

Retirement Account Redemption Request

Member ID

Fund/Account number

Section 1 - General Information

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

Section 2 - Redemption Amount

- Dollars \$ _____
- Entire balance
- Shares: Number of shares - _____
- Percentage - _____ %

Section 3 - Distribution Options

Distribute by check to registered account address

- Overnight delivery Available when distributing to registered account address or other payee. (A fee may apply.)
- Yes No Is a signature of receipt required for overnight delivery?

Distribute by electronic funds transfer

- Direct Deposit to a financial institution
- Wire to a financial institution - A fee may be charged against your account.

Is bank information on file?

Yes Name of bank and account number - _____

No Complete bank information below:

Financial institution account owner _____

Financial institution joint account owner _____

Financial institution name _____

Routing number	Account number	Type of account
_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Distribute by check to other payee

A signature guarantee may be required (see Section 8 - Validation for restrictions that may apply).

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
	\$	\$	
	\$	\$	

Section 4 - Death Distribution

Yes No **Is this a death distribution?**

If yes, death paperwork sent to death claims or already on file at Thrivent Financial.

Beneficiary or Estate Information - Name, Date of birth, Social Security number of beneficiary or Tax Identification number (TIN) of estate, Address, City, State, and ZIP code are **all required** to complete the death distribution.

Name (print first, middle, last name and suffix, if applicable)

Date of birth	Social Security/Tax Identification number	Phone	
Address		City	
		State	ZIP code

Section 5 - Notification for Federal and State Income Tax Withholding

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 _____ %

State tax withholding:

Do not withhold state income tax*

Withhold the applicable state income tax amount of \$ _____ or _____ %

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

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 6 - Employer Certification (complete for 403(b) redemptions only)

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 represent the distributable event is financial hardship and the employer is aware of the requirement to suspend employee contributions for a period not less than six months.

Name of employer

Name of authorized representative of employer

Title of authorized representative of employer

Signature of authorized representative of the employer and date signed

X

Section 7 - Additional Information

Section 8 - Validation

Medallion Signature Guarantee Seal or Notary Seal

Section 9 - Agreements and Signatures

I certify I have received, read, and agree to the Disclosures (pages 4-5 of this form) and any other disclosures contained in this form.

Signature of primary owner/conservator/guardian/custodian/authorized person and date signed

X

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

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 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.

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.

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.

Section 3 - Distribution Options

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

Section 4 - Death Distribution

Tax Identification Number Certification

Under penalties of perjury, I certify that:

1. The Social Security/Tax Identification number shown on this form is my correct taxpayer identification number,
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 (including U.S. resident alien).

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Section 5 - Notification for Federal and State Income Tax 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. 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.

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.

Section 8 - 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.