thrivent

Qualified Charitable Distribution Request

Only use when IRA owner is 70 1/2 or older.

Section 1 - General Information

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

Existing Thrivent account/contract number(s)

Section 2 - One-Time Distribution instructions (complete section 3 for recurring systematic distribution instructions)

Choose one option below:

☐ My Required Minimum Distribution (RMD) Amount - RMD will be made proportionately from each fund/account or allocation period. Specific fund/accounts cannot be selected for the distribution from mutual fund accounts.

☐ One-Time Distribution Amount - $ ________________ ($105,000 maximum)

For a partial redemption, indicate below the fund/account(s) and amount(s) to distribute from each fund.

Subaccount or Fund Specific:

Subaccount/Fund Name	Account/Contract Number	Amount	Amount Type (select one)
			☐ Dollars ☐ Percent ☐ Shares (Mutual Fund only)
			☐ Dollars ☐ Percent ☐ Shares (Mutual Fund only)
			☐ Dollars ☐ Percent ☐ Shares (Mutual Fund only)

If you leave the above table blank, the distribution will be taken proportionately based on the amount and the current market value of your fund holdings. If you choose a distribution in a dollar amount greater than the market value of your fund holdings, we will make a FULL distribution on the selected fund (this will only affect the selected fund, not the entire account).

Section 3 - Recurring Systematic Distribution Instructions

Choose one option below:

☐ My Required Minimum Distribution (RMD) Amount - RMD will be made proportionately from each fund/account or allocation period. **Mutual Funds only:** Specific fund/accounts cannot be selected for the distribution.

Annuities only: To select specific subaccounts, fill out the table below.

☐ Recurring Distribution Amount $ ________________ This amount will be distributed based on the frequency selected below.

Payout frequency

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Start date - ____________

Use only days 1-28. If 29-31 is chosen, the 28th will be used.

Subaccount or Fund Specific:

For an amount other than the Mutual Fund RMD amount, indicate below the fund/account(s) and amount(s) to distribute from each fund.

Subaccount/Fund Name	Account/Contract Number	Amount	Amount Type (select one)
			☐ Dollars ☐ Percent ☐ Shares (Mutual Fund only)
			☐ Dollars ☐ Percent ☐ Shares (Mutual Fund only)
			☐ Dollars ☐ Percent ☐ Shares (Mutual Fund only)

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.

If you leave the above table blank, the distribution will be taken proportionately based on the amount and the current market value of your fund holdings. If you choose a distribution in a dollar amount greater than the market value of your fund holdings, we will make a FULL distribution on the selected fund (this will only affect the selected fund, not the entire account).

Section 4 - Distribution Options

Assets will be distributed by check to other payee

Name of payee (Charity's name)	Amount $
On behalf of (print first, middle, and last name)	

☐ Send to my current address of record in the name of the charity
☐ Send to address of the charity below

Address	City	
	State	ZIP code

Name of payee (Charity's name)	Amount $
On behalf of (print first, middle, and last name)	

☐ Send to my current address of record in the name of the charity
☐ Send to address of the charity below

Address	City	
	State	ZIP code

Name of payee (Charity's name)	Amount $
On behalf of (print first, middle, and last name)	

☐ Send to my current address of record in the name of the charity
☐ Send to address of the charity below

Address	City	
	State	ZIP code

Name of payee (Charity's name)	Amount $
On behalf of (print first, middle, and last name)	

☐ Send to my current address of record in the name of the charity
☐ Send to address of the charity below

Address	City	
	State	ZIP code

If more than four payees are needed, attach a letter of instruction signed by the account/contract owner.

Section 5 - Additional Information

Section 6 - Agreements and Signatures

I certify I have received, read, and agree to the Disclosures at the end of this form and any other disclosures contained in this form.

Signature of primary owner/conservator/guardian/custodian/trustee/authorized person	Date signed
X	

Title

Mailing Instructions

Mail this completed form to the appropriate address below based on the product that you own. Mailing this form to the wrong location may result in a delay in processing of the transaction.

For Thrivent Annuities, mail this form to:

Regular Mail:
Thrivent
PO Box 8075
Appleton, WI 54912-8075

Express Mail:
Thrivent
4321 N Ballard Rd
Appleton, WI 54919-3400

Fax:
800-225-2264

For Thrivent Mutual Funds, mail this 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

Disclosures and important information regarding Qualified Charitable Distributions (QCD)

It is your responsibility to ensure the distributions made with this form comply with IRS rules. All transactions made using this form are reported to the IRS on the 1099-R. The amount of the distribution will appear in box 1 ("Gross distribution") and box 2b will reflect "Taxable amount not determined". No tax withholding will be completed on this request.

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 maximum annual exclusion for a QCD per individual is $105,000 or if taken to fund a Charitable Remainder UniTrust, Charitable Remainder Annuity Trust, or Charitable Gift Annuity up to a maximum one-time amount of $53,000.

The charity must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions. Certain charities do not qualify: sponsoring charities of donor-advised funds, private foundations, and supporting organizations.

A QCD from any non-inherited IRA will be reported on the 1099-R as a normal distribution and distributions from an inherited IRA or inherited Roth IRA will be reported as a death distribution.

Consult your tax advisor to determine if the distribution satisfies the QCD requirements and how to complete your tax return.

Recurring Systematic Distribution

Any payouts that occur on a weekend or nonbusiness day will be processed using the following business day's unit/share price.

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. 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 fund/accounts use the IRS Single Table.

The applicable divisor from the IRS Joint Life Expectancy Table will be used.

If you change your beneficiary in the future so your spouse is no longer the sole primary beneficiary, you understand that you need to separately request to have your RMD calculation changed to use the IRS Uniform Distribution Table.

If we receive this form in good order after your selected start date, the start date shall be deemed 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.

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

You 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.

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 7th for mutual funds or the 15th for an annuity and for distributions to begin when this date next occurs.

Disclosures for Annuities Only

Surrender charges may apply.

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 5 - Additional Information.

Retirement Choice Variable Annuity with Guaranteed Lifetime Withdrawal Benefit (GLWB) Rider - Any partial surrender will set and lock-in your Withdrawal Percentage. Surrenders in excess of the Guaranteed Annual Withdrawal Amount (GAWA) will reduce the benefit base.

Impact of Withdrawal on Guaranteed Lifetime Withdrawal Benefit (GLWB) rider - if you have a GLWB rider and a withdrawal results in a GLWB Excess Surrender as defined by the GLWB rider, all GLWB guaranteed values will be reduced.

Please see the prospectus for details.