

Thrivent ID

\*To request a redemption due to the death of the account owner, please complete form MF34915

## Section 1 - General Information

This section is required. Provide the name of the account owner for the Fund that you wish to redeem.

Account Owner (print first, middle, last name and suffix, as applicable)

## Section 2 - Redemption Amount

This section is required. Provide the amount that should be redeemed from the account. Please select only one option per Fund. To close an account, indicate the fund/account and enter ALL under shares, a closeout fee may apply.

Fund/Account Number	Dollar Amount	Percentage	Shares
	\$ _____ or _____ %	or _____ %	or _____
	\$ _____ or _____ %	or _____ %	or _____
	\$ _____ or _____ %	or _____ %	or _____
	\$ _____ or _____ %	or _____ %	or _____
	\$ _____ or _____ %	or _____ %	or _____

## Section 3 - Notification for Federal and State Income Tax Withholding

Withholding is not available on Coverdell Education Savings accounts.

***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).

#### Section 4 - Distribution Options

This section is required. Select the method in which the funding should be sent. Please only select one option.

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

☐ **Distribute by electronic funds transfer**

☐ Direct Deposit to a bank

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

Is bank information on file?

☐ Yes Name of bank and account number - \_\_\_\_\_

☐ No Complete bank information below - Signature validation may be required in Section 6, see Disclosures for additional details:

Financial institution name \_\_\_\_\_

Financial institution account owner \_\_\_\_\_

Financial institution joint account owner \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Type of account

☐ Checking

☐ Savings

Include a copy of a voided check or letter on Bank letterhead that includes bank registration, routing number, and account number

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 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 check to other payee** - Signature validation required in Section 6, see Disclosures page for details

Name (print first, middle, last name and suffix, as applicable) \_\_\_\_\_

Contract/Account number \_\_\_\_\_

For the benefit of (print first, middle, last name and suffix, as applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

☐ **Distribute to another Thrivent Financial product**

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

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**Section 5 - Agreements and Signatures**

This section is required. Signature of the account owner is required.

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 account owner/conservator/guardian/custodian/authorized person	Date signed
<b>X</b>	

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**Section 6 - Signature Validation**

Certain cash distributions require signature validation. Medallion Signature Guarantee stamps must be mailed.  
Please see Disclosures for additional information.

Medallion Signature Guarantee Seal or Notary Seal

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**Section 7 - Employer Certification (complete for 403(b) redemptions only)**

This section is required for 403(b) accounts. Employer signature is required on money movement within a 403(b). Please contact your employer for signature.

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.

☐ **Hardship withdrawal only:** By checking this box, I certify the distributable event is a financial hardship.

Name of employer

Name of authorized representative of employer

Title of authorized representative of employer

Signature of authorized representative of the employer	Date signed
<b>X</b>	

**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

### Premature Distributions

I understand an Internal Revenue Service (IRS) premature distribution penalty may apply to withdrawals if I am under age 59 1/2.

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

Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing account(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.

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

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

**Mandatory Tax** - Distributions from a 403(b) or qualified retirement plan that are eligible for rollover and are not directly rolled over are subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. If your distribution is subject to mandatory 20% federal tax withholding, your distribution may also be subject to mandatory state tax withholding.

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### Signature Validation

For your protection, validation of your identity is requested.

Redemption/disbursement transactions:

- a. Greater than \$499,999 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:
  - Attestation by a Thrivent Financial representative
  - A Notary Public
  - A Medallion Signature Guarantee
- c. Greater than \$9,999, less than \$99,999, and the address of record changed within the prior 15 days will require a Notary Public or attestation by a Thrivent Financial representative.
- d. Greater than \$9,999, less than \$99,999, and the bank information provided has been on record for less than 15 days will require a Notary Public or attestation by a Thrivent Financial representative.
- e. Requesting special distribution instructions will also require one of the three forms of validation listed in (b) above. 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.

A Notary Public or Medallion Signature Guarantee may generally be obtained at any national bank. Medallion Signature Guarantee stamps are required to be mailed to Thrivent Funds for processing, a fax or a copy is not accepted.