

Thrivent Funds Change of Registration

To request a change due to the death of an account owner, please complete form MF34914

Section 1 - General Informa		urrent account owners of	the accounts the	nat are changing	registration
This section is required. Provide the names of the current account owners of the accounts Name of owner (print first, middle, and last name)				Date of birth	
Name of joint owner (print firs	C	Date of birth			
Section 2 - Type of Transfer This section is requ	r ired. Select the type of transfer t	hat should take place. Se	elect only one.		
Add or remove an account	t owner(s).		<u> </u>		
Gift shares from my accou	int. Cost basis for gifted share	es will be determined a	s of the date t	the request is re	eceived in
Transfer an account into a	trust account. Required - cor	mplete the Thrivent Fu	nds Certificati	on of Trust For	m MF24143.
Change custodian, respon	sible individual, conservator,	or guardian. (Court do	cuments may	be required.)	
	account for a minor who has	reached the age of ma	ajority.		
Section 3 - Account Informa This section is requ	ation and Amount ired. Select the amount for the tr	ansfer. The account num	ber(s) of the ex	xisting account(s)	are required.
Full change of registration Section 4. Account number	- all funds within the following er(s):	g account number(s) w	ill be changed	d to the registra	tion indicated in
Partial change of registrati indicated in Section 4.	on - the following account(s),	fund(s), and amount(s) will be chan	ged to the regis	tration
Fund Name/Fund Number	Account Number	Amount	Amoun	t Type (select	only one)
			Dollars	Shares	Percent
			☐ Dollars	Shares	Percent
			☐ Dollars	Shares	Percent
			Dollars	Shares	☐ Percent
Beneficiary information and s	vstematic agreements listed o	on the above fund/acco	ounts will not t	ransfer to the n	ew registration

Beneficiary information and systematic agreements listed on the above fund/accounts will not transfer to the new registration. To designate a beneficiary or continue the systematic agreement, new enrollment forms must be completed for the new registration.

Section 4 - Receiving Account Registration This section is required. Provide the		for the de	estination of the f	unding.		
Existing Thrivent Funds Account -			_			
New Thrivent Funds Account - select one acc	count type below.					
	enants in Comm Guardianship Corporation					
Individual/Business name/Trust/Minor/Est	ate					
Address		City	ZIP code			
		State	ZIF Code			
Social Security or Tax Identification number	Date of birth			Phone		
Email address						
Joint owner/Custodian/Trustee/Authorized	l person					
Address		City				
		State	ZIP code			
Social Security or Tax Identification number Date of birth				Phone		
Email address						
Joint owner/Trustee/Authorized person						
Address		City				
		State	ZIP code			
Social Security or Tax Identification number	Date of birth	1	1	Phone		
Email address				1		

Section 5 - Successor Custodian	_							
This section is optional fo				nformat	ion of the in	dividual that wil	be the custodi	an
in the event the current con Name	ustodian ca	n no ionger	act.					
Name								
Address				City				
					1			
				State	ZIP code			
Social Security or Tax Identification number Date of birth				Phone				
Section 6 - New Account Cost Ba								
This section is optional. P	ossible tax	implications	s - see dis	sclosure	es at the en	d of this form.		
For gifted shares only: If the recip must waive the right to use the don below to complete this waiver.								
I agree to use the fair market va	lue as of t	he date of	the gift f	or ave	rage cost o	calculation pur	poses.	
Indicate below the method you wou	ıld like to ι	use to tracl	k cost ba	asis on	your acco	unt(s).		
Fund Name (Indicate "ALL" if election applies to all accounts.)		ge Cost method)	First-I First-C (FIFC	Out F	Last-In, First-Out (LIFO)	High Cost	Low Cost	Gain/Loss Utilization
	Г	7	П			П		
	Ī	_						
Section 7 - Sales Charge/Accour	nt Service	Fee Redu	ıction					
This section is optional. I regarding Rights of Accur Service Fee privileges.	Refer to the	A Share Pi	rospectus					
Thrivent Money Market Fund and T privileges.	hrivent Sh	nort-Term I	Bond Fu	nd are	generally	not eligible for	these reduce	d sales charge
I understand I may qualify for a r Statement of Additional Informat		ales charç	ge or Ac	count	Service F	ee as describ	ed in the Pro	spectus and
Rights of Accumulation								
 Link the following accounts in my Thrivent Funds, or to determine to in connection with your S Share 	he Accour	nt Service	ate sales Fee rate	s charg tier wh	ges on curr nen you wa	ent and future ant the service	purchases of s of a Thriven	A Share It representative
 Personal accounts are linked sepretirement plans. 	parately fro	om employ	er spons	sored r	etirement p	olans, except i	n the case of	single participant
• S Shares initially established via	the websit	te are not e	eligible fo	or a sa	les discou	nt.		
List any existing A Shares and S S linked for reduced sales charge/Ac			Service l	Fee rel	lationship)	Thrivent Fund	ls/account nur	mbers to be
Account numbers:								

Section 8 - Substitute W-9 Tax Certification	
 Under penalties of perjury, I certify that: The number shown on this form is my correct taxpayer identification number (or I am waiti issued to me); and I am not subject to backup withholding because (a) I am exempt from backup withholding, notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to and I am a U.S. citizen or other U.S. person (as defined by the IRS in its W-9 instructions); and 	or (b) I have not been result of a failure to
You must check this box if the IRS has notified you that you are subject to backup withho	Ilding hecause you
have failed to report all interest and dividends on your tax return.	namy because you
Section 9 - Agreements and Signatures This section is required. Signatures of all existing and new account owners are required.	
 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 other disclosures on this form. The signature below applies to all applicable sections and statements. The IRS does not require your consent to any provision of this document other than the certification backup withholding. 	nts on this form.
Signature of existing account owner/corporate officer/partner/trustee/custodian/authorized person	Date signed
Signature of existing joint owner/authorized person/trustee	Date signed
X Signature of existing joint owner/authorized person/trustee	Date signed
X Signature of new account owner/corporate officer/partner/trustee/custodian	Date signed
X Signature of new joint owner/corporate officer/partner/trustee/custodian	Date signed

Mail completed form to:

X

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

X
Signature of **new** joint account owner/corporate officer/partner/trustee/custodian

Fax: 866-278-8363

Phone: 800-847-4836

Date signed

Disclosures

New Account Cost Basis Method Election for Covered Shares

Cost basis information will be provided to you and the Internal Revenue Service (IRS) for covered shares purchased on or after January 1, 2012 in 1099-B reportable accounts. Cost basis does not apply to retirement accounts or the Thrivent Money Market Fund.

You are allowed to override your election for a specific financial transaction and use a different cost basis method including Specific Identification unless you have elected Average Cost.

If you choose a method other than Average Cost and have noncovered shares purchased prior to January 1, 2012, Thrivent Funds may provide average cost information to you for the noncovered shares, if available. Use the Special Instructions section to request Average Cost on your noncovered shares.

Account Options Instructions

I authorize Thrivent Funds to act upon my instructions for any option(s) I have checked on this form. I understand that all features may be terminated by me or Thrivent Financial Investor Services Inc. at any time.

Terms and Conditions

A new account number will be assigned for all transfer of ownership requests except for changes to a custodian, responsible individual, guardian, or conservator account.

Additional documents/forms may be required with this request.

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 an 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. My broker-dealer may also ask to see your driver's license and other identifying documents.

To comply with the Customer Identification Program (CIP), the name, address, Social Security or Tax Identification number, and date of birth are required for all account owners including information for at least one authorized person if applicable.

Agreements and Signatures

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.

Signature and Certification

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.

Disclosure Document Received

If the account is any type of IRA, 403(b) or Coverdell Education Savings Account (CESA), I have read and understand the corresponding Custodial Agreement and Disclosure Statement.

Authorization and Agreement for IRA, 403(b) and Coverdell Education Savings Account

If I am opening any type of IRA, 403(b) or CESA, I authorize Thrivent Trust Company to act as custodian and will hold the custodian harmless for all necessary actions taken by the custodian when authorized by the plan documents and beneficiary designation. By establishing your IRA, 403(b) or CESA, Thrivent Trust Company accepts appointment as custodian in accordance with the terms and conditions of the Custodial Agreement.

Cost Basis Election

I understand that:

- Thrivent Funds will use my election to calculate cost basis for the covered shares held in the account(s) and any future accounts established as a result of an exchange of shares. I am responsible for any adjustments to the cost basis information that may apply due to activity occurring in a different account that holds shares of the same fund. If no election was indicated, the Average Cost method will be used.
- Unless the Average Cost method is used, I can use the Specific Identification method for any redemption/repurchase of
 covered shares by providing information about the shares to be redeemed/repurchased at the time of the redemption/
 repurchase request.
- I can change this election at any time for covered shares that have not been redeemed, repurchased, exchanged or transferred from the account(s). If I have elected Average Cost (as opposed to being defaulted to Average Cost), I understand I have the right to revoke this election up until the time of the first redemption/repurchase, exchange or transfer of covered shares from the account(s). If I change the average cost designation (whether elected or defaulted to) after covered shares have been redeemed, repurchased, exchanged or transferred from the account(s), I understand that the cost basis of all covered shares in the account(s) at the time of the change will be the current average cost of those shares.
- I am required to use the cost basis information provided on Proceeds from Broker and Barter Exchange (IRS Form 1099-B) for covered shares as a result of this election for tax purposes. Information received on noncovered shares is informational only and is not required to be used for tax purposes. Average cost basis on noncovered shares will not be provided to the IRS by Thrivent Funds.
- Thrivent Funds will use my election. Thrivent Funds and its affiliates do not provide tax advice.