

Thrivent Funds Recharacterization Election

Section 1 -	General Information		
Name of owner (print first, middle, and last name)			Date of birth
Existing Thr	ivent Funds account num	ber(s)	
Section 2 -	Recharacterization Insti	ructions. Must be completed by the tax filing deadlin	ne, including extensions.
		Traditional IRA balance. This option is available for a relating to this recharacterization.	accounts containing only funds that
Recharac	cterize only a portion of R	oth IRA or Traditional IRA balance. Complete the fol	lowing chart below.
Tax Year	x Year Contribution Amount Date(s) of Contribution		tion
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Yes	No Should Automatic	Purchase Plan for contribution be discontinued?	
Section 3 -	Intended Destination/Al	location of Dollars	
Account Number		Fund Name/Share Class	Percent
			%
			%
			%
			%
			%

Total percent must equal 100%

%

Section 4 - Agreements and Signatures

- When you choose to recharacterize a contribution, the net gain or loss attributable to the amount being recharacterized must be transferred along with the recharacterized amount.
- The recharacterization will be reported as specified by the Internal Revenue Service (IRS). In addition, you will have some personal income tax reporting as specified by the IRS because of the recharacterization.
- The IRS has placed restrictions on Roth IRA recharacterizations. Special rules apply if you exceed these recharacterization limits. Please contact your tax advisor before performing a recharacterization.

By choosing to recharacterize, I understand that this election cannot be revoked after the transfer is made.

Signature of owner	Date signed
X	

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:** Phone: 866-278-8363 800-847-4836