



Thrivent Funds Required Minimum Distribution Request

Thrivent ID

Section 1 - General Information

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

Fund/Account number(s)

Phone

Section 2 - Required Minimum Distribution (RMD) Information

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

Thrivent Funds will default the calculation using the IRS Uniform Distribution Table unless indicated differently. Select all options that are applicable.

- ☐ Defer the first year RMD to the year following the year you turn the age indicated by the Internal Revenue Code section 401(a)(9). Distribution must occur between January 1st and April 1st. If no date is listed, payout will happen March 7th. If selecting this option, also complete the Ongoing Automatic Distribution option.

Payout date

Use only days 1-28

- ☐ Ongoing Automatic Distribution

Payout frequency (select all that apply)

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Start date -

(select 1-28)

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

- ☐ 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

Section 3 - Method of Distribution

Send amount(s) by: ☐ Check

- ☐ Direct Deposit

Complete bank information below.

- ☐ Deposit into an **existing** non-qualified Thrivent Funds account

Fund/account number -

- ☐ Deposit into an **existing** non-qualified Thrivent annuity

Contract number -

- ☐ Deposit into a **new** non-qualified Thrivent Funds account

Complete a new account application.

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
			Type of account:
			<input type="checkbox"/> Checking
City	State	ZIP code	<input type="checkbox"/> Savings

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.

Section 4 - Notification for Federal and State Income Tax Withholding

If no box is checked, 10% federal income tax will be withheld and state withholding will occur as required by your state of residence.

Federal Tax Withholding:

- ☐ Do not withhold federal income tax
- ☐ Withhold federal income tax amount of 10%
- ☐ Other federal withholding _____ %

For more details on federal withholding, please consult IRS Form W-4R, available on the IRS website. Failure to withhold enough or underpaying estimated taxes may lead to IRS penalties.

State Tax Withholding:

- ☐ Do not withhold state income tax
- ☐ Other state withholding _____ %

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 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

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.

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.

Defer first year RMD - the IRS allows individuals to defer the first RMD required the year the individual attains the age defined as the required beginning date in the Internal Revenue Code section 401(a)(9) to the following year. The distribution must occur between January 1st to April 1st in the year following obtaining the age outlined by the IRS. individuals opting for this choice will be required to take two distributions that year.

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 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.

Notification of Withholding - You are liable for federal and state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. 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.

Form W-4R can be found on the IRS website <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>

State Withholding - If withholding is indicated and the percentage is less than the state minimum, or if the percentage is not completed, we will withhold at your state's minimum rate.

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

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

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.