



Appleton, Wisconsin • Minneapolis, Minnesota  
Thrivent.com • 800-847-4836

Member ID  
\_\_\_\_\_

**Section 1 - General Information**

Contract number(s) \_\_\_\_\_

Name of participant/owner (print first, middle, last name and suffix, as applicable) \_\_\_\_\_

**Section 2 - Required Minimum Distribution (RMD) Information**

**Part A - Postpone RMD**

Do not pay out RMD until further notice. I am satisfying it elsewhere.

**Part B - One-Time Age 70 1/2 Distribution - Required Beginning Date (RBD)**

**RBD** - Applies to the year the participant attains age 70 1/2 and only to **non-inherited** contracts.

I have or will be attaining age 70 1/2 and would like to delay my initial RMD payout to a date from 1/1 but prior to 4/1 of the year after I turn age 70 1/2. If selecting this option, also complete Part C.

Payout date - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                          month    day 1-28    year

Use only days 1-28. If no date is selected, payout will occur on March 15.

**Part C - Ongoing Automatic Distribution**

If the frequency is left blank, illegible, or invalid, you are deemed to have elected annual distribution. If annual distribution is elected, but the month is left blank, illegible, or invalid, you are deemed to have elected December. If the date of distribution is left blank, illegible, or invalid, you are deemed to have elected the 15th and for distributions to begin when this date next occurs.

Monthly payout date - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  month    day 1-28    year

Quarterly payout date - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  month    day 1-28    year

Semiannual payout date - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  month    day 1-28    year

Annual payout date - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  month    day 1-28    year

**IRS Joint Life Expectancy Table (only applicable to non-inherited contracts)**

My sole primary beneficiary is my spouse who is more than 10 years younger than I am.  
  - spouse's date of birth  
\_\_\_\_\_

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**Section 3 - Method of Distribution**

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Send amount(s) by:

- Check
- Deposit into a **new** non-qualified Thrivent Mutual Fund account
- Deposit into an **existing** non-qualified Thrivent Mutual Fund account or Thrivent annuity  
\_\_\_\_\_ - contract or fund/account number

Direct Deposit - complete bank information below:

Name of bank account owner

Bank account number

Name of joint bank account owner

Full name of bank

Routing number

Type of account

 Checking Savings

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**Section 4 - Request for Waiver of Surrender Charges (subject to availability)**

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- Confinement to health care facility still applicable. Information already on file at Thrivent Financial.
- Request for Waiver of Surrender Charges for Health Care Facilities Confinement form will be sent to Thrivent Financial separately.
- A letter from the nursing home concerning waiver of surrender charges will be sent to Thrivent Financial separately.
- A letter from an attending physician or doctor indicating a life expectancy of less than 12 months will be sent to Thrivent Financial separately. Attending physician cannot be a family member.
- A Claimant's Statement for Total Disability form and an Attending Physician's Statement of Disability form will be sent to Thrivent Financial separately.
- Proof of state unemployment benefits will be sent to Thrivent Financial separately.

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

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**If no box is checked, federal (10%) and possibly state income tax will be withheld.****Federal Tax Withholding** (must be at least 10%):

- Do not withhold federal income tax
- Withhold federal income tax amount of \$ \_\_\_\_\_ or \_\_\_\_\_ %. If dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

**State Tax Withholding:**

- Do not withhold state income tax\*
- Withhold the applicable state income tax amount of \$ \_\_\_\_\_ or \_\_\_\_\_ %. If dollar amount or percentage is less than the state minimum, or if amount or percentage is not completed, we will withhold at your state's minimum rate.

**Residents of Connecticut** – submit the Form CT-W4P to indicate your withholding election with this form. If you do not submit Form CT-W4P with this form, Thrivent will use your most recently-submitted CT-W4P, if one is on file. If you do not submit Form CT-W4P with this form and you have not previously submitted Form CT-W4P, the maximum rate will be withheld.

\*If your state requires withholding, we will withhold at your state's minimum rate unless you indicate a higher rate.

**Any tax withholding will be subtracted from the taxable amount (gross).**

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**Section 6 - Additional Information**

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**Section 7 - Employer Certification (complete for 403(b) Required Minimum Distributions only)**

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By signing below, I certify that the participant/owner named in Section 1 is requesting the commencement of required minimum distributions in accordance with the terms and conditions of the 403(b) plan sponsored by the employer named below. In addition, I certify that I am an authorized representative of the employer.

\_\_\_\_\_  
Name of employer

\_\_\_\_\_  
Name of authorized representative of employer

\_\_\_\_\_  
Title of authorized representative of employer

\_\_\_\_\_  
Signature of authorized representative of employer and date signed

**X**

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**Section 8 - Validation**

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Medallion Signature Guarantee Seal or Notary Seal

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**Section 9 - Agreements and Signature**

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I authorize Thrivent Financial to process the requested transaction and I certify I have received, read, and agree to the Disclosures (page 4 of this form) and any other disclosures contained in this form.

\_\_\_\_\_  
Signature of owner and date signed

**X**

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Name and code number of representative

**Send completed form to:**

Thrivent Financial  
PO Box 8075  
Appleton WI 54912-8075

**Fax:**

800-225-2264

**This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans. If used in this form, "Thrivent Financial" refers to Thrivent Financial for Lutherans and Thrivent Life Insurance Company.**

## Disclosures

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### Section 2 - Required Minimum Distribution (RMD) Information

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For variable or Multi-Year Guarantee products, the RMD will be made proportionately from each subaccount or allocation period. Specific subaccounts or allocation periods cannot be selected for the distribution.

For Fixed Indexed products, the RMD will be taken from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient.

If you choose to aggregate your RMD with other contract(s), you will be responsible for calculating and distributing your aggregated amount each year. Inherited contracts cannot be aggregated with non-inherited contracts.

#### Part B - One-Time Age 70 1/2 Distribution - Required Beginning Date (RBD)

Date must be from 1/1 through 3/28 of the year after turning age 70 1/2.

#### Part C - Ongoing Automatic Distribution

For Variable Annuities, any payouts that occur on a weekend or nonbusiness day will be processed using the following business day's unit price.

Semiannual, quarterly, and monthly 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 and the Actuarial Present Value (APV) if applicable on your annuity contract. 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 contracts use the IRS Single Table.

#### IRS Joint Life Expectancy 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.

### Section 3 - Method of Distribution

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I authorize Thrivent Financial to make this electronic deposit and, if necessary, corrections to my bank account. I further authorize Thrivent Financial to act upon future electronic deposit instructions I provide to my representative or directly to Thrivent Financial. My authorization is valid for electronic deposits and corrections that comply with U.S. law. This authorization shall remain in full force and effect until I revoke it by giving 10 day prior notice to Thrivent Financial.

### Section 4 - Notification for Federal and State Income Tax Withholding

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You are liable for federal and state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. Except where prohibited by federal and/or state law, you can elect: 1) no withholding; 2) withholding at the minimum federal and state rates; or 3) withholding at a rate higher than the minimum rates. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Check with your tax advisor to determine if withholding is necessary.

You have the right to revoke or change your withholding election at least 10 days prior to the effective date of the distribution.

### Other Disclosures

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If we receive this form in good order after your selected start date, the start date shall be deemed the first business day, or Valuation Date, (for variable products) 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.

A market value adjustment (MVA) may apply to distributions from a Fixed Period Allocation.

Fixed Indexed Annuity surrenders are withdrawn from the Fixed Account first and will only be taken from the Indexed Account when the accumulated value in the Fixed Account is not sufficient. Surrenders removed from the Indexed Account will not receive any interest credited on the Interest Crediting Date.

Withdrawal charges may apply.

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.