

For Direct Deposit only, complete bank information below.

Name of account owner			Account number
Name of joint account owner			
Name of bank			Bank phone
Address			Routing number
City			Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
State	ZIP code		

Section 4 - Notification for Federal and State Income Tax Withholding

Federal Tax Withholding (must be at least 10%):

- Do not withhold federal income tax
- Withhold federal income tax amount of \$ _____ or _____ %.

If no box is checked, IRS regulations require us to withhold the minimum federal income tax (10%) from your distribution.

State Tax Withholding:

- Do not withhold state income tax*
- Withhold the applicable state income tax amount of \$ _____ or _____ %.

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).

Section 5 - Additional Information

Section 6 - Employer Certification (complete for 403(b) Required Minimum Distributions only)

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

Section 7 - Validation

Medallion Signature Guarantee Seal or Notary Seal

Section 8 - Agreements and Signature

I certify that 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)

Mail completed form to:**Regular Mail:**

Thrivent Mutual Funds
PO Box 219348
Kansas City, MO 64121-9348

Express Mail:

Thrivent Mutual Funds
330 W 9th St
Kansas City, MO 64105

Fax:

866-278-8363

Disclosures

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

If you choose to aggregate your RMD with other fund/accounts, you will be responsible for calculating and distributing your aggregated amount each year. Inherited fund/accounts cannot be aggregated with non-inherited fund/accounts.

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 Mutual Funds.

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.

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.