

Appleton, WI | Minneapolis, MN  
800-847-4836 | ThriventFunds.com

Thrivent ID
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**Section 1 - Account**

Account number(s)				
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This authorization will apply to all fund accounts under the Member ID for this entity, unless checked below.

This authorization will apply to **only** specific fund account number(s) listed below.

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**Section 2 - Identification of Business Entity**

Name of business entity	Phone
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Address	City		
	State	ZIP code	

**Section 3 - Authorized Signers**

Thrivent Financial Investor Services, Inc. reserves the right to request additional information from the authorized signers in order to verify that person's identity.

Print name	Print title	Date of birth
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Signature

**X**

Print name	Print title	Date of birth
------------	-------------	---------------

Signature

**X**

Print name	Print title	Date of birth
------------	-------------	---------------

Signature

**X**

Print name	Print title	Date of birth
------------	-------------	---------------

Signature

**X**

Print name	Print title	Date of birth
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Signature

**X**

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**Section 4 - Signatures and Authorization**

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Thrivent Financial Investor Services, Inc. requires only one authorized signer. By signing, I certify any authorized signer may transact business without the others. I understand a claim cannot be made against Thrivent Financial Investor Services, Inc. for permitting a transaction so long as any one of the authorized persons sign or initiate the transaction, even if a person exercises more authority than granted by the business entity.

The business entity name on this form must be the legal name of your business. Changes in the business entity's legal name require the completion of a new authorization form and may require change of ownership paperwork.

By signing, I certify that: 1) I am an authorized representative of the business entity; 2) the business entity exists; 3) the authorized signers are authorized by the business entity to conduct business on those accounts indicated on this form; 4) I or another authorized representative of the business entity will promptly inform Thrivent Financial Investor Services, Inc. of any changes in the representations contained in this certification; 5) all representations made in this certification are true and correct to the best of my knowledge and those representations will remain in full force and effect until Thrivent Financial is notified through written revocation or amendment from an authorized representative of the business entity; 6) the authorized signer, on behalf of the business entity, shall indemnify and hold harmless Thrivent Financial Investor Services, Inc. from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by relying in good faith upon this certification.

Signature of designated representative of business entity	Date signed
<b>X</b>	

Thrivent Financial Investor Services, Inc. does not review business documents including, but not limited to, articles of incorporation or bylaws. Thrivent Financial Investor Services, Inc. does not provide business administration, legal or tax advice. No representative of Thrivent has the authority to give you advice with regard to completing this form. Consult your adviser(s) with any questions regarding administration of your business.

**Mail completed form to:**

**Regular Mail:**  
Thrivent Mutual Funds  
PO Box 219348  
Kansas City, MO 64121-9348

**Express Mail:**  
Thrivent Mutual Funds  
330 W 9th St  
Kansas City, MO 64105

**Fax:**  
866-278-8363