



Thrivent Funds Retirement Beneficiary Claim

Use this form upon the death of a Thrivent Funds retirement account owner.

Method of Distribution				
This chart indicates which sections to comple	te based on clair	n options	s available.	
Options: (Select one)		Sect	ions to Compl	ete:
☐ Internal Transfer to Inherited IRA		1-	-7	
Spousal Rollover		1-	-7,	
Full Distribution		1	, 2, 5-7	
Be sure to include:				
Copy of certified death certificate, if not on	file with Thrivent	t.		
Copy of court seal or notarized legal documents are paying to an Estate, Personal Representation				
Copy of State Tax Inheritance Waiver. (No requirements.)	ot required in eve	ry state,	contact your st	ate for specific State Tax Waiver
Section 1 - Deceased Account Owner Infor Complete this section for all claim		de details	s for the origina	ll deceased account owner.
Name of deceased (print first, middle, last name	me and suffix, as	applicat	ole)	
Existing Thrivent Funds account number(s)				
Date of birth of deceased		Date of death		
Section 2 - Beneficiary Information Complete this section for all claim ele	ections. Provide de	tails of th	e beneficiary rec	eiving funds.
Individual/Business name/Trust/Minor/Estate				
Address		City		
		State	ZIP code	
Social Security or Tax Identification number	Date of birth	1		Phone
Required to complete if beneficiary has ar MF23438.	acting Power o	of Attorn	ey or is a Min	or with custodian. If entity complete
Authorized person				
Address		City		
		State	ZIP code	
Social Security or Tax Identification number	Date of birth			Phone



Section 3 - Fund Destination

Complete this section when electing to retain funds within Thrivent Funds for the receiving beneficiary. Additional forms may be required, please see below.

Existing Thrivent Funds Account -

New Thrivent Funds Account - Complete fund selection

	•		
Fund Number/Name	Percent	Fund Number/Name	Percent
	%		%
	%		%
	%		%
	%		%

Total percent must equal 100%

When establishing a new account, additional forms are needed:

- Suitability Information (26872): Required for accounts established through a Thrivent Financial Representative.
- Account Service Fee Agreement (MF28932): Required if the original account is Class S Shares established through a Thrivent Financial Representative.
- Certification of Trust (24143A): Required for Trust accounts.
- Beneficiary Designation Request (MF307): Optional. Name beneficiaries on new account.
- Estates/Conservatorship: Required copy of court seal document appointing authority.
- Business Entity Information (MF23438): Required if receiving party is an Entity



Section 4 - Ongoing Distribution Election

Complete this section when electing to retain funds within Thrivent Funds for the receiving beneficiary.

Required Minimum Distributions (RMD) are required in most IRA situations after the original owner has passed. *

Please see Disclosures page for additional information.

Complete Part A if the date of death was on or before 12/31/2019 Complete Part B if the date of death was on or after 01/01/2020 Part A - Distribution Options (for date of death on or before 12/31/2019) Establish RMD payout - Complete Method of Distribution section Five year deferral - systematic withdrawal amount - \$ - Complete Method of Distribution section Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere. Distribute any decedent RMD that was not previously paid out prior to transferring the funds (if applicable). Part B Distribution Options (for date of death on or after 01/01/2020) Your distribution options are specific to your relationship to the deceased. To identify the options available to you, find your relationship below and select your distribution option. Spouse, minor child of decedent, anyone disabled, anyone chronically ill, and anyone less that 10 years younger than the deceased: Establish RMD payout based on the longer of either my life expectancy or the decedent's life expectancy - Complete Method of Distribution section Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere. Distribute any decedent RMD that was not previously paid out prior to transferring the funds (if applicable). **Other individual:** (for example, adult child of decedent or family member) Establish RMD payout based on the longer of either my life expectancy or the decedent's life expectancy - Complete Method of Distribution section *Accounts are required to be depleted within 10 years after the date of death of the original owner. Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere. Distribute any decedent RMD that was not previously paid out prior to transferring the funds (if applicable). **Non individual beneficiary:** (for example, entity or Trust) Five year deferral - systematic withdrawal amount - \$ - Complete Method of Distribution section Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere.

Distribute any decedent RMD that was not previously paid out prior to transferring the funds (if applicable).



Section 5 - Method of Distribution Complete this section to receive funds in cash. Complete this section also to indicate where to send RMD distributions. Receive payment by systematic withdrawal - Complete if electing payout in Section 4 I elect to start the ongoing deductions on month day 1-28 Select a withdrawal date from 1 - 28. (If 29, 30, or 31 is chosen, 28 will be used.) Withdrawal month(s) - (select all that apply): Jan Feb Mar Apr ☐ Mav ☐ Jun Jul Aua Sep Oct Nov Dec If a date and/or month is not selected, the redemption will default to the 7th of each month. Distribute by check to registered account address Overnight delivery Available when distributing to registered account address or other payee. (A fee will apply.) Is a signature upon receipt of overnight delivery required? Yes ☐ No ☐ Distribute by electronic funds transfer Direct Deposit to a financial institution - complete bank information below. Wire to a financial institution - A fee will be charged against your account. Financial institution name Financial institution account owner Financial institution joint account owner Routing number Account number Type of account Checking Savings 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. **Distribute by check to other payee** - Signature validation required in Section 10, see Disclosures page for details. Name (print first, middle, last name and suffix, as applicable) Contract/Account number For the benefit of (print first, middle, last name and suffix, as applicable) Address City State ZIP code Distribute to another Thrivent product **Contract Number/** For IRA Contributions, Must **Premium** Loan Repayment Provide a Tax Year **Financial Planning Agreement Number** \$ \$ \$ \$



Section 6 - Notification for Federal and State Income Tax Withholding

Complete this section to elect tax withholding on full cash distributions and when electing a RMD.

Unless you specify otherwise by submitting state and/or federal withholding forms or select the box below, a portion of the taxable distribution will be withheld for federal income tax and state withholding will occur as required by your state of residence.

ii no box is checked, lederal (10%) and possibly state inco	ine lax will be willineid.					
Federal tax withholding:						
Do not withhold federal income tax						
	Other federal withholding (complete form W-4R and submit along with this form to Thrivent, search W-4R here: www.irs.gov/forms-instructions)					
Withhold federal income tax amount of 10%						
State tax withholding:						
Do not withhold state income tax*						
Withhold the applicable state income tax amount of \$	or%					
Residents of Connecticut - submit the Form CT-W4P to indic submit Form CT-W4P with this form, Thrivent will use your mo submit Form CT-W4P with this form and you have not previous withheld.	st recently-submitted CT-W4P,	, if one is on file. If you do not				
*If your state requires withholding, we will withhold at your stat	e's minimum rate unless you ir	ndicate a higher rate.				
Any tax withholding should be:						
Added to the amount requested (net)						
Subtracted from the amount requested (gross)						
Unless otherwise indicated on this form, state and/or federal in requested (gross).	come taxes will be subtracted	from the distribution amount				
Section 7 - Agreements and Signatures						
Complete this section for all claim elections.						
By signing this agreement, I acknowledge and represent that I	have:					
• Received and reviewed a prospectus for the Fund(s) purcha	sed.					
• Read (or have had read to me) the statements and answers						
other disclosures on this form. The signature below applies		tatements on this form.				
Signature of account owner/corporate officer/partner/trustee/cu	ustodian/authorized person	Date signed				
v.						
X						
Signature of additional conservator/additional trustee/additional	Date signed					
x						
Section 8 - Broker-Dealer Information						
Name of registered representative						
Name of broker-dealer						
Registered representative number	Phone					
-						
To request a split in your compensation, complete Split Compe	ensation Request (form MF280	24)				



Section 9 - Employer Certification (complete for 403(b) only)

Complete this section only when the original account was held in a 403(b). Employer signature is required on money movement within a 403(b).

By signing below, I certify that the participant/owner named on page 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.

By signing below I certify that I am an authorized representative of the employer and I acknowledge that I understand the beneficiary is requesting a rollover/qualified rollover contribution of the (i) decedent's 403(b) assets or (ii) inherited 403(b) assets from the current custodian/financial institution to Thrivent and verify that the beneficiary is entitled to complete a rollover/qualified rollover contribution under the terms of the 403(b) plan. In addition, any RMD amount indicated in Section 4 complies with the terms of the plan.

Name of employer

Name of authorized representative of employer

Title of authorized representative of employer

Signature of authorized representative of the employer

Date signed

Section 10 - Signature Validation

Certain cash distributions require signature validation. Please see Disclosures for additional information.

Medallion Signature Guarantee Seal 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

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 Financial (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 Financial (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.

Beneficiary Information

Tax Identification Number Certification

Under penalties of perjury, I certify that:

- 1. The Social Security/Tax Identification number shown on this form is my correct taxpayer identification number,
- 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 (including U.S. resident alien).

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.

Customer Identification Rules

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 you - When you open a mutual fund account or apply for a variable product, we will ask for your name, address, date of birth and other information, that will be used to identify you. This information may be compared with information obtained from a consumer reporting agency, public database or other source. We may also ask to see your driver's license and other identifying documents.

Required Minimum Distribution Options

For a Date of Death on or before 12/31/2019

Ongoing RMD Payment Election (RMD payout)

- For traditional IRAs, RBD is April 1 of the year after the attainment of age 70 1/2.
- For 403(b) and Qualified Retirement Plans, RBD is April 1 of the year after the attainment of age 70 1/2 or, if later and if the plan provides, termination of employment. If you are unsure if the plan contains a delay to retirement provision, work directly with the employer.
- · For Roth IRAs, RBD is not applicable.

Five Year Deferral

It is the shareholder's responsibility to monitor and deplete the funds by December 31 of the year containing the fifth anniversary of the original owner's death.

Only available if the original owner died prior to his/her Required Beginning Date (RBD). RBD can vary upon plan type. 403(b)s and other qualified plans may have a delay to retirement provision. RBD is not applicable to Roth IRAs.



First Generation

If original owner:

Had a Roth IRA - RMD rules apply as if the original owner died prior to RBD.

Died prior to RBD -The five-year deferral is available for all beneficiary types if death is prior to RBD.

- As **spouse**, you do not have an RMD requirement until the deceased spouse would have reached the year he/she would have turned RMD age as defined in the Internal Revenue Code section 401(a)(9).
- As non-spouse, RMD is based on your own life expectancy.
- · As an entity, only the five-year deferral is an option.

Died on/after RBD -

- As either **spouse** or **non-spouse** beneficiary, RMD is based on **the longer of** your own life expectancy **or** the original owner's remaining life expectancy.
- As an **entity**, RMD is based on the original owner's remaining life expectancy.

RMD for original or inherited qualified plans, 403(b)s and IRAs cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from an IRA, etc.). RMD can be satisfied from another inherited contract or fund/account only from the same decedent and for the same beneficiary of the same plan type.

RMD for the most recent decedent, if applicable, must be satisfied by 12/31 the year of death.

Transfers - RMD does not have to be paid out prior to the money movements.

Rollover/QRC - RMD must be paid out prior to money movement.

First Generation - You are the beneficiary of the original assets.

Beneficiary's RMD for QRP/403(b)/457(b) death proceeds - If, after the year of death, the beneficiary of QRP/403(b)/457(b) death proceeds does a direct rollover to an inherited traditional IRA or a QRC to an inherited Roth IRA, the beneficiary's RMD must be paid out prior to movement of the funds. If this applies to you, your RMD should be distributed to you in full prior to the movement of funds.

Required Beginning Date (RBD) - The Required Beginning Date (RBD) is the date when the first minimum amount must be paid out. For traditional IRAs, RBD is April 1 of the year after the attainment of age RMD age as defined in the Internal Revenue Code section 401(a)(9). For 403(b) and Qualified Retirement Plans, RBD is April 1 of the year after the attainment of age RMD age as defined in the Internal Revenue Code section 401(a)(9) or, if later and if the plan provides, termination of employment. If you are unsure if the plan contains a delay to retirement provision, work directly with the employer.

Transfer - This transaction is not taxable. It will not be reported to the IRS.

Direct Rollover - This transaction is not taxable, but will be reported to the IRS.

Qualified Rollover Contribution (QRC) - This transaction will be taxable. Complete the tax withholding election in Section 6. It will be reported to the IRS.

403(b) Distribution Acknowledgement

I acknowledge that if the distribution from the above 403(b) 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% federal 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 Disclosure form and have been given this opportunity. I hereby elect to waive my right to the 30 day waiting period and request that Thrivent Investment Management Inc. 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 a Date of Death on or after 1/1/2020:

• For traditional IRAs, 403(b), Qualified Retirement Plans, and Roth IRAs, an annual required minimum distribution (RMD) is required. You may elect a one-time or periodic distribution (systematic withdrawal) equal to or greater than the RMD amount. All assets in the account must be paid out by the end of the 10th year following the date of death of the deceased account owner unless the IRA owner is an eligible designated beneficiary (EDB). An EDB is any of the following, relative to the deceased account owner and as of the date of the deceased account owner's death: spouse, minor child, disabled, chronically ill and any other beneficiary who is less than 10 years younger than the deceased account owner as of the date of death.



An EDB who is a minor child as of the date of the deceased account owner's death will no longer be an EDB once the
minor child beneficiary reaches the age of majority, and will be subject to the 10-year time period in which to deplete
the IRA account assets. The 10-year time period begins on the date the minor child beneficiary reaches the age of
majority.

Distribution Options for Full Distribution or Required Minimum Distribution Destination

If a distribution option is not selected we will send a check to the address of record on the account.

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.

Signature Validation

For your protection, validation of your identity is requested.

Redemption/disbursement transactions requesting special distribution instructions will require one of the three forms of validation listed below. Examples include: Request to send proceeds to an address other than the one listed on your account, and/or request to make proceeds payable to someone other than the current owner.

- · Attestation by a Thrivent Financial representative
- · A Notary Public
- · A Medallion Signature Guarantee

A Notary Public or Medallion Signature Guarantee may generally be obtained at any national bank.

Agreements and Signatures

The signature of all registered shareholder(s) is required exactly as listed on the account statement. If you are changing your legal name, sign both your former and present name.

If signing as an officer of an organization or corporation, a trustee or other fiduciary relationship, indicate title.

If you have any questions, contact your representative or call our toll free number 800-847-4836.

Signature and Certification

I authorize my broker-dealer to accept and act upon telephone instructions from me for the initial investment or exchange of shares between one or more of the Thrivent Funds having identical registrations. I understand and agree that neither my broker-dealer, Thrivent Financial Investor Services and/or its agents, nor any Fund will be liable for any loss, expense, or cost arising out of any telephone request effective hereunder. In addition, my signature authorizes the approval of any or all sections completed.

I have received and reviewed a current prospectus for Thrivent Funds and understand the investment objectives and potential risks. When shares are redeemed/repurchased, they may be worth more or less than what was paid for them. I understand there may be an initial or contingent deferred sales charge as explained in the prospectus and for this and other reasons, an investment should be made for the long term. Shares will not be purchased until the day this request is received in good order by Thrivent Funds.