

**Qualified Charitable Distribution (QCD) Request**  
(only use when IRA owner is 70 1/2 or older)

**Section 1 - General Information**

Name of owner (print first, middle, and last name)	Date of birth
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Existing Thrivent Funds account number(s)

**Section 2 - One-Time Distribution instructions (see section 3 for recurring systematic distribution instructions)**

Choose one option below:

My Required Minimum Distribution (RMD) Amount - RMD will be made proportionately from each fund/account or allocation period. Specific fund/accounts cannot be selected for the distribution.

Other Amount - \$ \_\_\_\_\_

For a partial redemption, indicate the fund(s) being redeemed and the amount(s) to redeem from each fund.

Withdraw my distributions as instructed below:

Fund Name/Fund Number	Account Number	Amount	Amount Type (select only one)
			<input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent
			<input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent
			<input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent

If you leave the above table blank, we will default to pro-rata based on the distribution amount and the current market value of your fund holdings. If you choose a distribution in a dollar amount greater than the market value of your fund holdings, we will make a FULL distribution on the selected fund (this will only affect the selected fund, not the entire account).

**Section 3 - Recurring Systematic Distribution Instructions**

Choose one option below:

My Required Minimum Distribution (RMD) Amount

RMD will be made proportionately from each fund/account or allocation period. Specific fund/accounts cannot be selected for the distribution.

Total Amount - \$ \_\_\_\_\_

For a partial redemption, indicate the fund(s) being redeemed and the amount(s) to redeem from each fund.

Withdraw my distributions as instructed below:

Fund Name/Fund Number	Account Number	Amount

If you leave the above table blank, we will default to pro-rata based on the distribution amount and the current market value of your fund holdings. If you choose a distribution in a dollar amount greater than the market value of your fund holdings, we will make a FULL distribution on the selected fund (this will only affect the selected fund, not the entire account).

**Recurring Distribution Instructions**

Day of withdrawal \_\_\_\_\_  
(select 1-28)

Withdrawal month(s) - select all that apply

Jan    Feb    Mar    Apr    May    June    July    Aug    Sept    Oct    Nov    Dec

If a date and/or month is not selected, the withdrawal will default to the 7th of each month.

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**Section 4 - Distribution Options**

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**Distribute by check to my current address of record (default)**

**Distribute by check to other payee (Medallion Signature Guarantee may be required in Section 7)**

Name of payee (Charity's name)	Amount
	\$

For the benefit of (print first, middle, and last name)

Send to registered account address in the name of the charity

Send to address of the charity below

Address	City
	State      ZIP code

Name of payee (Charity's name)	Amount
	\$

For the benefit of (print first, middle, and last name)

Send to registered account address in the name of the charity

Send to address of the charity below

Address	City
	State      ZIP code

Name of payee (Charity's name)	Amount
	\$

For the benefit of (print first, middle, and last name)

Send to registered account address in the name of the charity

Send to address of the charity below

Address	City
	State      ZIP code

Name of payee (Charity's name)	Amount
	\$

For the benefit of (print first, middle, and last name)

Send to registered account address in the name of the charity

Send to address of the charity below

Address	City
	State      ZIP code

If more than four payees are needed, attach a letter of instruction signed by the account owner.

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**Section 5 - Notification for Federal and State Income Tax Withholding**

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No tax withholding will be completed on this request.

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**Section 6 - Additional Information**

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**Section 7 - Agreements and Signatures**

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I certify I have received, read, and agree to the Disclosures at the end of this form and any other disclosures contained in this form. You will receive an IRS form 1099-R for this distribution. The amount of the distribution will appear in box 1 ("Gross distribution") and box 2b will reflect "Taxable amount not determined". Consult your tax advisor to determine if the distribution satisfies the Qualified Charitable Distribution requirements and how to complete your tax return.

Signature of primary owner/conservator/guardian/custodian/trustee/authorized person

Date signed

**X**

Medallion Signature Guarantee or Notary Seal

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**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

## Disclosures and important information regarding QCDs

It is your responsibility to ensure the distributions made with this form comply with IRS rules. All transactions made using this form are reported to the IRS on the 1099-R.

The maximum annual exclusion for a QCD per individual is \$100,000.

The charity must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions. Certain charities do not qualify: sponsoring charities of donor-advised funds, private foundations, and supporting organizations.

A QCD from any non-inherited IRA will be reported on the 1099-R as a normal distribution and distributions from an inherited IRA or inherited Roth IRA will be reported as a death distribution.

Please consult with a tax advisor to discuss this option.

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### Recurring Systematic Distribution

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The RMD will be made proportionately from each fund/account. Specific fund/accounts cannot be selected for the distribution.

Any payouts that occur on a weekend or nonbusiness day will be processed using the following business day's unit/share price.

Distributions will be adjusted so the annual required amount is distributed by December 31.

RMD will be calculated using your prior year end account balance. The value will be divided by the applicable divisor from the Internal Revenue Service (IRS) Uniform Distribution Table, unless your spouse is your sole beneficiary and is more than 10 years younger than you. Inherited fund/accounts use the IRS Single Table.

The applicable divisor from the IRS Joint Life Expectancy Table will be used.

If I change my beneficiary in the future so my spouse is no longer the sole primary beneficiary, I understand that I need to separately request to have my RMD calculation changed to use the IRS Uniform Distribution Table.

I authorize Thrivent Financial Investor Services, Inc. to: (1) make this 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 us; (3) apply this authorization to any future bank accounts I man 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 owner, and (6) act upon electronic deposit instructions I provide to Thrivent Funds.

If we receive this form in good order after your selected start date, the start date shall be deemed the first business day that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

I understand that this distribution represents only the minimum amount which must be distributed annually and I can receive more than the minimum either now or in the future.

I acknowledge that distributions made under the above requested RMD will result in the reporting of a taxable amount to the IRS and it cannot be reversed. Such taxable amount will be subject to income tax withholding unless the Notification for Federal and State Income Tax Withholding is completed.

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### Agreements and Signatures

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Redemption/disbursement transactions:

- a. Value of \$500,000 or more 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:
  - Your notarized signature
  - An original Medallion Signature Guarantee; or
  - An attestation of your signature by your Thrivent Financial financial representative