



# Thrivent Funds Express Beneficiary Distribution

A Primary Beneficiary may use this form upon the death of a Thrivent Funds account owner to request a full redemption of proceeds less than or equal to \$50,000 from the following account types:

Non-qualified (Individual and Joint accounts) and Qualified (Traditional IRA, Roth IRA, SEP IRA and SIMPLE IRA)

## Section 1 - Deceased Account Owner Information

Provide details for the deceased account owner.

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

Existing Fund/Account number(s)

Date of death

## Section 2 - Beneficiary Information

Provide details of the beneficiary receiving proceeds.

If Trust is Beneficiary: complete and include Certification of Trust Form (24143A).

If Entity (Business/Organization) is Beneficiary: complete and include Business Entity Information Form (MF23438).

Individual/Business name/Trust/Minor/Estate

Address

City

State

ZIP code

Social Security or Tax Identification number

Date of birth

Phone

## Section 3 - Full Distribution Payment Instructions

Complete this section to indicate where to send distributions.

### Distribute by check to registered account address

Overnight delivery Available when distributing to registered account address or other payee. (A fee will apply.)

Yes  No Is a signature upon receipt of overnight delivery required?

### 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.

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**Section 4 - Notification for Federal and State Income Tax Withholding**

Complete this section to elect tax withholding.

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Only applicable for Qualified accounts (Traditional IRA, Roth IRA, SEP IRA, and SIMPLE IRA)

**Federal and State Withholding Election**

*If no box is checked, 10% federal income tax will be withheld and State withholding will occur as required by your state of residence.*

**Federal tax withholding:**

- Do not withhold federal income tax
- Other federal withholding - Complete and submit to Thrivent IRS form W-4R.
- 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 \_\_\_\_\_ %
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**Section 5 - Agreements and Signatures**

Complete this section for claim election.

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**AFFIDAVIT OF DEATH**

**I affirm under penalty of perjury, that (i) the Deceased Account Owner Information in Section 1 is for an individual who is deceased; and (ii) I am the beneficiary of account(s) listed for the deceased account owner in Section 1. The purpose of this affidavit is to secure the transfer or delivery of the Decedent's securities at the time of their death.**

By signing this agreement, I acknowledge and represent that I have:

- Read (or have had read to me) the statements and answers, and I agree to the Disclosures at the end of this form and any other disclosures on this form. The signature below applies to all applicable sections and statements on this form.

Signature of Beneficiary/corporate officer/trustee/custodian/affiant

Date signed

**X**

Signature of additional trustee/additional authorized person

Date signed

**X**

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**Section 6 - Signature Validation**

A Notary Public is required for signature validation when a death certificate is not provided with this form. Please see Disclosures for additional information.

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Notary Seal

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**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

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### Beneficiary Information

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### 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.

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### Cost Basis

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I understand that;

- I am required to use the cost basis information provided on Proceeds from Broker and Barter Exchange (IRS Form 1099-B) for covered shares for tax purposes.
- Thrivent Funds and its affiliates do not provide tax advice.

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### Full Distribution Options

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If a distribution option is not selected we will send a check to the address of record on the account. For Proceeds from Broker and Barter Exchange Transactions (IRS Form 1099-B) reportable accounts cost basis will be applied to the transaction and fees associated with expedited distribution methods.

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### Notification for Federal and State Income Tax Withholding

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You are liable for federal and state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. 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.

Not applicable to non-qualified requests.

Form W-4R can be found on Thrivent Online Forms Utility or [www.irs.gov/formsinstructions](http://www.irs.gov/formsinstructions)

**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.

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### Signature Validation

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A Notary Public is required for signature validation when a death certificate is not provided with this form.

A Notary Public may generally be obtained at any national bank.

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### Agreements and Signatures

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The signature of the designated beneficiary is required.

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

In addition, my signature authorizes the approval of any or all sections completed.

When shares are redeemed, they may be worth more or less than what was paid for them. I understand there may be an initial sales charge as explained in the prospectus and for this and other reasons, an investment should be made for the long term.