



Thrivent Funds Plan Administration Online Access ACH Debit Authorization

Section 1 - General Information

Name of group	Group number
Name of plan administrator	Phone
Email address	

If you administer another plan established in Thrivent Funds Administration Online, enter the group number and operator ID.

Group number	Operator ID
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Section 2 - Bank Information

Bank must be a participant of the Automated Clearing House (ACH) network.

Name of bank		
Routing number	Account number	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank account owner(s)		

Section 3 - Agreements and Signatures

Important: By signing this paperwork, you agree and confirm that your use of the ACH network will not result in transfers to or from a bank outside of the United States. You also understand it is your responsibility to notify Thrivent Financial Investor Services, Inc. if any changes to your status occur that may require funds to be sent to or from a bank outside of the United States.

I authorize Thrivent Financial Investor Services Inc. to: 1) make electronic deposits, withdrawals and corrections to my bank account that comply with U.S. law; 2) act on this authorization until I revoke it by contacting Thrivent Funds; 3) apply this authorization to any future bank accounts I may designate; 4) make administrative changes to this authorization which I request such as date or amount changes; 5) release any and all information related to this authorization to the third party account/contract owner, and 6) act upon electronic deposit instructions I provide to my representative.

Signature of authorized signer	Date signed
X	

Print name

Mail completed form to:

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

Express Mail:
Thrivent Funds
430 W 7th St
Kansas City, MO 64105

Fax:
866-278-8363

Phone:
800-847-4836