

Thrivent ID

Section 1 - Account Information

This authorization will apply to all fund accounts under the Thrivent ID for this entity, unless checked below.

This authorization will apply **only** to specific fund account number(s) listed below and/or if applicable to all the new funds requested on the new account application included with this form.

--	--	--	--	--

Section 2 - Business Entity Information

Name of business entity	Phone
-------------------------	-------

Address	City	
	State	ZIP code

What is the nature of the business? (describe service or product): _____

Type of entity: (select one)

- Corporation
 Limited Liability Company
 General Partnership
 Limited Partnership
 Business Trust
 Foreign Entity
 Sole Proprietorship
 Other - _____
 Non-Profit

Yes No Are you a Financial Institution?
 If you are a financial institution list your regulator - _____

Yes No Are you a public accounting firm registered under the Sarbanes-Oxley Act?

Yes No If you are a Non-Profit have you filed organizational documents with the State Authorities?

Yes No Are you a pooled investment?

Yes No Are you a government entity, agency or division?

Yes No Are you a publicly traded company?

Yes No Are you opening this account to participate in an employer benefit plan established under ERISA?

If Yes is selected for any of the questions above skip Section 4, and complete Sections 3 and 5.

Section 3 - Authorized Signers

Complete the following information for at least one individual with significant responsibility for managing and controlling the business entity listed in Section 2, such as:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

The individual(s) named here is authorized by the business entity to conduct business.

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
Physical residential address of account owner	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance ¹	
Signature		

X

Print name	Print title	Date of birth
Physical residential address of account owner	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance ¹	
Signature		

X

Print name	Print title	Date of birth
Physical residential address of account owner	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance ¹	
Signature		

X

Print name	Print title	Date of birth
Physical residential address of account owner	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance ¹	
Signature		

X

¹In lieu of a passport number, foreign persons may also provide an identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Print name	Print title	Date of birth
Physical residential address of account owner	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance ¹	
Signature		

X

Section 4 - Beneficial Owner Information

Complete the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the business entity listed in Section 2.

No individual meets this definition.

Print name	Print title	Date of birth
Physical residential address of account owner	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance ¹	

Print name	Print title	Date of birth
Physical residential address of account owner	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance ¹	

Print name	Print title	Date of birth
Physical residential address of account owner	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance ¹	

Print name	Print title	Date of birth
Physical residential address of account owner	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance ¹	

¹In lieu of a passport number, foreign persons may also provide an identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Section 5 - Agreements and Signatures

I understand a claim cannot be made against Thrivent Financial Investor Services, Inc. for permitting a transaction so long as any one authorized person signs or initiates 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 requires 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 the accounts owned by the entity or the specific accounts listed in Section 1; 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 Investor Service, Inc. is notified through written revocation or a new business entity information form 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
X	

Thrivent Financial Investor Services, Inc. reserves the right to 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