new life insurance policy or annuity contract you should immediately examine its contents. If you are not satisfied with it for any reason, you have the right to return it within the thirty (30) day "examination period" to the insurer at its home office or branch office or to the producer through whom it was purchased, for a full refund of premium. If you do return the policy or contract, you should request a dated receipt indicating that it was returned.

DID YOU READ THE "ITEMS TO CONSIDER"?

Signature of applicant and date signed (mm/dd/yyyy)

Name of applicant (printed)

Address	City		
	State	ZIP code	Phone

Signature of additional applicant and date signed (mm/dd/yyyy)

Name of additional applicant (printed)

Address	City		
	State	ZIP code	Phone

Signature of additional applicant and date signed (mm/dd/yyyy)

Name of additional applicant (printed)

Address	City		
	State	ZIP code	Phone

Signature of producer and date signed (mm/dd/yyyy)

Name of producer (printed) and License No.

Address	City		
	State	ZIP code	Phone

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Replacement Evaluation

Section 1 - Client Information

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

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

Section 2 - Comparative Information

Replacement occurs when a new life insurance or annuity contract is purchased and an existing life insurance or annuity contract (within four months before or 13 months after the effective date of the new contract) will or may be:

- Lapsed, forfeited, surrendered (full or partial), assigned to the replacing insurer or terminated
- Converted to reduced paid-up insurance, continued as extended term insurance or otherwise reduced in value by the use of nonforfeiture benefits or other contract values
- Amended to reduce benefits or the coverage period
- Reissued with a reduction in cash value
- Used in a "financed purchase" - A financed purchase means the purchase of a new life insurance contract involving the actual or intended use of funds obtained by the withdrawal or surrender of, or by borrowing from, values of an existing life insurance contract to pay all or part of any premium of a new life insurance contract.
- Billing/Premium cancellation or reduction

Name of company being replaced	Existing contract number

	Existing Contract	Proposed Contract
Type of contract		
Date of issue		
Total current death benefit	$	$
Total current value	$	$
Current loan	$	
Rated	☐ Yes ☐ No	
Modified Endowment Contract	☐ Yes ☐ No	☐ Yes ☐ No
Accidental death	$	$
Disability waiver or premium waiver	☐ Yes ☐ No	☐ Yes ☐ No
Guaranteed Purchase Option	$	$
Spousal rider	$	$
Child rider	$	$
Term rider	$	$
Current annualized premium outlay	$	$

Section 3 - Additional Information

All replacement transactions must be suitable for the client. Explain, in detail, **all** of the reasons why this transaction is suitable and why the new product is more advantageous than the existing product.

How will the first-year premium be paid for the proposed contract?

How will subsequent premiums be paid for the proposed contract?

☐ Yes ☐ No Was an in-force illustration for the existing contract reviewed as part of the product suitability analysis?

If no, what alternative source was used to compare the existing contract to the proposed contract?

Federal Tax Bracket

☐ 0 - 12% ☐ 13 - 31% ☐ 32% +

I certify that I understand the following:

- The premium schedule and renewal provisions.
- Premium payments may be required for a longer period of time on the new contract.
- There is no guarantee that future premiums can be paid in full or in part by values from other contracts or from this contract's future cash value or dividends (surplus refunds).
- The new contract may be issued at nonstandard rates.
- New contestability (two years), suicide (up to two years, depending on the state of issue), and convertibility provisions will apply.
- A new surrender charge schedule may apply.
- Once a contract has been replaced, you may not be able to reinstate that contract.
- The transaction may result in a taxable gain.

Taxable Gain - Approximately $ _____ will be reported to the IRS as being taxable in the year the distribution is processed (if nothing will be taxable, enter zero). In certain situations, the tax gain will be greater than estimated above due to previous withdrawals from your contract(s).

Surrender Charges - A $ _____ surrender charge will be levied (if no surrender charges, enter zero).

Section 4 - Acknowledgement and Signatures

I acknowledge that my representative and I reviewed the information on this form and that any questions I had have been answered. I believe replacing my existing contract is in my best interest.

Signature of owner/trustee/authorized person and date signed

X

Signature of owner/trustee/authorized person and date signed

X

Signature of owner/trustee/authorized person and date signed

X

Signature of owner/trustee/authorized person and date signed

X

Signature of owner/trustee/authorized person and date signed

X

Signature of representative/witness and date signed

X

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4321 N. Ballard Road, Appleton, WI 54919-0001
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Third Party Owner Application Supplement

Section 1 - General Information

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

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

Section 2 - Member Information

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

Relationship of member to proposed insured/annuitant

Section 3 - Proposed Third Party Owner(s)

The first owner named will receive all correspondence for the contract.

Name of owner/business/trust (print first, middle, last name and suffix, as applicable)		Date of birth
Relationship to proposed insured/annuitant	Date of trust	Percentage of common ownership* %

Complete additional names if multiple owners.

Multiple owners shall be: ☐ Joint Tenants ☐ Tenants in Common

Name of owner/business/trust (print first, middle, last name and suffix, as applicable)	Date of birth
Relationship to proposed insured/annuitant	Percentage of common ownership* %
Name of owner/business/trust (print first, middle, last name and suffix, as applicable)	Date of birth
Relationship to proposed insured/annuitant	Percentage of common ownership* %
Name of owner/business/trust (print first, middle, last name and suffix, as applicable)	Date of birth
Relationship to proposed insured/annuitant	Percentage of common ownership* %
Name of owner/business/trust (print first, middle, last name and suffix, as applicable)	Date of birth
Relationship to proposed insured/annuitant	Percentage of common ownership* %

*If you mark the Tenants in Common box and fail to provide percentage of common ownership or the percentages do not total 100%, then each Tenants in Common owner will be deemed to own an equal share. If you mark the Joint Tenants box and provide percentage of common ownership, your ownership will be recorded as Joint Tenants without percentage of ownership.

Section 4 - Agreements and Signatures

I have read (or have had read to me) the statements and answers recorded on this Third Party Owner Application Supplement. To the best of my knowledge and belief, they are true, complete and correctly recorded and shall be a basis of any contract issued. My signature applies to all sections and statements on this Third Party Owner Application Supplement.

Signed at state - _____

Signature of owner and date signed

X

Signature of member and date signed

X

Signature of owner and date signed

X

Signature of owner and date signed

X

Signature of owner and date signed

X

Signature of representative and date signed

X

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Business Entity Information

Guide to completing the Business Entity Information form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 business entities opening an account:
When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Purpose:
This form is needed to inform Thrivent of the individuals authorized to act on behalf of the legal entity; and to provide beneficial owner and controller owners information to allow Thrivent to verify identity of account owners and controllers, as is required by the Bank Secrecy Act.

Things you should know:
The business entity name on this form must be the legal name of your business. Changes in the business entity's legal name require the completion of a new form.

The business entity must promptly notify Thrivent of any changes to the form or the representations made. Thrivent reserves the right to review additional business documents including, but not limited to, Articles of Incorporation or Bylaws.

Thrivent does not have the authority to provide business administration, legal or tax advice. No Thrivent representative has the authority to provide you with advice on how to complete this form.

- **Section 1:** The customer can have the form apply to ALL accounts in the name of the legal entity; OR apply only to specific accounts by listing the account number(s). If no account number is provided, then this form will apply to all accounts that the legal entity holds.
- **Section 2:** All information is required.
- **Section 3:** Exemptions
  a. you are a nonprofit, not for profit, charity, non-stock, or public benefit entity.
  b. you are applying for or transacting upon a Term, Whole Life, Universal Life, or Fixed Annuity; or
  c. you are a financial institution regulated by a Federal functional regulator or a bank regulated by a state bank regulator; or
  d. you are a US Government, Federal or State, department, agency, or division; or
  e. you are an entity (or at least 51% owned by an entity) publicly traded on the New York, American, or NASDAQ stock exchange; or
  f. you are an investment company, investment advisor, exchange or clearing agency or any other entity regulated by the SEC under the SEC Act of 1934; or
  g. you are a registered entity under Section 1a of the Commodity Exchange Act; or
  h. you are a registered public accounting firm under section 102 of the Sarbanes-Oxley Act; or
  i. you are a bank holding company, a pooled investment vehicle that is advised by a financial institution or an insurance company that is regulated by a State; or
  j. you are establishing this account for the purpose of participating in an employee benefit plan established under the Employee Retirement Income Security Act of 1974.
- **Section 4:** Thrivent reserves the right to request additional information from the authorized signers in order to verify that person's identity.
  Foreign persons may provide an identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.
- **Section 5:** Foreign persons may provide an identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

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Business Entity Information

Thrivent ID _____

1. Contract Information

This authorization will apply to all contracts under the Thrivent ID for this entity, unless specific contract number(s) are listed below.

Contract number(s) _____ _____ _____

_____ _____

2. Business Entity Information

Name of business _____

Address of business _____

City _____ State _____ ZIP code _____

Phone _____

What is the nature of the business? (describe service or product):

_____

_____

Type of entity (select one):

- ☐ Corporation
- ☐ Nonprofit
- ☐ Foreign Entity
- ☐ Sole Proprietorship
- ☐ Other _____
- ☐ Business Trust
- ☐ Limited Liability Company
- ☐ General Partnership
- ☐ Limited Partnership

3. Exemption

Are you an exempt legal entity under the exemptions described on the Guide? ☐ Yes ☐ No

If No, each section of this form, including Social Security number, is required.

If Yes, list the letter of the exemption: _____

If Yes, Section 5 is not required to be completed.
If Yes and exemption 'a' is listed, complete Section 4, including the Social Security number, for each authorized signer.
If Yes and exception 'b - j' is listed, complete Section 4. Social Security number is not necessary.

4. Authorized Signers

Complete the following information for at least one individual with significant responsibility for managing and controlling the business entity listed in Section 2, such as:

- an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- any other individual who regularly performs similar functions.

The individual(s) named here is authorized by the business entity to conduct business.

Name of authorized signer _____

Title _____

Residential address _____

City _____ State _____ ZIP code _____

Date of birth _____

For US persons - Social Security number _____

For non-US persons - Passport Number and Country of Issuance _____

Signature of authorized signer _____

Name of authorized signer _____

Title _____

Residential address _____

City _____ State _____ ZIP code _____

Date of birth _____

For US persons - Social Security number _____

For non-US persons - Passport Number and Country of Issuance _____

Signature of authorized signer _____

Name of authorized signer _____

Title _____

Residential address _____

City _____ State _____ ZIP code _____

Date of birth _____

For US persons - Social Security number _____

For non-US persons - Passport Number and Country of Issuance _____

Signature of authorized signer _____

5. Beneficial Owner Information

Complete the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the business entity listed in Section 2.

☐ **No individual meets this definition.**

Name of beneficial owner _____

Residential address _____

City _____ State _____ ZIP code _____

Date of birth _____

For US persons - Social Security number _____

For non-US persons - Passport Number and Country of Issuance _____

Name of beneficial owner _____

Residential address _____

City _____ State _____ ZIP code _____

Date of birth _____

For US persons - Social Security number _____

For non-US persons - Passport Number and Country of Issuance _____

Name of beneficial owner _____

Residential address _____

City _____ State _____ ZIP code _____

Date of birth _____

For US persons - Social Security number _____

For non-US persons - Passport Number and Country of Issuance _____

Name of beneficial owner _____

Residential address _____

City _____ State _____ ZIP code _____

Date of birth _____

For US persons - Social Security number _____

For non-US persons - Passport Number and Country of Issuance _____

6. Agreements and Signatures

I understand a claim cannot be made against Thrivent for permitting a transaction so long as any one authorized person signs or initiates the transaction, even if a person exercises more authority than granted by the business entity.

By signing, I certify that: 1) I am an authorized representative of the business entity; 2) the business entity exists; 3) the Authorized Signers are authorized by the business entity to conduct business on the contracts owned by the entity or the specific contract(s) listed in Section 1; 4) I or another authorized representative of the business entity will promptly inform Thrivent of any changes in the representations contained in this certification; 5) all representations made in this certification are true and correct to the best of my knowledge and those representations will remain in full force and effect until Thrivent is notified through written revocation or a new business entity information form from an authorized representative of the business entity; 6) the authorized signer, on behalf of the business entity, shall indemnify and hold harmless Thrivent from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by relying in good faith upon this certification.

Signature of designated representative of business entity _____

Date signed _____

Title _____

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264

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Certification of Trust

Thrivent ID

No representative of Thrivent and its subsidiaries has authority to analyze trust documents or give advice when completing this form. Consult your attorney with any questions regarding the provisions of the trust.

Section 1 - Identification of Trust

Exact name of existing trust	Date trust established

Name of grantor

Type of trust:

☐ Irrevocable - Trust Employer Identification Number (EIN) - _____

☐ Revocable - By whom

Social Security number of grantor	Date of birth of grantor

A Taxpayer Identification Number (TIN) may be obtained at www.irs.ustreas.gov. Distributions from annuities, settlement options, or Modified Endowments owned by a "Grantor" trust may be subject to premature distribution penalties. See Internal Revenue Code (IRC) §§ 673-677. If the trust is an irrevocable trust which qualifies as a grantor trust, contact the Operations Center for additional instructions.

Section 2 - Identification of Currently Acting Trustee(s) - Complete for all currently acting trustee(s).

Correspondence address for trust - Unless you designate otherwise, the address and phone number for the first currently acting trustee will be used as the correspondence address and phone number for the trust.

Name of currently acting trustee			Social Security number
Address	City		Date of birth
	State	ZIP code	Phone

Name of currently acting trustee			Social Security number
Address	City		Date of birth
	State	ZIP code	Phone

Name of currently acting trustee			Social Security number
Address	City		Date of birth
	State	ZIP code	Phone

Section 3 - Trustee Authorization to Act

☐ Yes ☐ No If there is more than one acting trustee, can co-trustees act independently?

If "no" is selected, indicate the number of **signatures required to transact** - _____

If "no" is selected, but the number of **signatures required to transact** is blank or illegible, or no box is checked, all trustees will be deemed necessary to transact. If more than one signature is required, phone transactions may not be available.

Section 4 - Beneficiary of Trust - Not applicable to Thrivent Funds

Indicate who the beneficiary of the trust is by selecting all that apply.

☐ The spouse, child, parent, or other person related to the insured by blood, marriage, or legal adoption, foster parents of the insured, betrothed to the insured, dependents of the insured, or estate of the insured.
If your state recognizes other relationships, such as civil union or domestic partnership, that receive the same privilege, immunity, right, or benefit of marriage, "Spouse" shall include those relationships.

☐ A church, church organization, educational institution, nonprofit corporation, or any corporation, community chest, fund, or foundation described in Section 501(c)(3) of the IRC of 1954, as amended.

☐ The charitable beneficiary is **irrevocably** named. ☐ The charitable beneficiary is **revocably** named.

☐ Other beneficiary with an insurable interest in the insured - Provide the beneficiary details in Section 6 - Additional Information below.

In order to comply with Internal Revenue Service (IRS) rules for fraternal benefit societies, when the contract is issued by Thrivent Financial for Lutherans, and other state regulations when the contract is issued by Thrivent Financial for Lutherans, the undersigned hereby certify that all of the beneficiaries of the trust now have, and will continue to have, an insurable interest in the insured by virtue of the fact that they are all beneficiaries within at least one of the classes above.

Section 5 - State Requirements

When any currently acting trustee is a resident of one of the following states, you must provide the information requested in the Additional Information section.

Michigan - Provide the date of any amendments to the trust. If no date is provided, it is deemed there are no amendments.
Oregon - Provide the state, country, or other jurisdiction whose laws were used to establish the trust. If no state, country, or other jurisdiction is provided, it is deemed Oregon.
Tennessee - Provide the name(s) of each successor trustee. If no names are provided, it is deemed that no successor trustee(s) exist(s). Thrivent may rely on the authority of one or more successors without proof of succession.
Vermont - Provide the name(s) of each original trustee and information on court supervision. If no names are provided, it is deemed that the trustee(s) named in Section 2 are the original trustee(s). If no court supervision information is provided, it is deemed that the trust is not under court supervision.

Section 6 - Additional Information

Section 7 - Mandatory Cost Basis Reporting Notice - Applicable to Thrivent Funds

Thrivent is required to report cost basis for covered shares that are redeemed from this trust account based on the method elected by the authorized person(s) for the trust. If a method is not elected, the average cost method will be used. The trust is required to use the cost basis information provided by Thrivent for covered shares; this information will also be reported to the IRS on Form 1099-B when shares are redeemed from the account. To help ensure that the cost basis on this account remains as accurate as possible, notify Thrivent of any cost basis adjustments that are needed for the account due to trust activities. Provide notification upon the death of any trust grantor(s) for revocable trusts in order for cost basis to be adjusted. Contact your tax advisor for questions on which cost basis method to select. Neither Thrivent nor its financial representatives can provide tax advice.

Section 8 - Signatures, Indemnification, and Taxpayer Identification

By signing, I agree that: 1) the trust exists; 2) I am authorized under the trust and applicable law to conduct business on those accounts/contracts owned by the trust; 3) I will promptly inform Thrivent of any changes in the representations contained in this certification; 4) all representations made in this certification are true and correct to the best of my knowledge and those representations will remain in full force and effect until Thrivent is notified through written revocation or amendment from the trustee; 5) I authorize Thrivent to rely upon the authority of one or more successors to act without proof of their succession; 6) the trustee shall indemnify and hold harmless Thrivent from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by relying in good faith upon this certification.
By signing, I also understand that no account/contract will be accepted without a valid TIN. Under penalties of perjury, I certify that: 1) the number shown on this form is the trust's correct TIN (or I am waiting for a number to be issue to the trust); 2) the trust is not subject to backup withholding because either the trust is exempt from backup withholding, has not been notified by the IRS that is is subject to backup withholding as a result of a failure to report all interest or dividends, or the trust has been notified by the IRS that it is no longer subject to backup withholding; and 3) the trust is a U.S. trust.

When **any** currently activing trustee is a resident of **California, Idaho, Iowa, Missouri, Nebraska, Nevada, New Jersey, or Oregon,** all currently acting trustees must sign the Certification of Trust. In all other states, only one trustee's signature is required.

Name of currently acting trustee

Signature of currently acting trustee and date signed

X

Name of currently acting trustee

Signature of currently acting trustee and date signed

X

Name of currently acting trustee

Signature of currently acting trustee and date signed

X

Affix notary stamp here (required when **any** currently acting trustee resides in Idaho, Iowa, Michigan, Minnesota, Nebraska, Nevada, Tennessee, or Vermont)	Affix notary stamp here (required when **any** currently acting trustee resides in Idaho, Iowa, Michigan, Minnesota, Nebraska, Nevada, Tennessee, or Vermont)	Affix notary stamp here (required when **any** currently acting trustee resides in Idaho, Iowa, Michigan, Minnesota, Nebraska, Nevada, Tennessee, or Vermont)

As used in this form, "Thrivent" refers to Thrivent Financial for Lutherans and its subsidiaries, including without limitation Thrivent Funds and Thrivent Financial Investor Services Inc.

thrivent

Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001
Thrivent.com • 800-847-4836

403(b) and Qualified Plan Distribution Disclosure

Do not use for distributions from a designated Roth account.

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from your Tax Sheltered Annuity (TSA), 403(b) custodial account, eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan) or Qualified Retirement Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59 1/2 and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59 1/2 (or if an exception applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59 1/2 (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70 1/2 (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949) or after death
- Hardship distributions
- ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- Cost of life insurance paid by the Plan
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59 1/2, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments of up to $5,000 made to you from a defined contribution plan within one year after the birth or adoption of a child
- Payments after your death
- Payments of ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Cost of life insurance paid by the Plan
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution.

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59 1/2, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to $10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of $12,000, of which $2,000 is after-tax contributions. In this case, if you directly roll over $10,000 to an IRA that is not a Roth IRA, no amount is taxable because the $2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

If you do a 60-day rollover to an IRA of only a portion of a payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of $12,000, of which $2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over $10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the $2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

If your payment includes employer stock that you do not roll over

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59 1/2, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan administrator can tell you the amount of any net unrealized appreciation.

If you have an outstanding loan that is being offset

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If your payment is from a governmental section 457(b) plan

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59 1/2 (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59 1/2 will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences are that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of $3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59 1/2 (or after your death or disability, or as a qualified first-time homebuyer distribution of up to $10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs), and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

If you do a rollover to a designated Roth account in the Plan

You cannot roll over a distribution to a designated Roth account in another employer's plan. However, you can roll the distribution over into a designated Roth account in the distributing Plan. If you roll over a payment from the Plan to a designated Roth account in the Plan, the amount of the payment rolled over (reduced by any after-tax amounts directly rolled over) will be taxed. However, the 10% additional tax on early distributions will not apply (unless you take the amount rolled over out of the designated Roth account within the 5-year period that begins on January 1 of the year of the rollover).

If you roll over the payment to a designated Roth account in the Plan, later payments from the designated Roth account that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a designated Roth account is a payment made both after you are age 59 1/2 (or after your death or disability) and after you have had a designated Roth account in the Plan for at least 5 years. In applying this 5-year rule, you count from January 1 of the year your first contribution was made to the designated Roth account. However, if you made a direct rollover to a designated Roth account in the Plan from a designated Roth account in a plan of another employer, the 5-year period begins on January 1 of the year you made the first contribution to the designated Roth account in the Plan or, if earlier, to the designated Roth account in the plan of the other employer. Payments from the designated Roth account that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies).

If you are not a plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59 1/2 will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70 1/2 (if you were born before July, 1 1949) or age 72 (if you were born after June 30, 1949).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70 1/2 (if you were born before July, 1 1949) or age 72 (if you were born after June 30, 1949).

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien.

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than $200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cashout of more than $1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan administrator or the payor. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed $5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at
or by calling 1-800-TAX-FORM.

thrivent

eDelivery Consent Disclosures

Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001
Thrivent.com • 800-847-4836

Thrivent ID

Section 1 - General Information

Name

Email address

By consenting to eDelivery, you are consenting for Thrivent (as defined on page 2) to deliver electronic documents to you instead of mailing paper documents to your mailing address. Thrivent recommends you store your important documents in a secure electronic or paper format for your records. Thrivent is not responsible for any Internet Service Provider, electronic data provider, or hardware or software provider subscription or use fees.

Section 2 - Document Description and Method of Delivery

To receive, print, and view your documents, you must provide a valid email address and have internet access and portable document format (PDF) viewing software, such as Adobe Reader. Review Thrivent.com/faqs/#techsupport for information about browsers and browser settings most compatible with Thrivent's website.

Documents you do not log in to view

- You will receive an email notification containing a link to a publicly available electronic version of the document that can be viewed, printed or saved.
- The documents do not contain personal information.
- Examples of documents you do not log in to view include prospectuses, annual reports and the annual Privacy Notice.

Documents you must log in to view

- Documents you must log in to view contain personal information. You will receive an email notification containing a link. After clicking the link and verifying your identity, you will have electronic access to your document. The document can be viewed, printed or saved.
- Examples of documents you log in to view include activity confirmations, payment notices and statements.

Inserts

- Notification for any documents may include links to inserts that would otherwise be sent with the document if delivered via U.S. mail. You will not be required to log in if the insert is publicly available or if you do not have a log in. Examples of inserts include annual Privacy Notice, prospectus supplements, and other documents.

Section 3 - Document Availability

Your voluntary consent will apply to:

- any product with which you have a relationship now or while your consent is in effect; and
- any document Thrivent is legally permitted to send via eDelivery.

Examples of the documents you might receive are included in Section 2. Thrivent may, at its discretion, mail paper documents. Depending on the relationship you have with Thrivent, Thrivent may allow you to choose eDelivery of specific documents. Thrivent reserves the right to discontinue this type of offering in the future.

The length of time your electronic documents are available online may vary by product and document. The length of time will never be less than legally required.

Section 4 - Revoke eDelivery Preference or Request Paper Copies

Thrivent will act upon your voluntary eDelivery consent until you revoke it. You may revoke your eDelivery preference and receive documents by U.S. mail at any time without penalty. Thrivent accepts notification of revocation through any of the Contact Thrivent options listed. Revocations will be processed within 7 days or sooner as required by law. On some products, Thrivent may discontinue waiving certain contractual fees or charges if you revoke your eDelivery consent. However, you will not incur a separate charge or fee for receiving paper documents. Revocation does not change the effectiveness, validity, or enforceability of documents previously provided to you by eDelivery.

You may request paper copies of any document you previously received by eDelivery without revoking your eDelivery preference. Thrivent will provide these documents to you free of charge.

If Thrivent is unable to successfully eDeliver your documents, Thrivent will contact you by U.S. mail with further instructions. Thrivent may deem unsuccessful eDelivery of your documents as a revocation of consent for eDelivery.

Section 5 - Contact Thrivent

You must notify Thrivent when your contact information changes or you wish to revoke your consent. You may use any of the following methods to update your email address, residential address, or phone number(s), or to revoke your consent:

Thrivent.com

Log in to Thrivent.com and manage your profile

Call 800-847-4836

- A member service professional will be happy to update your contact information
- For details about the documents currently available by eDelivery
- To request a paper copy of a document you received by eDelivery

Send a Written Request

Thrivent
4321 N Ballard Rd
Appleton, WI 54919-0001

Section 6 - Changes to These eDelivery Consent Disclosures

Thrivent reserves the right to modify these eDelivery Consent Disclosures. You will receive an email notification prior to the effective date of any modified eDelivery Consent Disclosures. The email will include instructions to change your preferences if you prefer to receive any document(s) by U.S. mail or do not agree to the new eDelivery Consent Disclosures. Any modification of the eDelivery Consent Disclosures will apply from the effective date forward and not to documents you previously received.

Section 7 - Acceptance and Consent

By electronically signing this form and submitting it to Thrivent, I certify I have reviewed and accept these eDelivery Consent Disclosures. I am voluntarily consenting for Thrivent to act on my eDelivery preference(s) until revoked.

Signature and date signed

X

As used in this form, "Thrivent" refers to Thrivent Financial for Lutherans, Thrivent Life Insurance Company, Thrivent Investment Management Inc., and the Thrivent Series Fund. Thrivent's Privacy Notice also applies to Thrivent Mutual Funds, Thrivent Financial Investor Services Inc., Thrivent Insurance Agency Inc. and the Thrivent Asset Management, LLC.

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Annuity/Settlement Option Surrender Service Request

1. Owner Information

Thrivent ID and email are optional in the state of California.

Thrivent ID _____ Contract number _____ Email _____

Name _____

2. Surrender Details

☐ Full surrender *(this will close the contract)*

☐ One-time partial surrender amount

☐ Amount $ _____

☐ Amount that is penalty free

☐ Ongoing Automatic Payout Option (APO)

☐ New ☐ Change ☐ Cancel

Payout frequency

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start date - _____

Automatic payout options (select one)

☐ Interest only

☐ Fixed amount $ _____

☐ Fixed percentage _____ %

3. Specific Subaccount Surrender

For Fixed Indexed products, the surrender will be taken from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient.

For variable or Multi-Year Guarantee products, indicate account(s) from which payout should be made. If no amounts are indicated, surrenders will be taken proportionately from all subaccounts or allocation periods containing a value.

Subaccount Name or Allocation Period	Amount or Percent
_____	$ _____ _____ %
_____	$ _____ _____ %
_____	$ _____ _____ %

4. Delivery of Payment

☐ Check

☐ Direct Deposit

Complete bank information for direct deposit

Full name of bank account owner(s) _____

Full name of bank _____

Account type ☐ Checking ☐ Savings

Routing number _____ Account number _____

☐ Deposit into an existing Thrivent Mutual Fund account _____

☐ Deposit into a new Thrivent Mutual Fund account.

☐ Apply to another Thrivent contract/account. Only available for one-time partial or complete surrenders.

Contract number	Premium amount	Loan repayment
_____	$ _____	$ _____
_____	$ _____	$ _____

5. Request for Waiver of Surrender Charges (subject to availability)

Optional in the state of California.

- ☐ Confinement to health care facility still applicable. Information already on file at Thrivent.
- ☐ Request for Waiver of Surrender Charges for Health Care Facilities Confinement form will be sent to Thrivent separately.
- ☐ A letter from the nursing home concerning waiver of surrender charges will be sent to Thrivent separately.
- ☐ A letter from an attending physician or doctor indicating a life expectancy of less than 12 months will be sent to Thrivent separately. Attending physician cannot be a family member.
- ☐ A Claimant's Statement for Total Disability form and an Attending Physician's Statement of Disability form will be sent to Thrivent separately.
- ☐ Proof of state unemployment benefits will be sent to Thrivent separately.

6. Withholding and Charges

Surrender Charges and Tax Withholding Amount

Any surrender/decrease charges or tax withholding should be selected below.

- ☐ Add to amount requested. *Your distribution will be for the amount requested. Your account balance will be reduced by this amount plus, any applicable surrender charges, federal/state tax withholding.*
- ☐ Subtract from amount requested. *Your distribution will be for the amount requested less any applicable surrender charges, federal/state tax withholding. Your account balance will be reduced by the amount requested.*

Unless otherwise indicated on this form, any surrender charges and/or withholding will be added to the distribution amount requested.

Federal and State Withholding Election

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash surrender value and pay it to the IRS unless you tell us in writing not to withhold the tax. Some states also require us to withhold state income tax if we withhold federal tax.

If you do not want to withhold or would like a percentage other than the required withholding percentage, indicate below.

☐ Do not withhold federal income tax ☐ Other federal withholding _____%

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

7. Additional Information

8. Plan Trustee Certification

For Qualified Retirement Plan Surrenders from Deferred Annuities

By signing in section 10, I certify that the participant (owner) named in section 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 plan owning the contract. I also acknowledge the trustee signature requirements have been satisfied in accordance with the terms of the plan.

Is this complete surrender a result of qualified retirement plan (401(k), profit sharing plan, etc) termination? (If no box is marked, Thrivent will assume this complete surrender is **not** the result of a plan termination.) ☐ Yes ☐ No

9. Validation (see validation requirements in disclosure section)

Medallion Signature Guarantee Seal or Notary Seal

10. Agreements and Signatures

I authorize Thrivent to process the requested distribution and I certify: 1) I have received, read, and agree to the Disclosures (pages 4-6 of this form) and any other disclosures contained in this form; 2) I understand this transaction may be taxable and subject to surrender charges; 3) I understand I have the opportunity to request a quote of the taxable gain and surrender charges prior to requesting this transaction; and 4) I understand this transaction, including any distribution of taxable gain or assessment of surrender charges, cannot be reversed.

If you are signing in any capacity other than the owner/controller/assignee, a title (power-of-attorney, conservator, guardian, trustee, authorized person, etc.) must be provided.

Signature of owner/controller/assignee _____

Date signed _____

Title _____

Signature of joint owner/controller/assignee _____

Date signed _____

Title _____

Employer Certification ***Only*** *for 403(b) surrenders/APO from deferred annuities.*

By signing, I certify that the participant (owner) named in section 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.

☐ Hardship surrender only (does not apply to APO) - By checking this box, I represent the distributable event is financial hardship and the employer will suspend employee contributions for a period not less than six months pursuant to the plan.

☐ Hardship surrender only (does not apply to APO) - By checking this box, I represent the distributable event is financial hardship and the employer will not suspend employee contributions.

Name of employer _____

Name of authorized representative of employer _____

Title of authorized representative of employer _____

Signature of authorized representative of employer _____

Date signed _____

Send completed form to:

Thrivent
PO Box 8075
Appleton WI 54912-8075

Fax: 800-225-2264

Disclosures

Surrender Details

I fully acknowledge and understand that by distributing the amount requested from my contract/agreement, the following may result:

Upon complete surrender, I understand that all insurance coverage provided by this contract and the rights of all beneficiaries under this contract cease as of the date this form is properly signed.

Taxable Gain - The distributions may result in the reporting of taxable gains to me.

Penalty Tax - An IRS premature distribution penalty may apply to the taxable portion of the surrender if I am under age 59 1/2 or if this is a SIMPLE IRA and I have participated for less than two years.

Surrender charges may apply.

A market value adjustment (MVA) may apply to distributions from a Fixed Period Allocation.

Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.

Automatic Payout Option (APO) - Only available on Deferred Annuities and FPDAs. If we receive this form in good order after your selected start date, the start date shall be deemed the first business day (or Valuation Date for variable products) that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

If 29-31 is chosen, the 28th will be used. If no date is entered, your distribution amount will be the 15th.

Allow 2-5 business days after date selected for funds to be available to you.

Interest only payment must be at least $25.00. Not available for FPDA or Advisor/Flex.

Fixed - Amount - FPDA only - payment amounts under $200 will require direct deposit or payment to another Thrivent product.

Fixed Percent - % of cash value to be distributed at the time of each surrender. i.e. .8% monthly = 9.6%, or approximately 10% annually. Not available for FPDA.

If the payment frequency is blank, illegible or invalid, you are deemed to have elected annual distribution. If annual distribution is elected, but the month is left blank, illegible or invalid, you are deemed to have elected December. If the date of the distribution is left blank, illegible or invalid, you are deemed to have elected the 15th and for distributions to begin when this date next occurs.

If funds are being removed from a specific subaccount, and the value of that subaccount drops below the requested distribution amount, the value in that subaccount will be depleted and the balance will be taken proportionately from the remaining subaccounts. Subsequent payouts will be removed proportionately from all the remaining subaccounts, unless otherwise instructed.

Impact of Withdrawal on Guaranteed Lifetime Withdrawal Benefit (GLWB) rider - I understand that if the GLWB rider is present and a withdrawal request results in a GLWB excess surrender as defined by the GLWB rider, all future GLWB guaranteed values will be reduced. The benefit base and survivor benefit, if any, will be reduced by at least the amount of the excess surrender or in the same proportion the Account Value is reduced. The Guaranteed Withdrawal Amount (GWA) for the next contract year will be reduced in the same proportion as the benefit base. The excess surrender will result in a permanent reduction in all future GWAs. If you would like to make an excess surrender and are uncertain how an excess surrender will reduce your future GWAs, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess surrender.

For an annuity with the Long-Term Care (LTC) Insurance Rider - If the reason for your surrender request is due to the need to pay for LTC costs, make a claim from your LTC benefits instead of taking a partial surrender from your annuity.

Impact of Surrender or Partial Surrender on LTC Insurance Benefits - I understand that if the LTC Insurance Rider is present, a request to surrender, or a request for a partial surrender which results in the Accumulated Value being less than the required minimum, the LTC Insurance Rider will terminate and all LTC benefits will cease (although nonforfeiture benefits may be available). I understand that if the LTC Insurance Rider is present, a request for a partial surrender will result in a reduction of my available LTC Insurance benefits. Partial surrenders may be subject to income taxation.

I understand that the distribution and any taxable gain resulting from this distribution cannot be reversed once the distribution is processed. Such taxable gain will be subject to federal and state income tax withholding, unless the federal and state tax withholding election is completed.

Transactions are processed as of market close on the day the form is received in good order. If the withdrawal amount requested will cause the value of the contract to fall below the required minimum balance due to market fluctuation, the maximum amount available will be withdrawn.

Disclosure and Important Information Regarding Qualified Charitable Distributions (QCD)

- Use only when IRA owner is 70 1/2 or older.
- The IRS defines QCD as an otherwise taxable distribution from an IRA (other than an ongoing SEP or SIMPLE IRA) owned by an individual who has attained the required age that is paid directly from the IRA to a qualified charity.
- The charity must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions. Certain charities do not qualify; such as, sponsoring charities of donor-advised funds, private foundations and supporting organizations.
- Consult a tax professional to discuss this option as it is your responsibility to ensure the distribution made with this form complies with the IRS rules.
- Thrivent will report this distribution to the IRS on IRS Form 1099-R.

Specific Subaccount Surrender

Minimum requirements may apply. Allocations of percentages are subject to availability. If a specific subaccount or allocation period is chosen, and the percentage field is entered, the percentage requested will be based on the specific subaccount or allocation period value, not the entire contract value. If more than 3 subaccounts, use section 7 - Additional Information.

Delivery of Payment

Direct Deposit - I authorize Thrivent to make this electronic deposit and, if necessary, corrections to my bank account. I further authorize Thrivent to act upon future electronic deposit instructions I provide to my representative or directly to Thrivent. My authorization is valid for electronic deposits and corrections that comply with U.S. law. This authorization shall remain in full force and effect until I revoke it by giving 10 day prior notice to Thrivent.

Checks - For contracts with multiple owners, disbursement checks may be made payable to only the primary owner. If only the primary owner's name appears as the payee on a disbursement check from a contract with multiple owners, it is the responsibility of the primary owner to obtain signatures of the other owners prior to cashing the check. If the disbursement results in taxable income, the tax information will be reported to all owners.

For internal product-to-product transfers only - Only available for One-time Partial or Complete Surrenders. Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract(s) to become effective only if and when:

- Thrivent (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 (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.

Withholding and Charges

Notification of Withholding and Surrender Charges (Not Applicable for FPDAs) - 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.

Federal Withholding - If withholding is indicated and the dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

State Withholding - If withholding is indicated and the dollar amount or percentage is less than the state minimum, or if amount or 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.

Mandatory Tax - Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

Roth IRA Distributions - No tax withholding will be withheld from your Roth IRA.

Qualified Charitable Distribution - No tax withholding will be withheld from your qualified annuity.

Plan Trustee Certification

Notice to Qualified Plan Trustee(s) - Trustee(s) of Qualified Retirement Plans (such as Money Purchase Plans, Profit Sharing Plans, 401(k) Plans, Defined Benefit Plans, etc.) or 457(b) Plans must provide the Qualified Joint and Survivor Annuity Notice, when applicable, to plan participants. Your Thrivent representative will provide you with the required participant-specific benefit illustration to accompany the Qualified Joint and Survivor Annuity Notice. If a form of benefit other than the Qualified Joint and Survivor Annuity is elected, spousal consent must be obtained. Trustee(s) are also required to provide participants with a Distribution Disclosure Notice.

If you do not have the above referenced notices, Thrivent has generic notices for your use. These notices should be reviewed by your tax advisor to verify suitability for your plan. You are responsible for providing the applicable notices and obtaining any required signatures. Thrivent does not require a copy of these notices be sent to our office.

Generic Notices Available:

- Qualified Joint and Survivor Annuity Notice form
- Spousal Consent form
- 403(b) and Qualified Plan Distribution Disclosure form

Validation

For your protection, validation of your identity is requested for certain variable and non-variable contract transactions.
Surrender/disbursement transactions:

a. Greater than $499,999 will require a Medallion Signature Guarantee for variable contract transactions and a Notary Public for non-variable contract transactions.
b. Greater than $99,999 and up to $499,999 will require one of the following forms of validation:
   · Attestation by a Thrivent representative
   · A Notary Public
   · A Medallion Signature Guarantee (not available for fixed contracts)
c. Greater than $10,000, 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 representative.
d. Greater than $10,000, 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 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 contract 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

403(b) or Tax Sheltered Annuity Distribution Acknowledgement - I acknowledge that if this distribution is an eligible rollover distribution from a 403(b) and is not a direct rollover to a qualified retirement plan or IRA, the taxable amount of the distribution will be subject to 20% 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 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.

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Thrivent Funds Recharacterization Election

Section 1 - General Information

Name of owner (print first, middle, and last name)	Date of birth

Existing Thrivent Funds account number(s)

Section 2 - Recharacterization Instructions. Must be completed by the tax filing deadline, including extensions.

☐ Recharacterize entire Roth IRA or Traditional IRA balance. This option is available for accounts containing **only** funds that were contributed during the tax year relating to this recharacterization.

☐ Recharacterize only a portion of Roth IRA or Traditional IRA balance. Complete the following chart below.

Tax Year	Contribution Amount	Date(s) of Contribution
	$	
	$	
	$	
	$	
	$	
	$	

☐ Yes ☐ No Should Automatic Purchase Plan for contribution be discontinued?

Section 3 - Intended Destination/Allocation of Dollars

Account Number	Fund Name/Share Class	Percent
		%
		%
		%
		%
		%
		%

Total percent must equal 100%

Section 4 - Agreements and Signatures

- When you choose to recharacterize a contribution, the net gain or loss attributable to the amount being recharacterized must be transferred along with the recharacterized amount.
- The recharacterization will be reported as specified by the Internal Revenue Service (IRS). In addition, you will have some personal income tax reporting as specified by the IRS because of the recharacterization.
- The IRS has placed restrictions on Roth IRA recharacterizations. Special rules apply if you exceed these recharacterization limits. Please contact your tax advisor before performing a recharacterization.

By choosing to recharacterize, I understand that this election cannot be revoked after the transfer is made.

Signature of owner	Date signed
X	

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

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Variable Annuity with Guaranteed Lifetime Withdrawal Benefit Rider Service Request

Member ID	Contract number

Section 1 - Annuitant

Name of owner

Name of joint owner, if applicable

Section 2 - Surrender Details

Any partial surrender will set and lock-in your Withdrawal Percentage. Surrenders in excess of the Guaranteed Annual Withdrawal Amount will reduce the Benefit Base.

☐ One-time partial surrender amount

- ☐ Amount $ _____
- ☐ Amount that is penalty free

☐ Ongoing Automatic Payout Option (APO)

- ☐ New ☐ Change ☐ Cancel

Payout frequency

- ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start date - _____

APO Type Desired:

☐ Steady income GAWA (default)

On each payout date, we will pay the Guaranteed Annual Withdrawal Amount (GAWA) divided by the selected payout frequency. Frequencies are 12 for monthly, 4 for quarterly, 2 for semiannually, and 1 for annually. If additional surrenders occur, the payouts may be decreased so the GAWA is not exceeded in that year.

This option:

- Produces a consistent payout between contract anniversaries as long as no additional surrenders are made between those contract anniversaries.
- Will not cause an excess surrender. Surrender charges will not apply and the benefit base will not be reduced as a result of these automatic payouts.
- Will pay out the entire GAWA in any contract year that has this option set up during that entire year.

☐ Fixed Amount of $ _____

This option:

- Pays out the amount you indicated for the payout frequency selected above.
- Has the ability to exceed your GAWA which could result in a reduction of all GLWB benefits and surrender charges may apply. If GAWA is exceeded, consider changing this fixed amount to avoid further reduction in benefits.

Section 3 - Specific Subaccount Surrender

For variable products, indicate account(s) from which payout should be made. If no amounts are indicated, surrenders will be taken proportionately from all subaccounts or allocation periods containing a value.

Subaccount Name or Allocation Period	Amount or Percent	
_____	$ _____	_____ %
_____	$ _____	_____ %
_____	$ _____	_____ %

Section 4 - Required Minimum Distribution (RMD) and Qualified Plan Excess Surrender Exception

Election of RMD:

☐ I am not of RMD age.

☐ I am of RMD age and request that annually, any remaining RMD amount is paid out on December _____ (1-28). If date is blank, the distribution will occur annually on December 15. If you meet the conditions in your contract your APO and RMD payouts will not incur surrender charges and will not reduce your GAWA. For additional information, refer to your GLWB Rider.

☐ I am of RMD age and do not want to set up automatic RMD payments at this time.

Qualified Plan Excess Surrender Exception:

The GLWB Rider allows for an additional layer of protection against reducing your benefit base during the GLWB withdrawal period when meeting specific requirements. One of those requirements will be satisfied when you choose the steady income GAWA APO. For additional information, refer to Section 7 of your GLWB Rider.

Section 5 - Distribution Option Desired

Send entire amount by:

☐ Check ☐ Deposit into an existing Thrivent Mutual Fund account - _____

☐ Direct Deposit ☐ Deposit into a new Thrivent Mutual Fund account

For Direct Deposit only, complete bank information:

☐ New request ☐ Bank change

Name of bank account owner	Bank account number

Name of joint bank account owner

Full name of bank

Routing number	Type of account ☐ Checking ☐ Savings

If I have elected to have my payout check deposited in an account at another bank, I authorize Thrivent to begin making such deposits (and corrections, if needed) to the bank indicated above. This bank is authorized to accept and/or correct deposits to my account. This authority shall remain in effect until I revoke it by terminating my contract or by giving prior notice to Thrivent.

I have verified with the bank that this information is correct. I certify that this is my account. I agree and understand that Thrivent is not responsible for any deposits made based on this information.

For contracts with multiple owners, disbursement checks may be made payable to only the primary owner. If only the primary owner's name appears as the payee on a disbursement check from a contract with multiple owners, it is the responsibility of the primary owner to obtain signatures of the other owners prior to cashing the check. If the disbursement results in taxable income, the tax information will be reported to all owners.

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 (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 (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.

Section 6 - Notification for Federal and State Income Tax Withholding

Any tax withholding and/or surrender charges should be:

☐ Added to withdrawal amount requested (net). ☐ Subtracted from withdrawal amount requested (gross).

If no boxes are checked, changes and withholding will be subtracted from withdrawal amount requested (gross). If a "added to" is selected, the GAWA may be exceeded which may reduce the benefit base of the GLWB rider.

Withholding election:

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.

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 _____ %. If dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

State Tax Withholding:

☐ Do not withhold state income tax*

☐ Withhold the applicable state income tax amount of $ _____ or _____ %. If dollar amount or percentage is less than the state minimum, or if amount or 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.

*If your state requires withholding, we will withhold at your state's minimum rate unless you indicate a higher rate.

Roth Distributions:

No tax withholding will be withheld from your Roth IRA.

Section 7- Cancel GLWB Rider

☐ Cancel GLWB Rider - I understand that:

- I cannot cancel before the earliest rider cancellation date shown in my contract.

Upon cancellation:

- Charges for GLWB Rider will no longer apply.
- GLWB Rider cannot be added again in the future.

Section 8- Additional Information

Section 9 - Agreements and Authorization

I understand and agree that:

1. Payouts will start on the first possible day selected after receipt of this form.
2. Surrenders in excess of GAWA will result in a reduction of GLWB Rider guaranteed values unless a Qualified Plan Excess Surrender Exception applies. A distribution, requested or automatic, that results in a GLWB excess surrender as defined by the GLWB rider, will reduce all future GLWB guaranteed values. The benefit base, death benefit and other values, if any, will be reduced by at least the amount of the excess surrender or in the same proportion the account value is reduced. The GAWA for the next contract year will be reduced in the same proportion as the benefit base. The excess surrender will result in a permanent reduction in all future GAWAs. If you would like to make an excess surrender and are uncertain how an excess surrender will reduce your future GAWAs, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess surrender.
3. Surrenders may result in reporting of taxable gain, which cannot be reversed and is subject to federal and possible state tax withholding.
4. Surrender charges may apply.
5. Qualified Plans require RMD be distributed from the contract in the year in which the owner attains age 70 1/2. if that age is reached on or before Dec. 31, 2019. If the owner reaches age 70 1/2 after December 31, 2019, RMD is required to be distributed from the contract in the year in which the annuitant attains age 72.
6. Qualified Plans will calculate RMD using your prior year end account balance and the Actuarial Present Value (APV) if applicable on your annuity contract. The value will be divided by the applicable divisor from the Internal Revenue Service (IRS) Uniform Distribution Table, unless your spouse is your sole beneficiary and is more than 10 years younger than you.

The signature below applies to all sections and statements made on this application.

Signature of owner/assignee* and date signed

X

Title (if applicable)

Signature of joint owner/assignee* or second covered person and date signed

X

Title (if applicable)

*__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;
__Collaterally Assigned Contracts__ - Owner and collateral assignee; one officer's signature and title for a corporation, church or partnership.

Signature of representative and date signed

X

Name and code number of representative

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264

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Thrivent Financial for Lutherans
Thrivent.com • 800-847-4836

Trusted Contact Person Designation

Trusted Contact Person shall mean a person who has been designated by you as a person Thrivent may contact. This applies to all products.

Section 1 - General Information

*Name of client (print first, middle, last name and suffix, as applicable)	*Thrivent ID

Section 2 - Authorization Information

You may not list a Thrivent Professional as your Trusted Contact Person.

*Name of Trusted Contact Person (print first, middle, last name and suffix, as applicable)		*Phone	
*Address	*City	*State	*ZIP code
Email	Relationship	Date of birth	

*These fields must be completed

This request will replace any Trusted Contact Person currently on file, if applicable.

Section 3 - Acknowledgement, Disclosures and Signature

I understand that I am able to designate one person age 18 or older to be listed as my Trusted Contact Person. This authorization is not allowed for contracts owned by a company/corporation/church or partnership. I authorize Thrivent and its applicable subsidiaries** to contact my Trusted Contact Person and disclose information to address possible financial exploitation, or to confirm the specifics of my current contact information, health status or the identity of any legal guardian, executor, trustee or holder of a power of attorney. I understand that health information about me, which is used or disclosed pursuant to this authorization, may be subject to re-disclosure by the recipient, and may no longer be protected under federal law. This authorization is not a general or limited power of attorney or a trading authorization and, therefore, does not allow any purchase, sale or other transaction to be entered into by the identified individual for my benefit with Thrivent without my prior written authorization.

I understand that I can revoke this contract authorization at any time by notifying Thrivent in writing at the address shown below. I further understand that this authorization will stay in effect and may be relied upon by Thrivent until I revoke it, or upon my death, whichever is sooner.

I understand that this authorization does not supersede any Power of Attorney, Guardianship or Conservatorship legal document. Failure to designate a Trusted Contact Person does not disqualify me from being eligible for products or services offered by Thrivent.

By signing below, I and my heirs, hold Thrivent harmless if they act, or fail to act, on my stated preferences based upon their best judgement. Also, by signing this form I certify that I have read and agree to the disclosures contained in this form, and have been provided a copy.

☐ I do not elect to designate a Trusted Contact Person or update my Trusted Contact Person at this time.

Signature of client	Date signed
X	

Send completed form to: Thrivent
PO Box 8074
Appleton WI 54912-8074

Fax: 800-225-2264

**This form may be used for Thrivent Investment Management Inc. (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans. If used in this form "Thrivent" refers to Thrivent Financial for Lutherans."

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Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001
Thrivent.com • 800-847-4836

Representative's Information

1. Primary Owner

Name _____

2. Regulations

In replacement situations, state regulations require that all sales materials, specific to the product sold, be left with the applicant.

List by form number all product sales materials (print or electronic) used for the product sold:

_____

3. Compensation Information

Compensation Options

☐ A

☐ B

☐ C

4. Agreements and Signatures

I certify that I have confirmed the proposed insured's/annuitant's identity, date of birth, and sex information by review of their driver's license or other government-issued documentation (e.g. Identification Card from the Department of Motor Vehicles, Passport). Required disclosures, Prospectus, and Receipt of Payment, if applicable, were left with the person(s) applying for annuity.

☐ No validation of insured's/annuitant's identity, date of birth, and sex information was required, identity was confirmed verbally, or is on file.

Signature of representative _____

Date signed _____

For fixed annuity only - mail contract to ☐ Representative ☐ Owner

If no box is selected, the contract will be mailed to the representative for delivery.
All variable annuity contracts will be mailed to the owner.

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Retirement Choice Variable Annuity Subaccount Name Reference Information

When completing service forms the subaccount names will need to be handwritten. Use this reference information to complete the subaccount names as they appear below.

GLWB only - Select subaccounts within the required Required Allocation Percentages for each Subaccount Classification group.

Subaccounts Available	Subaccount Classification	Required Allocation Percentages
DCA Fixed Account		
Thrivent Fixed Account	Group 1	0% - 10%
BlackRock Total Return V.I.	Group 2	20% - 90%
Eaton Vance VT Floating-Rate Income		
Goldman Sachs VIT Core Fixed Income		
John Hancock VIT Core Bond Trust		
John Hancock VIT Strategic Income Opportunities Trust		
PIMCO VIT Global Bond Opportunities (Unhedged)		
PIMCO VIT Long-Term U.S. Government		
PIMCO VIT Real Return		
Templeton Global Bond VIP		
Thrivent Government Bond		
Thrivent High Yield		
Thrivent Income		
Thrivent Limited Maturity Bond		
Thrivent Money Market		
American Funds IS® Global Growth	Group 3	0% - 70%
American Funds IS® Growth-Income		
American Funds IS® International		
American Funds IS® International Growth and Income		
Fidelity® VIP Value		
Fidelity® VIP International Capital Appreciation		
Janus Henderson VIT Enterprise		
Janus Henderson VIT Forty		
MFS® Variable Insurance Trust II - MFS® Core Equity		
MFS® Variable Insurance Trust III - MFS® Mid Cap Value		
MFS® Variable Insurance Trust - MFS® Value Series		
Principal Capital Appreciation		
Principal VC Equity Income		

Putnam International Value		
Putnam VT Research		
Thrivent Aggressive Allocation		
Thrivent All Cap		
Thrivent Balanced Income Plus		
Thrivent Diversified Income Plus		
Thrivent ESG Index		
Thrivent Global Stock		
Thrivent International Allocation		
Thrivent International Index		
Thrivent Large Cap Growth		
Thrivent Large Cap Index		
Thrivent Large Cap Value		
Thrivent Low Volatility Equity		
Thrivent Mid Cap Growth		
Thrivent Mid Cap Index		
Thrivent Mid Cap Stock		
Thrivent Mid Cap Value		
Thrivent Moderate Allocation		
Thrivent Moderately Aggressive Allocation		
Thrivent Moderately Conservative Allocation		
Thrivent Multidimensional Income		
Thrivent Opportunity Income Plus		
Franklin Small Cap Value VIP	Group 4	0% - 40%
Goldman Sachs VIT Small Cap Equity Insights		
John Hancock VIT International Small Company Trust		
MFS® Variable Insurance Trust - MFS® New Discovery		
Thrivent Small Cap Growth		
Thrivent Small Cap Index		
Thrivent Small Cap Stock		
Fidelity® VIP Emerging Markets	Group 5	0% - 10%
Fidelity® VIP Energy		
MFS® Variable Insurance Trust II - MFS® Technology		
MFS® Variable Insurance Trust III - MFS® Global Real Estate		
PIMCO VIT Emerging Markets Bond		
Thrivent Partner Emerging Markets Equity		
Thrivent Partner Healthcare		
Thrivent Real Estate Securities		

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Split Compensation Request

1. General Information

Name of client _____

Name of writing financial professional _____

TS number _____ Application date _____

2. Sales Compensation

Type of agreement on file ☐ None ☐ Blanket ☐ Revenue Sharing

For the Sales Compensation on this contract/account

☐ Do not split sales compensation - 100% of the sale will be paid to the writing representative.

☐ Use existing blanket or revenue sharing sales agreement on file.

☐ Create new sales split or override the blanket or revenue sharing sales split on file. Paper application complete below.

Split Information

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

3. Trail or Service Compensation

Type of agreement on file ☐ None ☐ Blanket ☐ Revenue Sharing

For the Trail or Service Compensation on this contract/account

☐ Do not split the trail or service - 100% of the trail or service compensation will be paid to the assigned representative.

☐ Match the trail or service to the sales split.

☐ Use existing blanket or revenue sharing trail or service split on file.

☐ Create a new trail or override the blanket or revenue share trail or service split on file. Paper application complete below.

Split Information

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Agent name _____ Agent code _____ Split % _____

Form **W-9**

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II 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 (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting,* later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual**. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	**THEN check the box for . . .**
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1--An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2--The United States or any of its agencies or instrumentalities

3--A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4--A foreign government or any of its political subdivisions, agencies, or instrumentalities

5--A corporation

6--A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7--A futures commission merchant registered with the Commodity Futures Trading Commission

8--A real estate investment trust

9--An entity registered at all times during the tax year under the Investment Company Act of 1940

10--A common trust fund operated by a bank under section 584(a)

11--A financial institution

12--A middleman known in the investment community as a nominee or custodian

13--A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A--An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B--The United States or any of its agencies or instrumentalities

C--A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D--A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E--A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F--A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G--A real estate investment trust

H--A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I--A common trust fund as defined in section 584(a)

J--A bank as defined in section 581

K--A broker

L--A trust exempt from tax under section 664 or described in section 4947(a)(1)

M--A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor [2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity [4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships,* earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint.* You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

thrivent

Membership Application

Congratulations and Welcome! At Thrivent (“Thrivent Financial for Lutherans”), we believe humanity thrives when people make the most of all they've been given. By joining Thrivent, you are more than a consumer of financial products and services; you are our client and we seek to help you and your family achieve financial clarity, to enable you to live lives full of meaning and gratitude.

Member Protection, Community Support. At our heart, Thrivent is a membership-owned fraternal organization. This means when you become a member, you become part of something bigger: our collective ownership. Thrivent members share a commitment to help strengthen the communities where they live, work and worship.

But we're more than that. Since our beginnings over a century ago, we've grown to become a strong Fortune 500 company that offers a full range of expert solutions to meet needs and goals throughout your lifetime, including advice, investments, insurance, banking and generosity. Our goal is to help millions more clients build their financial futures with clarity and confidence and make the most of all they've been given.

Because Thrivent is owned by our membership, our focus starts with our members' needs and goals. This allows us to be true to what we believe in: Our client's values.

Thrivent's Common Bond. We welcome Christians* seeking to live out their faith. *For more information on Thrivent's Christian Common Bond, visit **thrivent.com/christiancalling**.

Name of proposed member _____

Address _____

City _____ State _____ ZIP code _____

Phone _____ Date of birth _____

Email _____

Church name (optional) _____ City _____ State _____

The information gathered on this form will be used in accordance with Thrivent's privacy policy.

Statement of Christian Common Bond:
I am age 16 or older and am applying for membership with Thrivent and a Thrivent Member Network, or I am age 18 or older and applying for membership on behalf of a youth under age 16.

Select only one of the following qualification types:

- ☐ I am a Christian, seeking to live out my faith; or
- ☐ I am the spouse of a Christian who seeks to live out his or her faith; or
- ☐ If applying on behalf of a youth under age 16, the youth is being raised in the Christian faith.

I agree to support and further Thrivent's shared purpose of helping people achieve financial clarity, so they can make the most of all they've been given. I verify that the information I provided is true and correct.

Signature of proposed member (age 16 or older)
or parent/guardian of youth age 0-15 _____

Date signed _____

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Membership Application

for Employees, Statutory Employees, and their Dependents

Congratulations and Welcome! At Thrivent ("Thrivent Financial for Lutherans"), we believe humanity thrives when people make the most of all they've been given. By joining Thrivent, you are more than a consumer of financial products and services; you are our client and we seek to help you and your family achieve financial clarity, to enable you to live lives full of meaning and gratitude.

Member Protection, Community Support. At our heart, Thrivent is a membership-owned fraternal organization. This means when you become a member, you become part of something bigger: our collective ownership. Thrivent members share a commitment to help strengthen the communities where they live, work and worship.

But we're more than that. Since our beginnings over a century ago, we've grown to become a strong Fortune 500 company that offers a full range of expert solutions to meet needs and goals throughout your lifetime, including advice, investments, insurance, banking and generosity. Our goal is to help millions more clients build their financial futures with clarity and confidence and make the most of all they've been given.

Because Thrivent is owned by our membership, our focus starts with our members' needs and goals. This allows us to be true to what we believe in: Our client's values.

Thrivent's Common Bond. We welcome Christians* seeking to live out their faith. *For more information on Thrivent's Christian Common Bond, visit **thrivent.com/christiancalling**.

Name of proposed member _____

Address _____

City _____ State _____ ZIP code _____

Phone _____ Date of birth _____

Email _____

Church name (optional) _____ City _____ State _____

The information gathered on this form will be used in accordance with Thrivent's privacy policy.

Statement of Christian Common Bond:

I am age 16 or older and am applying for membership with Thrivent and a Thrivent Member Network, or I am age 18 or older and applying for membership on behalf of a youth under age 16.

Select only one of the following qualification types[2]:

- ☐ I am a Christian, seeking to live out my faith; or
- ☐ I am the spouse of a Christian who seeks to live out his or her faith; or
- ☐ If applying on behalf of a youth under age 16, the youth is being raised in the Christian faith; or

Complete only if none of the qualification types above apply:

- ☐ I am an employee or statutory employee of Thrivent, its subsidiaries, or the Thrivent Federal Credit Union; or
- ☐ I am a dependent[1] of an employee or statutory employee of Thrivent, its subsidiaries, or the Thrivent Federal Credit Union.

I agree to support and further Thrivent's shared purpose of helping people achieve financial clarity, so they can make the most of all they've been given. I verify that the information I provided is true and correct.

Signature of proposed member (age 16 or older) or parent/guardian of youth age 0-15 _____

Date signed _____

[1]See "Definition of Dependent" available in FieldNet for additional information.

[2]The information gathered on this form will be used solely for purposes of membership and record-keeping related to Thrivent's tax-exempt status. The information will not be used for hiring, placement or any other decision relating to terms and conditions of employment. This form will be stored separately from any employee's application or employment file.

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4321 N. Ballard Road, Appleton, WI 54919-0001
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Absolute Assignment of Contract

Thrivent ID	Contract number

Section 1 - Insured Information

Name of insured/annuitant

Section 2 - New Owner Information (required - include Current Owners who will continue to own)

Name of New Owner		Relationship to insured		
Address	City		State	ZIP code
Date of birth/Date of Trust	Phone	Social Security/Tax Identification number		
Name of New Owner		Relationship to insured		
Address	City		State	ZIP code
Date of birth/Date of Trust	Phone	Social Security/Tax Identification number		
Name of New Owner		Relationship to insured		
Address	City		State	ZIP code
Date of birth/Date of Trust	Phone	Social Security/Tax Identification number		

Section 3 - Current Owner Certification

Ownership will be recorded as Joint Tenants if more than one New Owner is named. The first named New Owner will receive all correspondence for this contract. For Tenants in Common, complete page 3 of this form to indicate percentages of ownership.

- As Current Owner, I hereby irrevocably transfer all rights, title and interest except as otherwise outlined in the contract to the New Owner(s).
- I certify I have taken appropriate action with regards to the Spousal Consent - Current Owner section.
- I certify I have read and agree to the Assignment Provisions and any other provisions contained in this form.
- I understand that if I fail to submit the Assignment Provisions with this form, Thrivent will be unable to act upon any instructions I may have indicated in those provisions.
- I certify that I have received and reviewed the Beneficiary Provisions (form 28887) and I agree to be bound by those provisions.

Signature of Current Owner	Date signed
X	
Signature of spouse (if applicable)	Date signed
X	
Signature of witness	Date signed
X	

Section 4 - New Owner Certification

- I certify I have read and agree to the Assignment Provisions, and any other provisions contained in this form.
- As New Owner, I agree to accept the transfer of all rights, title and interest, except as otherwise outlined in the contract, from the Current Owner(s).
- I understand that if I fail to submit the Assignment Provisions with this form, Thrivent will be unable to act upon any instructions I may have indicated in those provisions.
- I agree to name the Contingent Owner as listed in Section 5 of this form (if applicable).
- I certify that I have received and reviewed the Beneficiary Provisions (form 28887) and I agree to be bound by those provisions.

Signature of New Owner **X**	Date signed
Signature of New Owner **X**	Date signed
Signature of New Owner **X**	Date signed

Section 5 - Contingent Owner Designation - Completed by New Owner - Not applicable if New Owner is a Trust or entity

The individual that will receive ownership of all contracts listed on this form in the event the New Owner(s) dies before the insured.

Name of Contingent Owner (one name only)		Relationship to insured	
Address	City	State	ZIP code
Date of birth/Date of Trust	Phone	Social Security/Tax Identification number	

- **Multiples Owners:** If multiple New Owners are named as Tenants in Common, each New Owner may request a Designation of Contingent Owner (form 6746) instead of completing this section (Section 5) of this form.
- **Additional Contingent Owners:** To name more than one contingent owner, the New Owner(s) may request a Designation of Contingent Owner (form 6746).
- **Minors:** A minor cannot be named as a Contingent Owner.

Assignment Provisions

- This form is effective when: 1) received in good order at the home office; 2) signed; and 3) approved by the home office.
- Except as set forth in the New Owner is a Charity section of these Assignment Provisions, the contract will control if any Assignment Provision(s) conflict with the contract.
- Thrivent Financial for Lutherans is a fraternal benefit society. All owners and beneficiaries must be eligible as required in the Society's bylaws.
- A minor cannot be named as an owner of the contract(s).

Beneficiaries

- All previous beneficiary designations will be revoked when this form is effective.
- By signing this form, all New Owners agree to Beneficiary Provisions (form 28887) then in use. These Beneficiary Provisions will be provided upon request.
- The New Owner(s) will be the beneficiary or beneficiaries of the same Class.
- **Beneficiaries - Tenants in Common:** If Tenants in Common is elected, each New Owner's beneficial share will equal his/her ownership share in the contract and each New Owner will be a beneficiary of the same Class.
- **Beneficiaries - Joint Tenants:** If Joint Tenants is elected, the beneficial share will be split equally among the New Owners unless the insured is one of the New Owners. If the insured is one of the New Owners, the insured will not be one of the beneficiaries and the beneficial share will be split equally among remaining New Owner(s).

More than One New Owner - Joint Tenants

If more than one New Owner is named, all New Owners must consent to future transactions including beneficiary designations. The first New Owner named will receive all correspondence for the contract.

If more than one New Owner is named, ownership is deemed to be Joint Tenants. If Tenants in Common is preferred, make this election in the next section.

Joint Tenants means that if an owner predeceases the insured, his/her portion of ownership passes to the surviving owner(s).

More than One New Owner - Tenants in Common

If more than one New Owner is named, all New Owners must consent to future transactions. The first New Owner named will receive all correspondence for the contract.

If more than one New Owner is named, ownership is deemed to be Joint Tenants. If Tenants in Common is preferred, make this election here by marking the box below and indicating the percentage ownership for each New Owner.

Tenants in Common means that if an owner predeceases the insured, his/her portion of ownership does not pass to the surviving owner(s). Tenants in Common may each request a Designation of Contingent Owner(s) (form 6746) to designate who will receive his/her portion of the contract in the event of death prior to the insured.

☐ Tenants in Common

Name of New Owner	Percentage of Ownership
Name of New Owner	Percentage of Ownership
Name of New Owner	Percentage of Ownership

If you mark the box and fail to provide Percentage of Ownership or the percentages do not total 100%, then each Tenants in Common owner will be deemed to own an equal share.

Spousal Consent - Current Owner

As Current Owner, you should consider whether to obtain your spouse's or ex-spouse's (herein "Spouse's") signature if you are or ever have been married.

- You may wish to consider your Spouse's signature in circumstances such as the following:
  - You live or have lived in a community property state;
  - You have a divorce decree which ordered you to maintain life insurance; or
  - You have or ever had a marital property agreement.
- It is your sole responsibility, and not that of Thrivent, to determine whether your Spouse's signature should be obtained.
- If your Spouse has a legal claim to proceeds, Thrivent must receive notification of that claim prior to payment of any proceeds. Otherwise, Thrivent will not be liable for paying proceeds to the contract owner or beneficiary.
- By signing this form, you agree to hold Thrivent harmless for assignment of this contract and payment of any proceeds without your Spouse's consent.

*If your state recognizes other relationships, such as civil union or domestic partnership, that receive the same privilege, immunity, right, or benefit as marriage, "Spouse's" shall include those relationships.

Miscellaneous Provisions

- **Guaranteed Purchase Option:** The right to exercise a Guaranteed Purchase Option may be non-transferrable. As such, the Guaranteed Purchase Option remains part of the Insured's estate.
- **Long Term Care Rider**: If this assignment is submitted at the same time as a request to issue a Long Term Care Rider on the same contract, this assignment is conditional upon approval of the rider.

New Owner is Charity

- Charities are not permitted to make contributions or pay premiums unless that payment is necessary to prevent the contract or benefit from lapsing or terminating.
- Thrivent may have the contractual right to prohibit annuitization elected by a charity.

Tax Provisions

- Neither Thrivent nor its affiliates or representatives provide legal or tax advice. Where appropriate, you should consult with an attorney or tax advisor for specific advice.
- The New Owner will be responsible for paying ordinary income tax on any gain in the contract when it is reported to the IRS.
- Gift tax exclusion may not be available to the Current Owner when assigning to more than one New Owner. All New Owners must consent to future transactions. As such, the gift may be considered an incomplete gift to each New Owner.

☐ Select this box if Form 712 should be mailed to the Current Owner.

Life Insurance with Loan

- Transferring a life insurance contract with a loan may have adverse tax consequences to the New Owner.
- The New Owner may be taxed on proceeds that were distributed to the Current Owner such as loans.
- If the life insurance contract has a loan, the beneficiary may be taxed on all or a portion of the death proceeds.

Annuities

- **Tax Penalty:** Any New Owner who is under age 59 1/2 may be subject to tax penalty when proceeds are distributed.
- **Annuitant Exchange:** Annuitant Exchange is a contractual option. It allows the contract owner's spouse to become the annuitant and owner of that contract. This option is only available if New Owner's spouse is the sole primary beneficiary of the contract. This election is generally tax free. However, if the state where you file taxes does not recognize your marriage, your spouse may be subject to state taxes.

Contingent Owner

- By signing Section 5 of this form, the New Owner agrees to transfer all rights, title and interest in the contract (excluding those reserved for the insured) to the contingent owner.
- Upon the death of the New Owner, any beneficiary designation made by the New Owner will be revoked and the contingent owner will be named as the beneficiary.
- Minors cannot be named as a contingent owner.
- I understand the contingent owner must be eligible as a contingent owner pursuant to Thrivent's Bylaws, if the contract was issued by Thrivent Financial for Lutherans.
- If you named multiple owners under the Tenants in Common section of this form and you name a contingent owner in Section 5, the contingent owner will only apply to those owners who sign in Section 4 of this form.
- If you named multiple owners as Joint Tenants under Section 2 of this form and you name a contingent owner in Section 5, the contingent owner will only apply if all New Owners sign in Section 4 of this form. The contingent owner designation will only be applicable in the event of the simultaneous death of all Joint Tenant owners.

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thrivent.com • 800-847-4836

Designation of Contingent Owner(s)

Thrivent ID	Contract number

Complete for only absolutely assigned or third party contracts.

Section 1 - General Information

Name of insured/annuitant

Name of current owner

Section 2 - New Contingent Owner Information (required)

Name of New Contingent Owner			Relationship to Insured
Address	City	State	ZIP code
Date of Birth/Date of Trust	Phone	Social Security/Tax Identification number	

Name of New Contingent Owner			Relationship to Insured
Address	City	State	ZIP code
Date of Birth/Date of Trust	Phone	Social Security/Tax Identification number	

Name of New Contingent Owner			Relationship to Insured
Address	City	State	ZIP code
Date of Birth/Date of Trust	Phone	Social Security/Tax Identification number	

Section 3 - Agreements and Signatures

Ownership will be recorded as joint tenants if more than one new owner is named. The first individual named will receive all correspondence for this contract. For tenants in common, complete page 2 of this form to indicate percentage of ownership.

- Upon my death: I transfer all of my rights, title and interest in the contract (excluding membership rights and the guaranteed purchase option, if any) to the contingent owner(s).
- The contingent owner(s) will become sole beneficiary(ies) of my interest in the death benefit proceeds, and all beneficiary designations made by me are to be revoked.
- I certify that I have received, read, and agree to the Assignment Provisions and any other disclosures contained in this form.
- I certify that I have received and reviewed the Beneficiary Provisions and I agree to be bound by those provisions.
- I certify that I have taken appropriate action with regards to the Spousal Consent - Current Owner section.

Signature of owner/assignor and date signed	Signature of witness and date signed
X	**X**
Signature of spouse and date signed	Signature of witness and date signed
X	**X**

Assignment Provisions

- This form is effective when: 1) received in good order at the home office; 2) signed; and 3) approved by the home office.
- Except as set forth in the New Owner is a Charity section of these Assignment Provisions, the contract will control if any Assignment Provision(s) conflict with the contract.
- Thrivent Financial for Lutherans is a fraternal benefit society. All owners and beneficiaries must be eligible as required in the Society's bylaws.
- A minor cannot be named as an owner of the contract(s).

Beneficiaries

- All previous beneficiary designations will be revoked when this form is effective.
- By signing this form, all New Owners agree to Beneficiary Provisions then in use. These Beneficiary Provisions will be provided upon request.
- The New Owner(s) will be the beneficiary or beneficiaries of the same Class.
- **Beneficiaries - Tenants in Common:** If Tenants in Common is elected, each New Owner's beneficial share will equal his/her ownership share in the contract and each New Owner will be a beneficiary of the same Class.
- **Beneficiaries - Joint Tenants:** If Joint Tenants is elected, the beneficial share will be split equally among the New Owners unless the insured is one of the New Owners. If the insured is one of the New Owners, the insured will not be one of the beneficiaries and the beneficial share will be split equally among remaining New Owner(s).

More than One New Owner - Joint Tenants

If more than one New Owner is named, all New Owners must consent to future transactions including beneficiary designations. The first New Owner named will receive all correspondence for the contract.

If more than one New Owner is named, ownership is deemed to be Joint Tenants. If Tenants in Common is preferred, make this election in the next section.

Joint Tenants means that if an owner predeceases the insured, his/her portion of ownership passes to the surviving owner(s).

More than One New Owner - Tenants in Common

If more than one New Owner is named, all New Owners must consent to future transactions. The first New Owner named will receive all correspondence for the contract.

If more than one New Owner is named, ownership is deemed to be Joint Tenants. If Tenants in Common is preferred, make this election here by marking the box below and indicating the percentage ownership for each New Owner.

Tenants in Common means that if an owner predeceases the insured, his/her portion of ownership does not pass to the surviving owner(s).

☐ Tenants in Common

Name of New Contingent Owner	Percentage of Ownership
Name of New Contingent Owner	Percentage of Ownership
Name of New Contingent Owner	Percentage of Ownership

If you mark the box and fail to provide Percentage of Ownership or the percentages do not total 100%, then each Tenants in Common owner will be deemed to own an equal share.

Spousal Consent - Current Owner

As Current Owner, you should consider whether to obtain your spouse's or ex-spouse's (herein "Spouse's") signature if you are or ever have been married.

- You may wish to consider your Spouse's signature in circumstances such as the following:
  - You live or have lived in a community property state;
  - You have a divorce decree which ordered you to maintain life insurance; or
  - You have or ever had a marital property agreement.
- It is your sole responsibility, and not that of Thrivent, to determine whether your Spouse's signature should be obtained.
- If your Spouse has a legal claim to proceeds, Thrivent must receive notification of that claim prior to payment of any proceeds. Otherwise, Thrivent will not be liable for paying proceeds to the contract owner or beneficiary.
- By signing this form, you agree to hold Thrivent harmless for assignment of this contract and payment of any proceeds without your Spouse's consent.

*If your state recognizes other relationships, such as civil union or domestic partnership, that receive the same privilege, immunity, right, or benefit as marriage, "Spouse's" shall include those relationships.

Miscellaneous Provisions

- **Guaranteed Purchase Option:** The right to exercise a Guaranteed Purchase Option may be non-transferrable. As such, the Guaranteed Purchase Option remains part of the Insured's estate.
- **Long Term Care Rider**: If this assignment is submitted at the same time as a request to issue a Long Term Care Rider on the same contract, this assignment is conditional upon approval of the rider.

New Owner is Charity

- Charities are not permitted to make contributions or pay premiums unless that payment is necessary to prevent the contract or benefit from lapsing or terminating.
- Thrivent may have the contractual right to prohibit annuitization elected by a charity.

Tax Provisions

- Neither Thrivent nor its affiliates or representatives provide legal or tax advice. Where appropriate, you should consult with an attorney or tax advisor for specific advice.
- The New Owner will be responsible for paying ordinary income tax on any gain in the contract when it is reported to the IRS.
- Gift tax exclusion may not be available to the Current Owner when assigning to more than one New Owner. All New Owners must consent to future transactions. As such, the gift may be considered an incomplete gift to each New Owner.

Life Insurance with Loan

- Transferring a life insurance contract with a loan may have adverse tax consequences to the New Owner.
- The New Owner may be taxed on proceeds that were distributed to the Current Owner such as loans.
- If the life insurance contract has a loan, the beneficiary may be taxed on all or a portion of the death proceeds.

Annuities

- **Tax Penalty:** Any New Owner who is under age 59 1/2 may be subject to tax penalty when proceeds are distributed.
- **Annuitant Exchange:** Annuitant Exchange is a contractual option. It allows the contract owner's spouse to become the annuitant and owner of that contract. This option is only available if New Owner's spouse is the sole primary beneficiary of the contract. This election is generally tax free. However, if the state where you file taxes does not recognize your marriage, your spouse may be subject to state taxes.

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Remittance

Contract/agreement number

Plan type	Application date
Name of insured/annuitant	**Date of birth**

Name and code number of representative

Check/Money order amount	Check number
$	

Thrivent
PO Box 8060
Appleton WI 54912-8060

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Thrivent Retirement Choice Variable Annuity

A Flexible Premium Deferred Variable Annuity Disclosure

This document reviews important points to think about before you buy a Thrivent variable annuity. This annuity is a **flexible premium** annuity, which means you can contribute a single premium or multiple premiums. This annuity is **deferred**; a deferred annuity provides for accumulation before annuity payments are made. Annuity payments will begin at the **maximum annuity date** as set in your contract. However, you can move your annuity date to an earlier date. You also have the ability to use a partial amount of your accumulated value to begin annuity payments while leaving the remaining balance invested.

This annuity is also **tax-deferred**, which means you don't pay taxes on the earnings until they are paid to you.

This annuity is **variable**, which means the value of the annuity fluctuates with the performance of the investment options. This can earn money in two ways: (1) from various investment options we offer; and (2) from a fixed account, if available. You can use an annuity to save money for retirement and to receive retirement income for life. It is **not** meant to be used to meet short-term financial goals. Note that some product features vary by state. Do not purchase this product if you do not accept that some elements of this contract are not guaranteed.

Thrivent issues other variable annuities that may have different investment options and/or features and are sold through alternative channels of financial professionals. Visit Thrivent.com for information on all the annuities we issue and how to access them.

If you have questions about this annuity, please ask your financial professional or our service center.

The Annuity Contract

What are the benefits of my annuity?

This variable annuity is a contract between you and Thrivent. We agree to make payments to you starting at some time in the future. You can invest your money in our fixed account, if available, and in the investment choices we offer. The annuity includes a **standard death benefit** that will be paid to your beneficiary if you die before we start to pay you income from your annuity (**annuity payments**). You also can choose payments guaranteed to last as long as you live.

Annuity payments begin at the **maximum annuity date** (usually age 95) unless you choose to begin the annuity payments sooner. This is called **annuitizing**. You annuitize by selecting a settlement option.

Your choices of settlement options are:

- **Life income:** Guarantees income for as long as you live. You may select a guaranteed period of up to 360 months.

- **Joint and survivor life income:** Guarantees income for as long as you live or your joint annuitant (usually a spouse) lives. You may select a guaranteed period of up to 360 months.
- **Fixed period:** Pays income for a chosen period agreed to by Thrivent.
- **Specified amount:** Pays income of a specified amount agreed to by Thrivent.

See "Annuity Provisions" of the annuity prospectus.

We offer optional riders on the contract for an additional charge, including:

- Maximum Anniversary Death Benefit
- Guaranteed Lifetime Withdrawal Benefit

See *Optional Riders* section for more information.

Can I withdraw money from my annuity?

You can take money from your annuity before you annuitize (see *Fees, Expenses and Other Charges* on the next page). You can also set up a systematic withdrawal option to periodically withdraw a certain amount in the frequency you choose. This option can be changed or stopped at any time (see "Surrender").

What happens when I annuitize my contract?

On any annuity date, you begin taking annuity payments according to the type of settlement option and payment schedule you select. If your chosen settlement option has a guaranteed period, you may be able to withdraw from your annuity a **surrender value**.

What happens after I die?

If you die before you annuitize, we pay the death proceeds to your beneficiary. **If you die after you annuitize, there may not be a death benefit**, depending on the settlement option you choose.

Optional Riders

Thrivent Income Builder Guaranteed Lifetime Withdrawal Benefit Rider

If you are age 50 to 85 at the time of contract issue, you can add the **Thrivent Income Builder Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider**. It may not be added after the contract is in force. The rider can be on a contract that has a single owner, or it can be issued to joint owners making them both covered persons under the rider. The owners must be federally recognized spouses. For single owner contracts, a federally recognized spouse can be added as a second covered person under the rider as long as both are at least age 50. Adding a spouse as a second covered person will reduce the amount of the guaranteed withdrawals.

While the rider is in force, it guarantees withdrawals called **Guaranteed Annual Withdrawal Amounts** while your annuity remains in a deferred status. These Guaranteed Annual Withdrawal Amounts are guaranteed for life, even if the accumulated value is depleted.

The **GLWB calculation date** is the date on which we determine the initial Guaranteed Annual Withdrawal Amount. The withdrawal percentage is set on the GLWB calculation date using the age of the covered person (or the younger covered person, if there are two) on that date. Any partial surrender will trigger the calculation date. Once that withdrawal percentage is set, it cannot be changed.

If you have not begun taking your benefit under the GLWB by your annuity date (usually age 95), a life income settlement option will be issued with an annual payment equal to the Guaranteed Annual Withdrawal Amount.

With the GLWB rider, there are allocation requirements associated with the investment options. Premiums must be invested or reallocated to investment groups using required percentage ranges as disclosed in the prospectus.

The GLWB Benefit Base will be increased by a credit amount on each contract anniversary during a credit period if no surrender was made during the immediately prior contract year. The credit amount is 6% of the credit base. The credit base at issue is equal to the initial premium. Thereafter, it increases for any premiums and decreases proportionally for any surrenders more than the Guaranteed Annual Withdrawal Amount. The credit is in effect for the first 10 anniversaries after issue.

At the later of the youngest covered person reaching age 71 or 12 years after issue, if there have never been any withdrawals, the Benefit Base is guaranteed to be at least two times the first year premiums plus premiums after year 1.

You may terminate the GLWB at any time provided it is at least two years after we issued the rider.

Maximum Anniversary Death Benefit (MADB) Rider

The contract also offers an optional death benefit for an additional charge.

The **Maximum Anniversary Death Benefit** rider must be set up at the time of application. While this rider is active, your beneficiary will receive the greater of the standard death benefit or the highest accumulated value on any contract anniversary, adjusted for subsequent transactions.

Not all optional riders may be available at the time of your application. You may only select one of the two rider options.

Risks

What are the risks?

This annuity has several risks. The investments you choose may lose value; if any of them do, the value of your annuity will go down. You should periodically evaluate your allocations in light of current market conditions. Also, because the benefits of this annuity are guaranteed only by the claims-paying ability of Thrivent, there's a risk that we won't be able to pay claims on specific annuity contract benefits, such as the death benefits.

Other risks include:

- **Risks based on the investment options you choose:** See how your investment options affect your risks (see the fund prospectus).
- **Liquidity risk:** A surrender charge may apply to full or partial surrenders made during the surrender charge period.
- **Risks based on the annuity income you choose:** You run the risk that the annuity payments will not keep pace with your personal expenses. If you choose a life income with no guaranteed period, you run the risk that you die prematurely. You only receive periodic annuity payments as frequently as you select. In addition to this, you may only withdraw a surrender value if you have chosen a guaranteed period. If there is not a guaranteed period, you cannot withdraw from your annuity. By withdrawing a surrender value, you are accelerating your payment benefits within that guaranteed period. As a result, future payment amounts within that guaranteed period are decreased.

- **Your tax liability:** Receipt of withdrawals or income will be subject to income tax and possibly a premature tax penalty.

Fees, Expenses and Other Charges

What happens if I withdraw some or all the money from my annuity?

You may take out all your annuity's value (**full surrender**) or part of it (**partial surrender**). Withdrawals are taken first from earnings, if any, which do not have a surrender charge. Premiums remaining in the contract are then taken on a first in–first out basis.

We take a surrender charge from premiums you withdraw before the end of the premium's seventh year. After seven years, there is no surrender charge on a withdrawn premium. At a minimum, you can withdraw 10% of the accumulated value free of surrender charges in a contract year. Here's how the charge is calculated.

Premium Year	1	2	3	4	5	6	7	8+
Surrender Charge	7%	7%	6%	5%	4%	3%	2%	0%

You don't pay a surrender charge in any circumstance if you withdraw 10% or less of your contract value each contract year. The 10% is determined at the time of the first withdrawal in a contract year.

Example: You paid one premium of $20,000; *your annuity's value is now $20,000 and you withdraw $5,000 from your annuity in the third year. The surrender charge applies to $3,000 since 10% of the value of the annuity is $2,000 ($5,000 – $2,000 = $3,000) and there are no earnings. The surrender charge in the third year is 6%. The surrender charge is $3,000 x 6% = $180.*

What fees or charges do you take from my annuity contract value?

You will pay fees every year you own the annuity. The contract charges depend on the value of the investments you choose and any optional benefits you may select.

Mortality and Expense Risk Charge	*Current*	*Maximum*
	1.25%	1.25%
Annual Portfolio Expenses	*Minimum*	*Maximum*
	0.23%	3.20%
Total Charges	**1.48%**	**4.45%**

Additional charges for Optional Riders:

Feature	Current Charge	Maximum Charge
GLWB	1.30%	2.50%
MADB	0.25%	0.50%

Check with your financial professional or see the prospectus for more information.

Do I pay any other fees or charges?

There may be other charges in some cases. In addition to the fee for each optional rider you choose, you may pay a transfer fee or an annual administrative charge. See “Fee and Expense Tables” in the annuity prospectus for more information.

Taxes

How will payments and withdrawals from annuities be taxed?

Variable annuities are tax-deferred, which means you don’t pay taxes on the investment earnings until they are paid to you. When you receive an annuity payment or make a withdrawal, you pay ordinary income taxes on the investment earnings. You also defer paying taxes on returns from money moved from one investment option in your annuity to another. You may pay a 10% federal income tax penalty on earnings you withdraw before age 59½.

If your contract is a nonqualified contract that is paid for with after-tax dollars, the taxable amount is the earnings. For withdrawals, we take the earnings out first. For annuity payments, we use a formula provided by the IRS to determine which portions are taxable and nontaxable. For most qualified contracts with pretax contributions, annuity payments or withdrawals will all be taxed as ordinary income. Qualified contracts are used with certain types of retirement plans that satisfy special IRS rules. We will report to you each year any taxable amounts you receive from us (see “Federal Tax Status”).

You can exchange one tax-deferred annuity for another without paying taxes on the investment earnings when you make an exchange, if you meet certain requirements. Before you do, compare the benefits, features and costs of the two annuities. You should consult your tax advisor in connection with an exchange of all or part of an annuity contract. In addition, you cannot sell a qualified annuity. Also, you cannot sell a nonqualified annuity to a third party who is not eligible for membership.

What are annuity “anti-abuse” rules?

All nonqualified annuity contracts issued by the same company to the same annuity owner during one calendar year are treated as one annuity contract for purposes of determining the amount of any withdrawal to be included as income. This is to prevent individuals from avoiding the IRS regulation that all tax-deferred interest be withdrawn first.

Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA doesn’t give you any extra tax benefits. However, it may have other benefits that could be valuable to you. Choose your annuity based on its other features and benefits, as well as its risks and costs, but not its tax benefits.

Other Information

What else do I need to know?

- The issue ages for this contract are your age-nearest, up to age 85.
- If you don’t choose a settlement option when annuity payments must begin, we issue a life income, or joint life income if there are two annuitants, with a guaranteed period of 10 years.
- We pay the financial professional commissions and other incentives for selling the annuity to you.

- We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we'll tell you about the changes in writing.
- Many states have laws that give you a set number of days to look at an annuity after you buy it. If you decide during that time that you don't want it, you can return the annuity. We give you back the value of your contract. Read page 1 of your contract and see "Free Look Period" in the annuity prospectus to learn about your **free look period**.
- The minimum premium at issue is $5,000 for nonqualified contracts and $2,000 for qualified contracts.
- Premium payments of $1 million or more require prior approval.

Note: The above information must be accompanied or preceded by the annuity prospectus dated April 30, 2021, and is current as of that date. This is a summary document and is not part of your contract with the insurer. The variable annuity prospectus for the specific contract you are considering contains important information required under the federal securities laws. The fee table and example in the annuity prospectus depict the specific charges of each contract at different points in time and are useful in making an informed decision.
Thrivent is the marketing name for Thrivent Financial for Lutherans. Insurance products issued by Thrivent. Not available in all states. The principal underwriter and distributor of variable insurance products is Thrivent Investment Management Inc., member FINRA and SIPC and a subsidiary of Thrivent. Thrivent.com/disclosures.

Refers to:
Prospectus Form #32066PR R4-21
Contract Form # ICC20 W-BZ-FPVA
Rider Form #ICC20 WR-ZM-MADB, Rider Form # ICC20 WR-ZG-GLWB

Corporate Office:
600 Portland Ave. S., Ste.100, Minneapolis, MN 55415-4402

Service Center:
4321 N. Ballard Rd., Appleton, WI 54919-0001

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Beneficiary Designation Common

Thrivent ID

Section 1 - General Information

Contract number 1	Contract number 2	Contract number 3	Contract number 4	Contract number 5	Contract number 6

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

Select all coverages to be included in this designation below.

If no box is selected, this beneficiary designation will apply to all coverages and riders under the contract number(s) listed above.

- ☐ Base Coverage
- ☐ Term Life Insurance Rider
- ☐ Child Rider (one designation applies for all children under a child rider)
- ☐ Secondary Coverage (spouse rider, joint life/annuity contract)

Section 2 - Primary and Contingent Beneficiary

Select the class for each beneficiary. If a class is not selected, it will be deemed that the named beneficiary is a primary beneficiary.

Per stirpes: If per stirpes is desired, select the box for each beneficiary you would like per stirpes. Per Stirpes means if a named beneficiary is deceased, his/her portion of proceeds are paid equally to his/her surviving children. "Surviving children" means all children born or legally adopted, and does not include step-children. ***Per stirpes may not be used for spouse and/or parent relationships.**

Percentages: Percentages are only needed if the beneficiaries are to receive an unequal amount, and must equal 100%.

Trusts: If a beneficiary is a living (Inter Vivos) trust, provide the exact name of the trust and the date the trust was established or Tax Identification number.

UTMA (Uniform Transfers to Minor Act): An individual named as a primary beneficiary should not also be named as a custodian for a contingent beneficiary.

Additional beneficiaries: If there is not enough room on this form to list all beneficiaries, continue on a separate sheet that includes 1.) contract number(s) 2.) all beneficiary information requested on this form 3.) the owner's signature and date.

Name of beneficiary/entity (one name only)			Relationship to insured	
Beneficiary class (select one) ☐ Primary ☐ First contingent	Select if applicable* (see above) ☐ Per stirpes for this beneficiary		Percentage (if not equal)	
Address of beneficiary/entity	City		State	ZIP code
Social Security/Tax Identification number	Date of birth/trust		Phone	
Name of UTMA custodian if beneficiary is a minor (one name only)			UTMA state	

Name of beneficiary/entity (one name only)			Relationship to insured	
Beneficiary class (select one) ☐ Primary ☐ First contingent	Select if applicable* (see above) ☐ Per stirpes for this beneficiary		Percentage (if not equal)	
Address of beneficiary/entity	City		State	ZIP code
Social Security/Tax Identification number	Date of birth/trust		Phone	
Name of UTMA custodian if beneficiary is a minor (one name only)			UTMA state	

Name of beneficiary/entity (one name only)			Relationship to insured	
Beneficiary class (select one) ☐ Primary ☐ First contingent	Select if applicable* (see above) ☐ Per stirpes for this beneficiary		Percentage (if not equal)	
Address of beneficiary/entity	City		State	ZIP code
Social Security/Tax Identification number	Date of birth/trust		Phone	
Name of UTMA custodian if beneficiary is a minor (one name only)			UTMA state	

Name of beneficiary/entity (one name only)			Relationship to insured	
Beneficiary class (select one) ☐ Primary ☐ First contingent	Select if applicable* (see above) ☐ Per stirpes for this beneficiary		Percentage (if not equal)	
Address of beneficiary/entity	City		State	ZIP code
Social Security/Tax Identification number	Date of birth/trust		Phone	
Name of UTMA custodian if beneficiary is a minor (one name only)			UTMA state	

Section 3 - Agreements and Signatures

All contract owners must sign. By signing this form, I certify that I have read and agree to all the provisions on form 28887. This beneficiary designation is effective and revokes all previous beneficiary designations upon submission to and approval by Thrivent.

Signature of owner/controller **X**	Date signed
Name of owner/controller	

Signature of joint owner/controller **X**	Date signed
Name of joint owner/controller	

Address of owner/controller	City	State	ZIP code
Print name and code number of representative (optional)			

Signature of witness (Required in MA. Optional in all other states.) **X**	Date signed
Signature of spouse (See form 28887 for more information) **X**	Date signed
Thrivent approval (Internal use only)	

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264

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Beneficiary Designation Complex

Thrivent ID

Use this form for specific amounts and other complex designations.

Section 1 - General Information

Contract number 1	Contract number 2	Contract number 3	Contract number 4	Contract number 5	Contract number 6

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

Select all coverages to be included in this designation below.
If no box is selected, this beneficiary designation will apply to all coverages and riders under the contract number(s) listed above.

Select one:
- ☐ Base Coverage
- ☐ Child Rider (one designation applies for all children under a child rider)
- ☐ Term Life Insurance Rider
- ☐ Secondary Coverage (spouse rider, joint life/annuity contract)

Section 2 - Beneficiary Designation

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

Section 3 - Agreements and Signatures

All contract owners must sign. By signing this form, I certify that I have read and agree to all the provisions on form 28887. This beneficiary designation is effective and revokes all previous beneficiary designations upon submission to and approval by the Service Center.

Signature of owner/controller and date signed

X

Signature of joint owner/controller and date signed

X

Signature of witness and date signed

X

Signature of spouse and date signed

X

Print name and code of financial representative (optional)	Thrivent approval

Mail completed form to:

Thrivent
PO Box 8075
Appleton, WI 54912-8075

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Thrivent ID

Third Party Authorization to Verbally Release Financial Information

This form cannot be accepted if not **fully** complete.

Section 1 - General Information

Name of owner	Date of birth
Address	City
	State / ZIP code

Section 2 - Authorization Information

Select one:

☐ Apply to all my Thrivent products

☐ Apply to only the following contracts/accounts - _____

Designation of Authorization (select one):

☐ I elect or ☐ I revoke Third Party Authorization.

Name of designated authorized individual	Date of birth of authorized individual
Relationship to owner	Phone of authorized individual
Address of authorized individual	City
	State / ZIP code

Section 3 - Disclosures

This authorization is not allowed for contracts owned by a company/corporation/church or partnership.

This authorization does not supercede any Power of Attorney, Guardianship or Conservatorship legal document.

This authorization is **not** a general or limited power of attorney or a trading authorization and, therefore, does not allow any purchase, sale or other transaction to be entered into by the identified individual(s) for my benefit with Thrivent without my **prior** written authorization.

The owner has the right to receive a copy of this authorization.

I am the owner of the above listed account/contract(s) and I authorize Thrivent to verbally release financial information about the listed account/contract(s) to the designated authorized individual named above for the purpose of obtaining such information to assist me with my financial matters. This authorization does not permit disclosure of any health information about me, including but not limited to my physical health, mental health, benefit or payment information. This authorization does not constitute a release of health information under HIPAA or under any state or federal law.

This authorization will expire and be considered invalid after a period of one (1) year, from the date of the owner's signature, in the following states: AZ, CA, GA, ME, MA, MT, NJ, NC, OH, OR, and VA. In all other states, this authorization shall remain in effect until such time as the account/contract(s) identified above is/are terminated. This authorization may be revoked at any time upon receipt of a written request signed by the owner, a Power of Attorney, Guardianship of the Estate, Conservatorship, or other Court Order directing a revocation.

Section 4 - Acknowledgements and Signatures

I understand Thrivent reserves the right to refuse, at any time, to act upon this authorization if the requestor is not properly identified. I further understand Thrivent may modify, suspend, or discontinue the authorization privilege at any time without prior notice to me. I agree this authorization is subject to the administrative policies or rules as Thrivent shall enact. All terms of this authorization are binding upon my agents, heirs, and assignees.

I agree to indemnify and hold Thrivent and its subsidiaries harmless against any liability. This form constitutes Written Notice under the terms of the contract.

If this contract is owned by more than one individual, each owner must sign this form before this authorization becomes effective.

Signature of owner/assignee/controller **X**	**Date signed**
Signature of joint owner/assignee/controller **X**	Date signed
Signature of witness (non-interested party) **X**	Date signed

Mail completed form to:
Thrivent
PO Box 8075
Appleton WI 54912-8075

Fax:
800-225-2264

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1035 Exchange and/or Transfer Cancellation Notice

To cancel a 1035 exchange and/or transfer of funds from Thrivent accounts/contracts to an external, recipient company, complete this form and submit it to the Operations Center in Appleton using the address or fax number below.

Name of account/contract owner	Date

Thrivent account/contract number(s) being retained

Name of insured, if applicable

Recipient company

I hereby void my previous request to exchange and/or transfer funds from the above-referenced Thrivent account/contract number(s). I have decided to keep the funds with Thrivent.

Additional information

Signature of account/contract owner	Date

Note: If the date on this cancellation form precedes the date on any transfer paperwork received, the transfer could still be processed.

Mail completed form to:
Thrivent
4321 N Ballard Road
Appleton WI 54919-0001

Or fax it to: 800-225-2264

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Substantially Equal Periodic Payments Request

Thrivent ID	Contract number

Section 1 - General Information

☐ Fixed Deferred Annuity ☐ Variable Deferred Annuity

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

Address	City		
	State	ZIP code	Phone

Section 2 - Election for Substantially Equal Periodic Payments (SEPP) (subject to availability)

An automatic payout option is **not available** for any annuity with the Long-Term Care Insurance Rider.

A SIMPLE IRA must be at least two years old before you can elect SEPP.

☐ Illustration prepared at point-of-sale attached. Assumed rate used on the illustration was _____% (not to exceed 120% of federal mid-term rate for either of the two months immediately preceding the month in which distribution begins).

Payment method:

☐ Single ☐ Uniform ☐ Joint - Thrivent must be notified if the beneficiary dies so the payment method can be changed.

Start date (mm/dd) - _____ Select a payout date from 1-28. If no date is entered, your distribution date will be the 15th.

Select the appropriate option(s) below:

☐ **1.** Amortization method - fixed amount $ _____

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

☐ **2.** Annuity Factor method - fixed amount $ _____ (Joint Life Expectancy not available)

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

☐ **3.** Required Minimum Distribution (RMD) method (paid out only annually)

RMD will be calculated by dividing your prior year-end contract value by the applicable divisor from the IRS Uniform Distribution Table, unless you elect to use the Joint Life Expectancy Distribution Table using the date of birth for the oldest first beneficiary on the contract.

☐ I elect to use the IRS Joint Life Expectancy Distribution Table for my RMD calculation. The date of birth for the oldest first beneficiary is _____. I acknowledge that if this oldest first beneficiary dies and/or is no longer the oldest first beneficiary (due to a beneficiary change) that I need to notify Thrivent so that the SEPP calculation can change.

Section 3 - Distribution Option Desired

Send entire amount by: ☐ Check ☐ Direct Deposit

For Direct Deposit only, complete bank information below. ☐ New request ☐ Bank change

Name of account owner			Account number
Name of joint account owner			
Name of bank			Bank phone
Address			Routing number
			Type of account: ☐ Checking (attach void check) ☐ Savings
City	State	ZIP code	

If I have elected to have my payout deposited in an account at another bank, I authorize Thrivent to begin making such deposits (and corrections, if needed) to the bank indicated above. This bank is authorized to accept and/or correct deposits to my account. This authority shall remain in effect until I revoke it by terminating my contract or by giving prior notice to Thrivent, as applicable.

I have verified with the bank that this information is correct. I certify that this is my account. I agree and understand that Thrivent is not responsible for any deposits made based on this information.

Section 4 - 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.

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 _____ %. If dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

State Tax Withholding:

☐ Do not withhold state income tax*

☐ Withhold the applicable state income tax amount of $ _____ or _____ %. If dollar amount or percentage is less than the state minimum, or if amount or 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.

*If your state requires withholding, we will withhold at your state's minimum rate unless you indicate a higher rate.

Any tax withholding will be subtracted from the taxable amount (gross).

Roth Distributions - No tax withholding will be withheld from your Roth IRA.

Mandatory Tax - Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

Section 5 - Additional Information

Section 6 - Disclosures of Distribution Request

If we receive this form in good order after your selected start date, the start date shall be deemed to be the first business day (or Valuation Date for variable products) that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

I hereby elect to begin Substantially Equal Periodic Payments (SEPP) from the above contract as described in Sections 72(q) or 72(t) of the Internal Revenue Code. I intend to have these distributions qualify under the exception to the 10% premature distribution penalty for SEPP. Thrivent Financial for Lutherans or it's affiliates (Thrivent) will administer these payments in a manner consistent with all applicable IRS guidance.

I understand that if I add or withdraw any additional money to this contract during the payment period (the payment period will not end until the later of five years or my attainment of age 59 1/2), the IRS would consider this to be a modification of the SEPP. Such a modification may result in adverse tax consequences.

I further agree that Thrivent has made no representations to me regarding the tax consequences of modifying the SEPP (either before or after the end of the payment period) and Thrivent will not be responsible or liable to me for any adverse tax consequences relating to such modification.

I fully acknowledge and understand that by withdrawing the amounts requested from my Thrivent contract, the withdrawals may result in the reporting of taxable gain to me. I understand that any taxable gain resulting from these SEPPs cannot be reversed once the distributions are processed, and such taxable gains will be subject to federal and possibly state income tax withholding unless Notification for Federal and State Income Tax Withholding is completed. I also understand the distributions I am requesting cannot be reversed once they are processed.

I understand that it is my responsibility to notify Thrivent to stop distributions upon completion of the SEPP requirement. Therefore, the payment plan will continue past age 59 1/2 or five years (whichever is later) until I instruct Thrivent to cancel the scheduled distributions.

I understand I will be responsible for calculating and distributing my aggregated amount each year as well as ensuring that all SEPP rules are being met if I choose to aggregate my SEPP with other contract/accounts.

Fixed Indexed Annuity surrenders are withdrawn from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient. Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.

Section 7 - Employer Certification (complete for 403(b) Substantially Equal Periodic Payments only)

By signing below, I certify that the participant named on page 1 of this Substantially Equal Periodic Payments has a termination of employment and is able to receive a distribution, in the form of a systematic withdrawal, in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. In the event the participant is no longer eligible to receive such systematic withdrawals, the employer will notify Thrivent in writing. In addition, I certify that I am an authorized representative of the employer.

Name of employer

Name of authorized representative of employer	Title of authorized representative of employer

Signature of authorized representative of employer and date signed

X

Section 8 - Validation

For your protection, validation of your identity is requested for certain variable and non-variable contract transactions.

Surrender/disbursement transactions:

a. Greater than $499,999 will require a Medallion Signature Guarantee for variable contract transactions and a Notary Public for non-variable contract transactions.

b. Greater than $99,999 and up to $499,999 will require one of the following forms of validations:
   - Attestation by a Thrivent representative
   - A Notary Public
   - A Medallion Signature Guarantee (not available for fixed contracts)

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 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 voided check from the bank account, a Notary Public, or attestation by a Thrivent 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 contract 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.

Medallion Signature Guarantee Seal or Notary Seal

Section 9 - Signatures

Signature of owner/controller/assignee* and date signed

X

Title (if applicable)

Signature of joint owner/controller/assignee* and date signed

X

Title (if applicable)

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

Name and code number of representative

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264

thrivent

Thrivent.com • 800-847-4836

Variable Annuity with Guaranteed Lifetime Withdrawal Benefit Rider Allocation Change/Asset Rebalance

Refer to your prospectus for information about the subaccounts available for your contract.

1. General Information

Name of Owner _____

Member ID _____ Contract number _____

2. Allocation Information

☐ Update immediately and for all future rebalances (quarterly)

☐ Update at next quarterly rebalance and for all future rebalances (quarterly)

Indicate by percentage how you would like your request processed. Please refer to your prospectus for information about the subaccounts available to your contract and the allocation percentages allowed. Premium and rebalance allocations must be the same. Both will be updated according to the allocation percentages listed in section 2. Percentages must be in whole numbers and equal 100%.

Subaccount Classifications	Required Allocation Percentages	Allocation Option	Percent (% total must equal 100%)
			%
Group 1	0% - 10%		%
Group 2	20% - 90%		%
			%
			%
			%
			%
			%
			%
			%
			%
			%
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			%
Group 3	0% - 70%		%
			%
			%
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Group 4	0% - 40%		%
			%
			%
			%
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			%
			%
			%
Group 5	0% - 10%		%
			%
			%
			%
			%
			%
			%
			%
			%

3. Agreements and Signatures

If we received this form in good order before your contract is issued, these changes will be effective at time of issue. If we receive this form in good order after your contract is issued, these changes will be effective based on the option that you selected in section 2.

Rebalancing will occur quarterly according to the contract year. Variable subaccounts and fixed accounts will be automatically rebalanced. The owner can choose the allocation percentages at issue and afterwards within the allowed ranges outlined in the prospectus.

If you are signing in any capacity other than the owner, a title (power-of-attorney, guardian, trustee, authorized person, ect.) must be provided.

Signature of owner _____

Date signed _____

Signature of owner _____

Date signed _____

Name of representative _____ ID number _____

thrivent

Thrivent Financial for Lutherans
4321 N. Ballard Road, Appleton, WI 54919-0001
thrivent.com • 800-847-4836

Automatic Payment Authorization

1. Bank Account Owner Information

Thrivent ID _____ Email _____

2. Type of Request

☐ Establish a new automatic payment (complete entire form)
☐ Update bank on an existing automatic payment authorization (complete entire form)
☐ Existing/Old bank account is closed ☐ Existing/Old bank account is open
☐ Change, Cancel or Add contracts/agreements to my existing Automatic Payment Plan (complete section 4 only)

3. Bank Information

Name of account owner _____
Address of account owner _____
City _____ State _____ ZIP code _____
Account type ☐ Checking ☐ Savings ☐ Business
Full name of bank _____
Routing number _____ Account number _____
Name of joint account owner _____ Thrivent ID _____
Address of joint account owner _____
City _____ State _____ ZIP code _____

4. Policy/Contract/Agreement Payment Information

Change	Cancel	Add	Name of Insured/ Annuitant/Owner	Contract/Agreement Number	Draw Date	Frequency	Payment Amount	Loan Amount*
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						
☐	☐	☐						

*Not applicable for all products and services

5. Agreements and Signatures

I authorize Thrivent to 1) make an **immediate** electronic withdrawal from the bank account listed upon receipt of this form for new business initial payments and policy reinstatements (not applicable for Medicare Supplement products); 2) to withdraw my payment from my bank account in accordance with section 4 of this form; 3) make electronic deposits, withdrawals, and corrections to my bank account that comply with U.S. law; 4) act on this authorization until I revoke it by contacting Thrivent or Thrivent Investment Management Inc., as applicable; 5) apply this authorization to any future bank accounts I may designate; 6) make administrative changes to this authorization which I request such as date and amount changes, or adding or removing contracts for automatic payment; 7) release any and all information related to this authorization to the bank account owner(s); 8) act upon electronic deposit, withdrawal, and administrative instructions I provide to my financial professional; 9) begin drawing on the next occurrence of the day of the month I have indicated above, except when this form is received less than 10 days prior to that date. If that is the case, my authorization may take effect in the following month; 10) make the draw on the 28th if I have selected my automatic payment to occur on day 29, 30, or 31, and if no date is selected it will be my monthaversary; and 11) use only the date indicated by me or my financial professional for future transactions I may request.

I certify I have received, read, and agree to the Disclosures (page 2 of this form) and any other disclosures contained in this form.

Signature of bank account owner _____

Date signed _____

Signature of joint bank account owner _____

Date signed _____

Disclosures

Universal Life, Variable Universal Life, or Annuity Product Authorization

I understand my draw will be established monthly in an amount proportional to my payment mode (e.g., 1/3 of my quarterly billed premium, 1/12 of my annually billed premium), unless requested otherwise on page 1 of this form.

Variable Annuity Product Disclosure

I understand if I establish monthly electronic deposits on a variable annuity contract, the confirmation of these payments will be on my quarterly statement in place of immediate confirmation.

Term Life, Whole Life, Disability Income, Medicare Supplement, or Long-Term Care Product Authorization

I understand my draw will be established monthly unless requested otherwise on page 1 of this form.
I authorize Thrivent to draw at the monthly premium rate which will be higher than 1/12 of my annual premium.
I understand that I can receive a quote of the exact monthly billing amount by contacting Thrivent.

Financial Planning Services Fee

Refer to your Financial Planning Services Agreement Schedule with Thrivent Investment Management Inc. for the Financial Planning Fee, payment amount, withdrawal frequency, and withdrawal date, which could occur immediately upon receipt of this form.

Program Fees for AdvisorFlex Managed Variable Annuity Program

Refer to your AdvisorFlex Managed Variable Annuity Client Agreement with Thrivent Investment Management Inc. for specifics about your Program Fee including your Program Fee amount and frequency.
Because the exact amount and date of your Program Fee fluctuates, Thrivent will notify you in advance of withdrawing every Program Fee payment from your bank account. Thrivent will provide that notice at least 10 days prior to withdrawing your payment. You must notify Thrivent before the draw date indicated on that notice if you want to cancel the draw. If you do not notify Thrivent by that date, Thrivent will deem you to agree to the date and amount of the withdrawal.

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264

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Automated Annuity Withdrawal to Pay Other Thrivent Product Premium/Loan

Thrivent ID	Contract number

Section 1 - General Information

☐ Fixed Annuity - Not available for premerger AAL APRA, SPDA, or Annuity with Long-Term Care Insurance Rider.

☐ Variable Annuity - Withdrawals will be removed proportionally from all subaccounts.

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

Address	City		
	State	ZIP code	Phone

Section 2 - Premium Payment Request

☐ Pay initial premium and subsequent premium payments

☐ Pay only subsequent premium payments

Contract Types and Frequencies:
UL/VUL (premium or premium with loan) - Monthly, Quarterly, Semiannually, Annually
UL/VUL (direct monthly loan) - Monthly
Traditional Life/Health contracts* - Quarterly, Annually
Annuity contracts - Monthly, Quarterly, Semiannually, Annually

*PUIO (Paid-Up Insurance Option)/APO (Additional Premium Option) payments will be paid when the premium is paid.

Section 3 - Contract(s) to be Paid Information

1. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable) | Contract number

☐ Premium - $ _____ ☐ Loan - $ _____ ☐ PUIO/APO - $ _____
Frequency - _____ Frequency - _____ Start date - _____

2. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable) | Contract number

☐ Premium - $ _____ ☐ Loan - $ _____ ☐ PUIO/APO - $ _____
Frequency - _____ Frequency - _____ Start date - _____

3. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable) | Contract number

☐ Premium - $ _____ ☐ Loan - $ _____ ☐ PUIO/APO - $ _____
Frequency - _____ Frequency - _____ Start date - _____

4. Name of owner of contract to be paid (print first, middle, last name and suffix, as applicable) | Contract number

☐ Premium - $ _____ ☐ Loan - $ _____ ☐ PUIO/APO - $ _____
Frequency - _____ Frequency - _____ Start date - _____

Section 4 - Request for Waiver of Surrender Charges (subject to availability)

☐ Confinement to health care facility still applicable. Information already on file at Thrivent.

☐ Request for Waiver of Surrender Charges for Health Care Confinement form will be sent to Thrivent separately.

☐ A letter from the nursing home concerning Waiver of Surrender charges will be sent to Thrivent separately.

☐ A letter from an attending physician or doctor indicating a life expectancy of less than 12 months will be sent to Thrivent separately. Attending physician cannot be a family member.

☐ A Claimant's Statement for Total Disability form and an Attending Physician's Statement of Disability form will be sent to Thrivent separately.

☐ Proof of state unemployment benefits will be sent to Thrivent separately.

Section 5 - 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.

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 _____ %. If dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

State Tax Withholding:

☐ Do not withhold state income tax*

☐ Withhold the applicable state income tax amount of $ _____ or _____ %. If dollar amount or percentage is less than the state minimum, or if amount or 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.

*If your state requires withholding, we will withhold at your state's minimum rate unless you indicate a higher rate.

Roth Distributions - No tax withholding will be withheld from your Roth IRA.

Mandatory Tax - Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

Section 6 - Additional Information

Section 7 - Disclosures for Distribution Request

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 (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 (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.

I fully acknowledge and understand that:

The withdrawal will occur approximately 10 days before the payment due date.

The payments to the recipient contract are withdrawals from my annuity contract. The withdrawals will automatically increase or decrease based upon changes to the amount billed for the recipient contract and will reduce and possibly deplete the value of my annuity contract. Subject to availability.

For variable or Multi-Year Guarantee products, the withdrawal will be made proportionately from all subaccounts or allocation periods. Specific subaccounts or allocation periods cannot be selected for the distribution.

Fixed Indexed Annuity surrenders are withdrawn from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient. Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.

Penalty Tax - If I am under age 59 1/2, a 10% premature distribution tax penalty may apply.

Withdrawal charges may apply.

A market value adjustment (MVA) may apply to distributions from a Fixed Period Allocation.

Impact of withdrawal on Guaranteed Living Withdrawal Benefit (GLWB) rider: I understand that if a GLWB rider is present and a withdrawal request results in a GLWB Excess Surrender as defined by the GLWB rider contract, all GLWB guaranteed values will be reduced. The Benefit Base and Survivor Benefit, if any, will be reduced by at least the amount of the Excess Surrender or in the same proportion the Account Value is reduced. The Guaranteed Withdrawal Amount for the next contract year will be reduced in the same proportion as the Benefit Base.

The withdrawals may result in reporting taxable gain to me even though the withdrawals will be applied to another Thrivent contract. I also understand that any withdrawal and reporting of any taxable gain cannot be reversed. This taxable gain will be subject to federal and state income tax withholding unless I have completed Notification for Federal and State Income Tax Withholding. Each withdrawal amount will be increased by the applicable withholding.

403(b) or Tax Sheltered Annuity Distribution Acknowledgement - I acknowledge that if the distribution from the above 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% 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 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.

Notice to Qualified Plan Trustee(s) - Trustee(s) of Qualified Retirement Plans (such as Money Purchase Plans, Profit Sharing Plans, 401(k) Plans, Defined Benefit Plans, etc.) or 457(b) Plans must provide the Qualified Joint and Survivor Annuity Notice, when applicable, to plan participants. Your Thrivent representative will provide you with the required participant-specific benefit illustration to accompany the Qualified Joint and Survivor Annuity Notice. If a form of benefit other than the Qualified Joint and Survivor Annuity is elected, spousal consent must be obtained. Trustee(s) are also required to provide participants with a Distribution Disclosure Notice.

If you do not have the above referenced notices, Thrivent has generic notices for your use. These notices should be reviewed by your tax advisor to verify suitability for your plan. You are responsible for providing the applicable notices and obtaining any required signatures. Thrivent does not require a copy of these notices be sent to our office.

Generic Notices Available
- Qualified Joint and Survivor Annuity Notice (form 15081)
- Spousal Consent (form 9336)
- 403(b) and Qualified Plan Distribution Disclosure (form 9972)

Section 8 - Employer Certification (complete for 403(b) automated withdrawals only)

By signing below, I certify that the participant/annuitant named on page 1 has had a distributable event (age 59 1/2, termination of employment, etc.) and is able to receive a distribution, in the form of a systematic withdrawal, in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. In the event the participant is no longer eligible to receive such systematic withdrawals, the employer will notify Thrivent in writing. In addition, I certify that I am an authorized representative of the employer.

Name of employer

Name of authorized representative of employer	Title of authorized representative of employer

Signature of authorized representative of employer and date signed

X

Section 9 - Signatures

Signature of owner/controller/assignee* and date signed

X

Title (if applicable)

Signature of owner/controller/assignee* and date signed

X

Title (if applicable)

***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.

Irrevocable Beneficiary - All irrevocable beneficiaries' signatures are required if the contract(s) contains irrevocable beneficiaries.

Name and code number of representative

Mail completed form to:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Fax:
800-225-2264