



Thrivent Funds

403(b) Transfer/Exchange/Rollover/ Conversion Request

Thrivent ID

Section 1 - General Information

Name of participant	Social Security number
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Section 2 - 403(b) Money Movement Information

Current account number	Name of fund
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Name of current custodian/financial institution

Address of current custodian/financial institution	City		
	State	ZIP code	Phone

Type of money movement:

If funds include both contribution types, the investment will be applied as employee unless indicated otherwise in Section 7 - Additional Information. See disclosure for assets moving into a 403(b) plan.

☐ **Transfer** - 403(b) to 403(b) with change to employer Contribution type: ☐ Employee ☐ Employer ☐ Both

☐ **Exchange** - 403(b) to 403(b) with **no** change to employer Contribution type: ☐ Employee ☐ Employer ☐ Both

☐ **Rollover** - money movement involving 403(b)

☐ from 403(b) to Traditional IRA

☐ from 403(b) to SEP IRA

☐ from 403(b) to SIMPLE IRA

☐ from 403(b) to Roth IRA (This is a taxable rollover.)

☐ from Roth 403(b) to Roth IRA

☐ from Traditional IRA to 403(b)

☐ from Governmental 457 Plan to 403(b)

☐ from Qualified Retirement Plan (e.g. pension, Profit Sharing, 401K) to 403(b)

☐ from SEP/SARSEP IRA to 403(b)

☐ from SIMPLE IRA to 403(b) - original SIMPLE IRA start date - _____

☐ **Spousal Rollover Due to Death**

Section 3 - Required Minimum Distribution (RMD) Information (RMD must be distributed prior to Rollover)

☐ **Do not distribute my RMD** to me. I have or will be taking this contract or fund/account's current year RMD from another source or I have elected the delayed retirement provision plan option.

☐ **Distribute my RMD** to me before completing my request (including decedent's RMD for a spousal rollover).

My RMD amount (including decedent's RMD for a spousal rollover) for this contract or fund/account is

\$ _____. Complete the Notification of Federal and State Income Tax Withholding Section 8.

Prior year end value of current fund/account (include Actuarial Present Value (APV), if applicable)

\$ _____

Section 4 - Distribution Information (for distributing company)

Transfers and Exchanges - If no box is selected, do not distribute RMD prior to transfer/exchange taking place. Any current year RMD amounts to be distributed must be requested by the client.

Rollovers/Conversions - RMD **must be** distributed prior to the rollover/conversion taking place.

Distribution Instructions to Plan Administrator/Trustee(s)

Redeem/Liquidate: ☐ entire value ☐ partial value - \$ _____ or ____ %
Total estimated value - \$ _____

Redeem/Liquidate: ☐ immediately ☐ at maturity date _____

Amount of cost basis \$ _____

At this time, Thrivent Financial Investor Services Inc. is unable to accept after tax amounts (cost basis) into a mutual fund 403(b) account.

This is authorization to redeem the above fund/account. To ensure proper credit, send a copy of this form with the check to the address indicated below. Reference the account owner's name and fund/account number on the check. Shares of stocks and bonds must be liquidated prior to transfer and only cash or cash equivalents can be accepted. **If requesting a distribution from Thrivent Brokerage, the positions in the brokerage account must be liquidated prior to request of the transfer.** A request to redeem for the entire value will result in closure of the brokerage account.

Make check payable to:

Thrivent Mutual Funds

PO Box 219348

Kansas City, MO 64121-9348

Section 5 - Employer Signature(s)

From:

Name of employer sponsoring the plan if **coming from** a 403(b)

Employer Thrivent ID

By signing below I certify that I am an authorized representative of the employer and I acknowledge that I understand the participant is requesting a movement of their 403(b) assets from the current custodian/financial institution to Thrivent Financial Investor Services Inc. and verify that the participant is entitled to receive a distribution under the terms of the 403(b) plan. In addition, any Required Minimum Distribution (RMD) amount indicated in Section 3 complies with the terms of the plan.

Signature of authorized representative of the employer

Date signed

X

To:

Name of employer sponsoring the plan if **going to** a 403(b)

Employer Thrivent ID

By signing below I certify that I am an authorized representative of the employer and I acknowledge that I understand the participant is requesting a movement of their assets from the current custodian/financial institution to Thrivent Financial Investor Services Inc. and the plan accepts this sort of money movement.

Signature of authorized representative of the employer

Date signed

X

Section 6 - Allocation of Dollars

Fund/Account Number	Mutual Fund Name	Amount or Percent (percentage total must equal 100)	Change Allocation
		\$ or %	<input type="checkbox"/>
		\$ or %	<input type="checkbox"/>
		\$ or %	<input type="checkbox"/>
		\$ or %	<input type="checkbox"/>
		\$ or %	<input type="checkbox"/>
		\$ or %	<input type="checkbox"/>

Section 7 - Additional Information

Section 8 - Notification for Federal and State Income Tax Withholding
(for Conversions, Qualified Rollover Contributions, or Required Minimum Distributions only)

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
- ☐ Withhold federal income tax amount of 10%
- ☐ Other federal withholding _____ %

For more details on federal withholding, please consult IRS Form W-4R, available on the IRS website. Failure to withhold enough or underpaying estimated taxes may lead to IRS penalties.

State Tax Withholding:

- ☐ Do not withhold state income tax
- ☐ Other state withholding _____ %

Section 9 - Agreements and Signatures

I authorize Thrivent Financial Investor Services Inc. to process the requested transaction and I certify I have received, read, and agree to the Disclosures (pages 5-6 of this form) and any other disclosures contained in this form.


Select all that apply:

- ☐ A signature guarantee is required by the current custodian/financial institution. Obtain a signature guarantee or complete the Representative Attestation (form 26731) to have the Operations Center affix a Medallion Signature Guarantee.
- ☐ Client knows or strongly suspects that an ink original signature is required by the current custodian/financial institution. Print this form and complete the signature section.
- ☐ Yes ☐ No Has the original been sent to this custodian/financial institution?
- ☐ Client will provide company specific paperwork, in place of this transfer/exchange/rollover/conversion request form, to the current custodian/financial institution.
- ☐ Yes ☐ No Has the company specific paperwork been sent to this custodian/financial institution?

Authorization to Release Information

I authorize Thrivent Financial Investor Services Inc. to request information by telephone or in writing regarding the status of this transaction or receive information necessary to ensure proper tax reporting. This authorization will expire and be considered invalid 30 days following the date the account is terminated but not to exceed one (1) year from the date signed. I understand I have the right to receive a copy of this authorization and revoke this authorization at any time by submitting a written request to Thrivent Financial Investor Services Inc.

I irrevocably designate the funds distributed to be applied as indicated (direct rollover/transfer/conversion).

Signature of participant		Date signed
X		
Acceptance of Rollover/Transfer/Conversion by Thrivent Financial Investor Services Inc. and Thrivent Mutual Funds: Authorized signature of corporate employee	Medallion Signature Guarantee Seal	
		

Name and code number of representative

Mail completed form to:**Regular Mail:**

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

Express Mail:

Thrivent Funds
801 Pennsylvania Ave
Suite 219348
Kansas City, MO 64105

Fax:

866-278-8363

Phone:

800-847-4836

Disclosures

Section 1 - Required Minimum Distribution (RMD) Information

RMD for Qualified Retirement Plans, 403(b)s and IRAs cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from IRA, etc.). RMD must be taken prior to sending the funds to Thrivent Financial Investor Services Inc.

The calculation of your required minimum distribution is based on many factors, including the prior December 31 account balance. The calculation is accurate only to the extent the prior December 31 account balance that was provided to us is accurate. We will not be responsible for an inaccurate calculation that results from providing us with inaccurate account balance information.

Section 2 - Allocation of Dollars

Change Allocation - The funds requested on this form will be applied based on the most recent premium allocation instructions on record at Thrivent Financial, unless the change allocation box is checked and an Allocation Change/ Remittance Request (form 28831) is submitted.

Section 3 - Notification for Federal and State Income Tax Withholding

Notification of 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. 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.

Form W-4R can be found on the IRS website <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>

State Withholding - If withholding is indicated and the percentage is less than the state minimum, or if the percentage is not completed, we will withhold at your state's minimum rate.

Any tax withholding will be subtracted from the taxable amount (gross).

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.

Conversions (includes qualified rollover contributions) - A conversion from a 403(b) to a Roth IRA is a reportable and taxable event. RMD must be distributed prior to the conversion taking place. Conversions are not allowed between Thrivent Brokerage and other Thrivent products. The conversion must take place between two Thrivent Brokerage accounts before being transferred to another Thrivent product.

Additional Disclosures

Cost basis should be verified with your tax advisor - Thrivent is not responsible for the accuracy of any cost basis information. At this time, Thrivent Financial is unable to accept cost basis into a mutual fund 403(b) account.

Assets moving into a 403(b) plan - Thrivent Financial Investor Services Inc. requires a Service Provider Agreement or an Information Sharing Agreement, signed by the employer who sponsors the plan **receiving** the money at Thrivent Financial Investor Services Inc. prior to requesting funds. Employee and employer contributions moving to Thrivent Mutual Funds will be placed into an employee account unless you set up both employee and employer accounts and the sending company provides a break-out of the assets. Funds rolled over into a 403(b) will be placed in a separate rollover fund/account, which may require a new application.

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

- Thrivent Financial Investor Services Inc. (including its subsidiaries and affiliates) has approved the application of the amount(s) requested to the receiving contract or 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. has approved the issuance of the receiving fund/account(s), as applied for or, if not, as I subsequently agree to accept.

403(b) Distribution Acknowledgement (for internal transactions) - I 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 form, and have been given this opportunity. I hereby elect to waive my right the 30 day waiting period and request Thrivent Financial and/or Thrivent Investment Management Inc. to 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.

Direct Rollover from Mutual Fund 403(b) to a new Mutual Fund IRA

I am directly rolling over my Mutual Fund 403(b) to a new Mutual Fund IRA and:

- I authorize Thrivent Trust Company to act as Custodian and will hold the Custodian harmless for all necessary actions taken by the Custodian when authorized by the Custodial Agreement and beneficiary designation.
- I have read and understood the corresponding IRA Custodial Agreement and Disclosure Statement.
- By establishing your IRA, Thrivent Trust Company accepts the appointment as Custodian in accordance with the terms and conditions of the Custodial Agreement.
- I have read (or have had read to me) the statements and answers made on this form. The signature to follow applies to all sections and statements on this form.
- Thrivent Investment Management Inc. receives additional compensation from various mutual fund and variable annuity providers. Compensation may be based on sales volume or assets held. This additional compensation is not paid to any financial representatives who sell these products and you will not incur any extra sales charge. For more detail on these practices, including the full list of providers, visit our website thrivent.com.
- The Securities Investor Protection Corporation (SIPC) provides protection for eligible assets in the event of broker-dealer insolvency or other financial distress. SIPC does not guarantee investment returns or protect against market losses experienced by clients. For details on how SIPC protects your investment, you may request a SIPC brochure from your financial representative, visit the website at SIPC.gov or contact SIPC at 202-371-8300.

Minimum Investment Requirements - If the balance of your account falls below the minimum investment requirement, the account may be subject to an annual small account fee or closed out. See the prospectus for details.

Beneficiary Designation - You may change your beneficiary on IRA accounts at any time by written notice to the custodian. If more than one beneficiary designation is delivered to the custodian, the designation with the latest date will be honored. If no beneficiary is designated for your account, then your surviving spouse, or if not married, your estate, will be your beneficiary. State community property law may affect your designation of a beneficiary. If you have legal questions, consult your attorney.