



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

Thrivent Mutual Funds Interested Party Statement Authorization

Section 1 - General Information

- The purpose of having an Interested Party Statement Authorization on your account is to allow the interested party to receive a product statement that contains information from your Thrivent Mutual Funds account.
- You may have multiple interested parties for the same account.

Section 2 - Authorizations

By signing this form, I agree to the following:

- I authorize Thrivent Financial Investor Services Inc.* to implement interested party statements.
- I authorize each interested party to receive a statement that contains account information. This statement will be sent by postal mail. This may include without limitation the following types of information:
 - Account information: examples include owner name, account number, custodial account information
 - Benefit information: examples include beneficiary names and transfer on death registration
 - Tax information: examples include cost basis, gain/loss and withholding information
- I acknowledge the expiry or revocation of this authorization is not effective to the extent the interested party has relied on the use or disclosure of my account information.
- I accept and agree to the terms and conditions described in the Interested Party Statement Authorization.
- I indemnify and hold harmless Thrivent Financial Investor Services Inc. and Thrivent Mutual Funds from any loss, claims, expense or other liability for any instructions given to Thrivent Financial Investor Services Inc. in connection with interested parties as described in the form.

Section 3 - Complete the Interested Party Information for each Mutual Fund Account

Name of owner (print first, middle, last name and suffix as applicable)		Account number	
Name of additional owner (if applicable)			
Name of interested party (print first, middle, last name and suffix as applicable)			
Address of interested party		City	State ZIP code
Signature of owner/custodian (required)		Date signed	
Signature of additional owner, if applicable		Date signed	

*Thrivent Investor Services Inc. is the transfer agent for Thrivent Mutual Funds

Name of owner (print first, middle, last name and suffix as applicable)		Account number	
Name of additional owner (if applicable)			
Name of interested party (print first, middle, last name and suffix as applicable)			
Address of interested party		City	State ZIP code
Signature of owner/custodian (required)		Date signed	
Signature of additional owner, if applicable		Date signed	

Name of owner (print first, middle, last name and suffix as applicable)		Account number	
Name of additional owner (if applicable)			
Name of interested party (print first, middle, last name and suffix as applicable)			
Address of interested party		City	State ZIP code
Signature of owner/custodian (required)		Date signed	
Signature of additional owner, if applicable		Date signed	

Mail completed form to:
 Thrivent Mutual Funds
 PO Box 219348
 Kansas City, MO 64121-9348

Fax:
 866-278-8363