

Repurchase Offer Request (Use for Retirement Accounts and Non-Retirement Accounts)

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 - Repurchase Amount

Please accept this tender of shares as designated below for repurchase at a price equal to their net asset value on the Repurchase Pricing Date.

I understand that this quarterly repurchase offer is limited to the percent of the Fund's outstanding shares identified in the repurchase notice provided with this form. I understand that if the offer is oversubscribed, the Fund may not repurchase the full amount of the shares that I am requesting, in which case the Fund will repurchase shares on a pro rata basis.

The Repurchase Offer Request form must be returned to Thrivent Interval Funds at the address provided below.

Shares Tendered (select one option and fill in number or dollar amount as appropriate)

- Full tender - Tender all shares in my account.
- Partial tender - Tender _____ shares from my account.
- Dollar amount - Tender enough shares to net \$ _____.

Section 3 - Distribution Options

Distribute by check to registered account address

- Overnight delivery - available when distributing to registered account address and other payee (a fee may apply).
- Yes No Is a signature of receipt required for overnight delivery?

Distribute by electronic funds transfer - complete bank information below

- Direct deposit to a bank
- Wire to a bank - a fee may be charged against your account.

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
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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 owner, and (6) act upon electronic deposit instructions I provide to Thrivent Funds.

Distribute by check to other payee

Name (print first, middle, and last name)	Account number	
For the benefit of (print first, middle, and last name)		
Address	City	
	State	ZIP code

Distribute to another Thrivent product

Contract/Policy/Financial Planning agreement number	Premium amount	Loan repayment amount	For IRA contributions, provide tax year

Distribute to a Thrivent Mutual Fund

Account number to distribute to*

*If opening a new Mutual Fund account, a Thrivent Mutual Funds Application must be completed and submitted with this form. (MF29028, MF29028IRA, MF29028EDU)

Section 4 - Death Distribution

- Yes No Is this a death distribution?
 If yes, death paperwork sent to death claims or already on file at Thrivent.

Beneficiary or Estate Information - Name, Date of birth, Social Security number of beneficiary or Tax Identification number (TIN) of estate, Address, City, State, and ZIP code are **all required** to complete the death distribution.

Name (print first, middle, and last name)

Date of birth	Social Security/Tax Identification number	Phone
Address		City
		State ZIP code

Section 5 - Cost Basis Override for Transaction (Non-Retirement Accounts only)

The cost basis method elected for your account will be used on the repurchase unless you indicate otherwise. If average cost was elected, you cannot override the cost basis method on a transaction basis.

Fund Name (Indicate "ALL" if election applies to all accounts)	First-In, First-Out (FIFO)	Last-In, First-Out (LIFO)	High Cost	Low Cost	Gain/Loss Utilization
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6 - Notification for Federal and State Income Tax Withholding (Retirement Accounts 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 _____ %

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 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 should be:

- Added to the amount requested (net).
- Subtracted from the amount requested (gross).

Unless otherwise indicated on this form, state and/or federal income taxes will be subtracted from the distribution amount requested (gross).

Section 7 - Agreements and Signatures

I certify that 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 Signature of joint owner/additional conservator/additional trustee/additional authorized person	Date signed
X Signature of joint owner/additional conservator/additional trustee/additional authorized person	Date signed
X	

Refer to Validation section in the Disclosures at the end of this form for requirements.

Medallion Signature Guarantee or Notary Seal

Mail completed form to:

Regular Mail:

Thrivent Interval Funds
PO Box 219348
Kansas City, MO 64121-9348

Express Mail:

Thrivent Interval Funds
430 W 7th St
Kansas City, MO 64105

Fax:

866-278-8363

Phone:

800-847-4836

Disclosures of Distribution Request

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

- Thrivent Financial Investor Services Inc. and its' affiliates have approved the application of the amount(s) requested to the receiving fund/account(s), as described above, or, if not, as I subsequently agree to accept; and
 - With respect to any receiving fund/account(s) that I have applied for, as described above, Thrivent Financial Investor Services Inc. and its' affiliates have approved the issuance of the receiving fund/account(s), as applied for or, if not, as I subsequently agree to accept.
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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, and other source. We may also ask to see your driver's license and other identifying documents.

Premature Distributions

I understand an Internal Revenue Service (IRS) premature distribution penalty may apply to withdrawals if I am under age 59 1/2.

Distribution Options

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.

Death Distribution

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.

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.

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 (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.

Validation

For your protection, validation of your identity is requested.

Redemption/disbursement transactions:

- a. Value of \$500,000 or more will require a Medallion Signature Guarantee.
- b. Greater than \$99,999 and up to \$499,999 will require one of the following forms of validations:
 - Your notarized signature
 - An original Medallion Signature Guarantee; or
 - An attestation of your signature by your Thrivent Financial financial representative

- c. Greater than \$9,999, less than \$99,999, and the address of record changed within the prior 15 days will require an attestation of your signature by your Thrivent Financial financial representative, your notarized signature or an original Medallion Signature Guarantee.
- 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 an attestation of your signature by your Thrivent Financial financial representative, your notarized signature or an original Medallion Signature Guarantee.
- e. Any 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 account owner require one of the following forms of validation:
 - Your notarized signature
 - An original Medallion Signature Guarantee; or
 - An attestation of your signature by your Thrivent Financial financial representative

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