

Use this form upon the death of a Thrivent Funds account owner.

Method of Distribution							
This chart indicates which sections to comple	ete based on clair	n option	s available.				
Options: (Select one)		Sections to Complete:					
Transfer to New Account		1-4, 7					
Transfer to Existing Mutual Fund			-3, 7				
Full Distribution		1	, 2, 5, 7				
Be sure to include:							
Copy of certified death certificate, if not or	n file with Thriven	t.					
─ Copy of court seal or notarized legal docu are paying to an Estate, Personal Repres							
☐ Copy of State Tax Inheritance Waiver. (No	ot required in eve	ry state,	contact your s	tate for specific State Tax Waiver			
Section 1 - Deceased Account Owner Info Complete this section for all claim ele		tails of th	e original decea	sed account owner.			
Owner (print first, middle, last name and suffi	x, as applicable)						
Existing Thrivent Funds account number(s)							
Section 2 - Beneficiary Information Complete this section for all claim ele	ections. Provide det	tails of th	e beneficiary rec	eiving funds.			
ndividual/Business name/Trust/Minor/Estate							
Address			City				
		State	ZIP code				
Social Security or Tax Identification number	Date of birth			Phone			
Required to complete if beneficiary has a MF23438.	n acting Power o	of Attorr	ney or is a Mir	or with custodian. If entity complete			
Authorized person							
		0.1	City				
Address		City					
Address			7IP codo				
Address		City State	ZIP code				
Address Social Security or Tax Identification number	Date of birth		ZIP code	Phone			

Section 3 - New Account Registration Complete this section when electing to retain funds within Thrivent Funds for the receiving beneficiary. Additional forms may be required, see below.								
Existing Thrivent Funds Account -	•							
New Thrivent Funds Account - select	t one acc	ount type	below.					
Individual Joint Tenant WRC Trust Estate Chi Uniform Transfer to Minor (UTMA	urch	enants in	Commo lianship		Nonprofit	y Property Organization ot Organizatio	Conser	Property WROS vatorship
Individual/Business name/Trust/M	inor/Esta	ate - Provi	de deta	ils for n	ew registra	ation		
Address				City				
				State	ZIP code			
Social Security or Tax Identification r	number	Date of b	irth			Phone		
Joint owner/Trustee/Custodian/Au	ıthorized	person						
Address City								
				State	ZIP code			
Social Security or Tax Identification r	number	Date of b	irth		ł	Phone		
 When establishing a new account, ac Suitability Information (20) Account Service Fee Agree through a Thrivent Financia Certification of Trust (MF2) Beneficiary Designation Festates/Conservatorship: Business Entity Information 	0680): Re eement (al Represe 24143): F Request : Require ion (MF2	equired for MF28932 entative. Required f (MF307): d copy of 3438): Re	r accour): Requ or Trus Optiona court se	nts esta ired if th t accour al. Name al docu if receiv	ne original nts. e beneficia iment appo ing party is	account is Cla aries on new a pinting authori	ass S Shares e account.	•
Section 4 - New Account Cost Bas Complete this section if Sec Disclosures.						e beneficiary. P	ossible tax impl	ications, see
Indicate below the method you would like to use to track cost basis on your account(s).								
Fund Name (Indicate "ALL" if election applies to all accounts.)	Averag (default i		First- First- (FIF	Out F	Last-In, First-Out (LIFO)	High Cost	Low Cost	Gain/Loss Utilization

		\$ \$	\$ \$	
	Contract Number/ Financial Planning Agreement Number	Premium	Loan Repaymen	t For IRA Contributions, Must Provide a Tax Year
	Distribute to another Thrivent product	1	1	
			State 2	ZIP code
	Address		City	
	For the benefit of (print first, middle, last nam	e and suffix, as applicat	·	
		,		
	Distribute by check to other payee - Addition Name (print first, middle, last name and sufficient sufficiency)	-	•	ires page /Account number
au rec	count that comply with U.S. law; 2) act on this thorization to any future bank accounts I may quest such as date or amount changes; 5) rel count/contract owner, and 6) act upon electro	designate; 4) make adn ease any and all informa	ninistrative changes to ation related to this au	o this authorization which I thorization to the third party
	uthorize Thrivent Financial Investor Services		ic deposits, withdraw	als and corrections to my bank
	Routing number	Account number		of account hecking
	Financial institution joint account owner			
	Financial institution account owner			
	Financial institution name			
	Wire to a financial institution - A fee will be	e charged against your a	account.	
	Direct Deposit to a financial institution	·		
	Distribute by electronic funds transfer - co			
	 ○ Overnight delivery Available when distrib ○ Yes ○ No Is a signature upon re 	eceipt of overnight delive		bayee. (A lee will apply.)
	Distribute by check to beneficiary's addre			
_	ction 5 - Full Distribution Options Complete this section to receive funds i Important note for Thrivent Interval F (MF29974) during a declared repurchas	unds: This form must be s se period for the Fund.	ubmitted along with the	Repurchase Offer Request Form
	Use the alternate valuation date of	to value the s	shares for cost basis	purposes.
	rules? The fair market value as of the date of death box to use the alternate valuation date to va transfer or six months after the date of death	n will be used to determin lue the shares. The alter n.	ne the cost basis of th nate valuation date is	e shares unless you check the the earlier of the date of the
	Yes No For cost basis purposes,	is the account owned by	spouses and subject	to state community property

Section 6 - Validation

Certain cash distributions require signature validation. Please see Disclosures for additional information.

Medallion Signature Guarantee Seal or Notary Seal

Section 7 - Agreements and Signatures

Complete this section for all claim elections.

By signing this agreement, I acknowledge and represent that I have:

- Received and reviewed a prospectus for the Fund(s) purchased.
- Read (or have had read to me) the statements and answers, and I agree to the Disclosures at the end of this form and any other disclosures on this form. The signature below applies to all applicable sections and statements on this form.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of account owner/corporate officer/partner/trustee/custodian/authorized person	Date signed	
X		
Signature of joint account owner/corporate officer/partner/trustee/custodian/authorized person	Date signed	
X		
Signature of joint account owner/corporate officer/partner/trustee/custodian/authorized person	Date signed	
X		

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

For Internal Product-to-Product Transfers Only

Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract(s) to become effective only if and when:

- Thrivent Financial (including its subsidiaries and affiliates) has approved the first application of the amount(s) requested to the receiving contract(s), as described above, or, if not, as I subsequently agree to accept; and
- With respect to any receiving contract(s) that I have applied for, as described above, Thrivent Financial (including its subsidiaries and affiliates) has approved the issuance of the receiving contract(s), as applied for or, if not, as I subsequently agree to accept.

Terms and Conditions

A new account number will be assigned for all transfer of ownership requests except for changes to a custodian, responsible individual, guardian, or conservator account.

Additional documents/forms may be required with this request.

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 an 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, or other source. My broker-dealer may also ask to see your driver's license and other identifying documents.

To comply with the Customer Identification Program (CIP), the name, address, Social Security or Tax Identification number, and date of birth are required for all account owners including information for at least one authorized person if applicable.

W-9 Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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 or other U.S. person (as defined by the IRS in its W-9 instructions); and
- You must check this box if the IRS has notified you that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

New Account Cost Basis Method Election for Covered Shares

Cost basis information will be provided to you and the Internal Revenue Service (IRS) for covered shares purchased on or after January 1, 2012 in 1099-B reportable accounts. Cost basis does not apply to retirement accounts or the Thrivent Money Market Fund.

You are allowed to override your election for a specific financial transaction and use a different cost basis method including Specific Identification unless you have elected Average Cost.

If you choose a method other than Average Cost and have noncovered shares purchased prior to January 1, 2012, Thrivent Funds may provide average cost information to you for the noncovered shares, if available. Use the Special Instructions section to request Average Cost on your noncovered shares.

Cost Basis Election

I understand that:

• Thrivent Funds will use my election to calculate cost basis for the covered shares held in the account(s) and any future accounts established as a result of an exchange of shares. I am responsible for any adjustments to the cost basis information that may apply due to activity occurring in a different account that holds shares of the same fund. If no election was indicated, the Average Cost method will be used.

- Unless the Average Cost method is used, I can use the Specific Identification method for any redemption/repurchase of covered shares by providing information about the shares to be redeemed/repurchased at the time of the redemption/ repurchase request.
- I can change this election at any time for covered shares that have not been redeemed, repurchased, exchanged or transferred from the account(s). If I have elected Average Cost (as opposed to being defaulted to Average Cost), I understand I have the right to revoke this election up until the time of the first redemption/repurchase, exchange or transfer of covered shares from the account(s). If I change the average cost designation (whether elected or defaulted to) after covered shares have been redeemed, repurchased, exchanged or transferred from the account(s), I understand that the cost basis of all covered shares in the account(s) at the time of the change will be the current average cost of those shares.
- I am required to use the cost basis information provided on Proceeds from Broker and Barter Exchange (IRS Form 1099-B) for covered shares as a result of this election for tax purposes. Information received on noncovered shares is informational only and is not required to be used for tax purposes. Average cost basis on noncovered shares will not be provided to the IRS by Thrivent Funds.
- Thrivent Funds will use my election. Thrivent Funds and its affiliates do not provide tax advice.

Full 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.

Validation

For your protection, validation of your identity is requested.

Redemption/disbursement transactions:

- a. Greater than \$499,999 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:
 - · Attestation by a Thrivent Financial representative
 - · A Notary Public
 - · A Medallion Signature Guarantee
- c. Greater than \$9,999, less than \$99,999, and the address of record changed within the prior 15 days will require a Notary Public or attestation by a Thrivent Financial representative.
- 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 a Notary Public or attestation by a Thrivent Financial representative.
- e. Requesting special distribution instructions will also require one of the three forms of validation listed in (b) above. Examples include: 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 current owner.

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

Agreements and Signatures

The signature of all registered shareholder(s) is required exactly as listed on the account statement. If you are changing your legal name, sign both your former and present name.

If signing as an officer of an organization or corporation, a trustee or other fiduciary relationship, indicate title.

If you have any questions, contact your representative or call our toll free number 800-847-4836.

Signature and Certification

I authorize my broker-dealer to accept and act upon telephone instructions from me for the initial investment or exchange of shares between one or more of the Thrivent Funds having identical registrations. I understand and agree that neither my broker-dealer, Thrivent Financial Investor Services and/or its agents, nor any Fund will be liable for any loss, expense, or cost arising out of any telephone request effective hereunder. In addition, my signature authorizes the approval of any or all sections completed.

I have received and reviewed a current prospectus for Thrivent Funds and understand the investment objectives and potential risks. When shares are redeemed/repurchased, they may be worth more or less than what was paid for them. I understand there may be an initial or contingent deferred sales charge as explained in the prospectus and for this and other reasons, an investment should be made for the long term. Shares will not be purchased until the day this request is received in good order by Thrivent Funds.