

# Thrivent Funds Retirement Beneficiary Claim

Use this form upon the death of a Thrivent Funds retirement account owner.

## Method of Distribution

This chart indicates which sections to complete based on claim options available.

### Options: (Select one)

- ☐ Internal Transfer to Inherited IRA
- ☐ Spousal Rollover
- ☐ Full Distribution

### Sections to Complete:

1-7

1-7,

1, 2, 5-7

### Be sure to include:

- ☐ Copy of certified death certificate, if not on file with Thrivent.
- ☐ Copy of court seal or notarized legal document naming authority, if not on file with Thrivent Funds. (Required if funds are paying to an Estate, Personal Representative, or when acting in any legal capacity for another.)
- ☐ Copy of State Tax Inheritance Waiver. (Not required in every state, contact your state for specific State Tax Waiver requirements.)

## Section 1 - Deceased Account Owner Information

Complete this section for all claim elections. Provide details for the original deceased account owner.

Name of deceased (print first, middle, last name and suffix, as applicable)

Existing Thrivent Funds account number(s)

Date of birth of deceased

Date of death

## Section 2 - Beneficiary Information

Complete this section for all claim elections. Provide details of the beneficiary receiving funds.

Individual/Business name/Trust/Minor/Estate

Address

City

State

ZIP code

Social Security or Tax Identification number

Date of birth

Phone

**Required to complete if beneficiary has an acting Power of Attorney or is a Minor with custodian. If entity complete MF23438.**

Authorized person

Address

City

State

ZIP code

Social Security or Tax Identification number

Date of birth

Phone

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**Section 3 - Fund Destination**

Complete this section when electing to retain funds within Thrivent Funds for the receiving beneficiary.  
Additional forms may be required, please see below.

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☐ Existing Thrivent Funds Account - \_\_\_\_\_

☐ New Thrivent Funds Account - Complete fund selection

Fund Number/Name	Percent	Fund Number/Name	Percent
	%		%
	%		%
	%		%
	%		%

**Total percent must equal 100%**

When establishing a new account, additional forms are needed:

- **Suitability Information (26872):** Required for accounts established through a Thrivent Financial Representative.
- **Account Service Fee Agreement (MF28932):** Required if the original account is Class S Shares established through a Thrivent Financial Representative.
- **Certification of Trust (24143A):** Required for Trust accounts.
- **Beneficiary Designation Request (MF307):** Optional. Name beneficiaries on new account.
- **Estates/Conservatorship:** Required copy of court seal document appointing authority.
- **Business Entity Information (MF23438):** Required if receiving party is an Entity

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**Section 4 - Ongoing Distribution Election**

Complete this section when electing to retain funds within Thrivent Funds for the receiving beneficiary.

Required Minimum Distributions (RMD) are required in most IRA situations after the original owner has passed. \*

Please see Disclosures page for additional information.

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Complete Part A if the date of death was on or before 12/31/2019

Complete Part B if the date of death was on or after 01/01/2020

**Part A - Distribution Options (for date of death on or before 12/31/2019)**

- ☐ Establish RMD payout - Complete Method of Distribution section
  - ☐ Five year deferral - systematic withdrawal amount - \$ \_\_\_\_\_ - Complete Method of Distribution section
  - ☐ Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere.
  - ☐ Distribute any decedent RMD that was not previously paid out prior to transferring the funds (if applicable).
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**Part B Distribution Options (for date of death on or after 01/01/2020)**

Your distribution options are specific to your relationship to the deceased. To identify the options available to you, find your relationship below and select your distribution option.

**Spouse, minor child of decedent, anyone disabled, anyone chronically ill, and anyone less than 10 years younger than the deceased:**

- ☐ Establish RMD payout based on the longer of either my life expectancy or the decedent's life expectancy - Complete Method of Distribution section
- ☐ Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere.
- ☐ Distribute any decedent RMD that was not previously paid out prior to transferring the funds (if applicable).

**Other individual:** (for example, adult child of decedent or family member)

- ☐ Establish RMD payout based on the longer of either my life expectancy or the decedent's life expectancy - Complete Method of Distribution section  
\*Accounts are required to be depleted within 10 years after the date of death of the original owner.
- ☐ Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere.
- ☐ Distribute any decedent RMD that was not previously paid out prior to transferring the funds (if applicable).

**Non individual beneficiary:** (for example, entity or Trust)

- ☐ Five year deferral - systematic withdrawal amount - \$ \_\_\_\_\_ - Complete Method of Distribution section
- ☐ Postpone RMD - Do not pay payout RMD until further notice, I am satisfying it elsewhere.
- ☐ Distribute any decedent RMD that was not previously paid out prior to transferring the funds (if applicable).

**Section 5 - Method of Distribution**  
Complete this section to receive funds in cash. Complete this section also to indicate where to send RMD distributions.

- ☐ Receive payment by systematic withdrawal - Complete if electing payout in Section 4

I elect to start the ongoing deductions on -           /          /            
month day 1-28 year

Select a withdrawal date from 1 - 28. (If 29, 30, or 31 is chosen, 28 will be used.)

Withdrawal month(s) - (select all that apply):

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

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

- ☐
- Distribute by check to registered account address**

- ☐ Overnight delivery Available when distributing to registered account address or other payee. (A fee will apply.)

☐ Yes ☐ No Is a signature upon receipt of overnight delivery required?

- ☐
- Distribute by electronic funds transfer**

- ☐ Direct Deposit to a financial institution - complete bank information below.

- ☐ Wire to a financial institution - A fee will be charged against your account.

Financial institution name

Financial institution account owner

Financial institution joint account owner

Routing number	Account number	Type of account
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Account number	Type of account
----------------	-----------------

Type of account
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☐ Checking      ☐ 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.

- ☐
- Distribute by check to other payee**
- Signature validation required in Section 10, see Disclosures page for details.

Name (print first, middle, last name and suffix, as applicable)	Contract/Account number
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Contract/Account number
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For the benefit of (print first, middle, last name and suffix, as applicable)

Address	City
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City

State	ZIP code
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ZIP code

- ☐
- Distribute to another Thrivent product**

Contract Number/ Financial Planning Agreement Number	Premium	Loan Repayment	For IRA Contributions, Must Provide a Tax Year
	\$	\$	
	\$	\$	

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**Section 6 - Notification for Federal and State Income Tax Withholding**

Complete this section to elect tax withholding on full cash distributions and when electing a RMD.

**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 \_\_\_\_\_ %

**Any tax withholding should be:**

- ☐ Added to the amount requested (net)
- ☐ Subtracted from the amount requested (gross)

Unless otherwise indicated on this form, state and/or federal income taxes will be subtracted from the distribution amount requested (gross).

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**Section 7 - Agreements and Signatures**

Complete this section for all claim elections.

By signing this agreement, I acknowledge and represent that I have:

- Received and reviewed a prospectus for the Fund(s) purchased.
- Read (or have had read to me) the statements and answers, and I agree to the Disclosures at the end of this form and any other disclosures on this form. The signature below applies to all applicable sections and statements on this form.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature of account owner/corporate officer/partner/trustee/custodian/authorized person	Date signed
<b>X</b>	
Signature of additional conservator/additional trustee/additional authorized person	Date signed
<b>X</b>	

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**Section 8 - Broker-Dealer Information**

Name of registered representative

Name of broker-dealer

Registered representative number	Phone
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To request a split in your compensation, complete Split Compensation Request (form MF28024).

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**Section 9 - Employer Certification (complete for 403(b) only)**

Complete this section only when the original account was held in a 403(b). Employer signature is required on money movement within a 403(b).

By signing below, I certify that the participant/owner named on page 1 has had a distributable event (age 59 1/2, termination of employment, financial hardship, etc.) and is able to receive a distribution 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.

By signing below I certify that I am an authorized representative of the employer and I acknowledge that I understand the beneficiary is requesting a rollover/qualified rollover contribution of the (i) decedent's 403(b) assets or (ii) inherited 403(b) assets from the current custodian/financial institution to Thrivent and verify that the beneficiary is entitled to complete a rollover/qualified rollover contribution under the terms of the 403(b) plan. In addition, any RMD amount indicated in Section 4 complies with the terms of the plan.

Name of employer

Name of authorized representative of employer

Title of authorized representative of employer

Signature of authorized representative of the employer

Date signed

**X**

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**Section 10 - Signature Validation**

Certain cash distributions require signature validation. Please see Disclosures for additional information.

Medallion Signature Guarantee Seal 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  
801 Pennsylvania Ave  
Suite 219348  
Kansas City, MO 64105

**Fax:**

866-278-8363

**Phone:**

800-847-4836

## Disclosures

### For Internal Product-to-Product Transfers Only

Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing contract(s) to become effective only if and when:

- Thrivent Financial (including its subsidiaries and affiliates) has approved the first application of the amount(s) requested to the receiving contract(s), as described above, or, if not, as I subsequently agree to accept; and
- With respect to any receiving contract(s) that I have applied for, as described above, Thrivent Financial (including its subsidiaries and affiliates) has approved the issuance of the receiving contract(s), as applied for or, if not, as I subsequently agree to accept.

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### Beneficiary Information

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Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (as defined by the IRS in its W-9 instructions); and

☐ You must check this box if the IRS has notified you that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

### Customer Identification Rules

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you - When you open a mutual fund account or apply for a variable product, we will ask for your name, address, date of birth and other information, that will be used to identify you. This information may be compared with information obtained from a consumer reporting agency, public database or other source. We may also ask to see your driver's license and other identifying documents.

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### Required Minimum Distribution Options

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For a Date of Death on or before 12/31/2019

#### Ongoing RMD Payment Election (RMD payout)

- For traditional IRAs, RBD is April 1 of the year after the attainment of age 70 1/2.
- For 403(b) and Qualified Retirement Plans, RBD is April 1 of the year after the attainment of age 70 1/2 or, if later and if the plan provides, termination of employment. If you are unsure if the plan contains a delay to retirement provision, work directly with the employer.
- For Roth IRAs, RBD is not applicable.

#### Five Year Deferral

It is the shareholder's responsibility to monitor and deplete the funds by December 31 of the year containing the fifth anniversary of the original owner's death.

Only available if the original owner died prior to his/her Required Beginning Date (RBD). RBD can vary upon plan type. 403(b)s and other qualified plans may have a delay to retirement provision. RBD is not applicable to Roth IRAs.

## First Generation

If original owner:

**Had a Roth IRA** - RMD rules apply as if the original owner died **prior to RBD**.

**Died prior to RBD** - The five-year deferral is available for all beneficiary types if death is prior to RBD.

- As **spouse**, you do not have an RMD requirement until the deceased spouse would have reached the year he/she would have turned RMD age as defined in the Internal Revenue Code section 401(a)(9).
- As **non-spouse**, RMD is based on your own life expectancy.
- As an **entity**, only the five-year deferral is an option.

**Died on/after RBD** -

- As either **spouse** or **non-spouse** beneficiary, RMD is based on **the longer of** your own life expectancy **or** the original owner's remaining life expectancy.
- As an **entity**, RMD is based on the original owner's remaining life expectancy.

RMD for original or inherited qualified plans, 403(b)s and IRAs cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from an IRA, etc.). RMD can be satisfied from another inherited contract or fund/account only from the same decedent and for the same beneficiary of the same plan type.

RMD for the most recent decedent, if applicable, must be satisfied by 12/31 the year of death.

Transfers - RMD does not have to be paid out prior to the money movements.

Rollover/QRC - RMD must be paid out prior to money movement.

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## First Generation - You are the beneficiary of the original assets.

Beneficiary's RMD for QRP/403(b)/457(b) death proceeds - If, after the year of death, the beneficiary of QRP/403(b)/457(b) death proceeds does a direct rollover to an inherited traditional IRA or a QRC to an inherited Roth IRA, the beneficiary's RMD must be paid out prior to movement of the funds. **If this applies to you, your RMD should be distributed to you in full prior to the movement of funds.**

Required Beginning Date (RBD) - The Required Beginning Date (RBD) is the date when the first minimum amount must be paid out. For traditional IRAs, RBD is April 1 of the year after the attainment of age RMD age as defined in the Internal Revenue Code section 401(a)(9). For 403(b) and Qualified Retirement Plans, RBD is April 1 of the year after the attainment of age RMD age as defined in the Internal Revenue Code section 401(a)(9) or, if later and if the plan provides, termination of employment. If you are unsure if the plan contains a delay to retirement provision, work directly with the employer.

**Transfer** - This transaction is not taxable. It will not be reported to the IRS.

**Direct Rollover** - This transaction is not taxable, but will be reported to the IRS.

**Qualified Rollover Contribution (QRC)** - This transaction will be taxable. Complete the tax withholding election in Section 6. It will be reported to the IRS.

## 403(b) Distribution Acknowledgement

I acknowledge that if the distribution from the above 403(b) plan is an eligible rollover distribution and is not a direct rollover to a qualified retirement plan or IRA, the taxable amount of the distribution will be subject to 20% federal income tax withholding. I also acknowledge that I have received and read the 403(b) and Qualified Plan Distribution Disclosure (form 9972). I acknowledge that I have the right to delay making a decision regarding the distribution from the above plan for at least 30 days after receiving the 403(b) and Qualified Plan Distribution Disclosure form and have been given this opportunity. I hereby elect to waive my right to the 30 day waiting period and request that Thrivent Investment Management Inc. make this distribution as soon as administratively possible. Due to the tax consequences, I have been advised to seek competent tax advice pertaining to this distribution.

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## For a Date of Death on or after 1/1/2020:

- For traditional IRAs, 403(b), Qualified Retirement Plans, and Roth IRAs, an annual required minimum distribution (RMD) is required. You may elect a one-time or periodic distribution (systematic withdrawal) equal to or greater than the RMD amount. All assets in the account must be paid out by the end of the 10th year following the date of death of the deceased account owner unless the IRA owner is an eligible designated beneficiary (EDB). An EDB is any of the following, relative to the deceased account owner and as of the date of the deceased account owner's death: spouse, minor child, disabled, chronically ill and any other beneficiary who is less than 10 years younger than the deceased account owner as of the date of death.



- An EDB who is a minor child as of the date of the deceased account owner's death will no longer be an EDB once the minor child beneficiary reaches the age of majority, and will be subject to the 10-year time period in which to deplete the IRA account assets. The 10-year time period begins on the date the minor child beneficiary reaches the age of majority.

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**Distribution Options for Full Distribution or Required Minimum Distribution Destination**

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If a distribution option is not selected we will send a check to the address of record on the account.

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**Notification for Federal and State Income Tax Withholding**

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**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.

**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.

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**Signature Validation**

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For your protection, validation of your identity is requested.

Redemption/disbursement transactions requesting special distribution instructions will require one of the three forms of validation listed below. Examples include: Request to send proceeds to an address other than the one listed on your account, and/or request to make proceeds payable to someone other than the current owner.

- Attestation by a Thrivent Financial representative
- A Notary Public
- A Medallion Signature Guarantee

A Notary Public or Medallion Signature Guarantee may generally be obtained at any national bank.

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**Agreements and Signatures**

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The signature of all registered shareholder(s) is required exactly as listed on the account statement. If you are changing your legal name, sign both your former and present name.

If signing as an officer of an organization or corporation, a trustee or other fiduciary relationship, indicate title.

If you have any questions, contact your representative or call our toll free number 800-847-4836.

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**Signature and Certification**

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I authorize my broker-dealer to accept and act upon telephone instructions from me for the initial investment or exchange of shares between one or more of the Thrivent Funds having identical registrations. I understand and agree that neither my broker-dealer, Thrivent Financial Investor Services and/or its agents, nor any Fund will be liable for any loss, expense, or cost arising out of any telephone request effective hereunder. In addition, my signature authorizes the approval of any or all sections completed.

I have received and reviewed a current prospectus for Thrivent Funds and understand the investment objectives and potential risks. When shares are redeemed/repurchased, they may be worth more or less than what was paid for them. I understand there may be an initial or contingent deferred sales charge as explained in the prospectus and for this and other reasons, an investment should be made for the long term. Shares will not be purchased until the day this request is received in good order by Thrivent Funds.