



Thrivent Funds Automatic Purchase Plan

Section 1 - General Information

| | |
|--|---------------|
| Name of owner (print first, middle, and last name) | Date of birth |
| Name of joint owner (print first, middle, and last name) | Date of birth |
| Existing Thrivent Funds account number(s) | |

Section 2 - Request Details

Monthly Bi-weekly (twice per month): withdraw funds on the ____ and ____ of each month (1st-28th)
 Quarterly Semi-annually Annually

Amount of recurring investment \$ _____ Start date _____ (1st-28th)

Type of request: E = Establish Bank Draft Plan C = Change Bank Draft Plan
 B = Change Bank S = Stop Existing Bank Draft Plan

| Fund/Account Number | Dollar Amount | Type of Request |
|---------------------|---------------|-----------------|
| | | |
| | | |
| | | |

Section 3 - Bank Information**Bank Information for Electronic Funds Transfer (EFT/ACH)**

Name of bank account owner _____

Name of joint bank account owner _____

Name of bank _____

| | | |
|---|----------------|----------------|
| Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Routing number | Account number |
|---|----------------|----------------|

I authorize Thrivent Financial Investor Services Inc. 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 Funds; 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 or amount changes; 5) release any and all information related to this authorization to the third party account/contract owner, and 6) act upon electronic deposit instructions I provide to my representative.

Section 4 - Agreements and Signatures

I certify that I have received, read, and agree to the Disclosures at the end of this form.

| | | |
|--|--|-------------|
| Signature of bank account owner | | Date signed |
| X | | |
| Signature of joint bank account owner | | Date signed |
| X | | |
| Medallion Signature Guarantee or Notary Seal | Medallion Signature Guarantee or Notary Seal | |
| | | |

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

Disclosures

Request Details

I elect to have the first purchase deducted from my account. This authorization is effective on the date I sign this form. 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 that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

Select a draw date between 1-28. (If 29, 30, or 31 is chosen, 28 will be used.) If no draft date is chosen, it will draw on the 7th of each month.

Any purchases that occur over a weekend or non-business day will be processed using the following business day's share price.

Purchases must be a minimum of \$50 per account per month.