



4321 N. Ballard Road, Appleton, WI 54919-0001
 800-THRIVENT (800-847-4836) • www.thrivent.com

Thrivent ID

- Fixed Deferred Annuity
- Flexible Payout Deposit Agreement
- Variable Deferred Annuity
- Interest Income Settlement Option

Automatic Payout Option

For Substantially Equal Periodic Payments (Early Advantage), complete a Substantially Equal Periodic Payments Early Advantage Request form.

Name of annuitant/payee (print title, first, middle, last name and suffix, as applicable)

Social Security number of annuitant/payee	Contract/Agreement number		
Street address of owner	City		
	State	ZIP code	Phone

Automatic Payout Option Selection Information

Automatic Payout Option selection not available on pre-merger AAL APRA and SPDA contracts.

- New Automatic Payout Option Cancel existing Automatic Payout Option
- Change existing Automatic Payout Option
- Payout frequency: Monthly Quarterly Semi-annual Annual

Start date (mm/dd/yyyy) - _____ Select a payout date between 1-28. (If 29, 30, or 31 is chosen, the 28th will be used.) If no date is entered, your distribution date will be the 15th.

Option desired (*subject to availability*)

- Interest Only - Payment must be at least \$25.00.
- Fixed Amount of \$ _____ *
- Fixed Percentage of _____ % of Cash Value to be distributed at the time of each withdrawal. (i.e. .8% monthly = 9.6%, or approximately 10%, annually)

Any withdrawal charges should be:

- Added to withdrawal amount requested (net).
- Subtracted from withdrawal amount requested (gross).

Any tax withholding should be:

- Added to withdrawal amount requested (net).
- Subtracted from withdrawal amount requested (gross).

Default: If no boxes are checked, charges and withholding will be a **net** distribution.

For variable or Multi-Year Guarantee products, indicate account(s) from which payout should be made. If no amounts are indicated, withdrawals will be taken proportionately from all subaccounts or allocation periods containing a value.

Subaccount Name or Allocation Period	Amount or Percent *	Subaccount Name or Allocation Period	Amount or Percent *
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %
	\$ or %		\$ or %

* Minimum requirements may apply. Allocations of percentages are subject to availability. If a specific subaccount or allocation period is chosen, and the percentage field is entered, the percentage requested will be based on the specific subaccount or allocation period value, not the entire contract value.

I fully acknowledge and understand that by distributing the amounts requested from my Thrivent Financial contract/agreement, the following may result:

Taxable Gain - The distributions may result in the reporting of taxable gains to me.

Penalty Tax - An IRS premature distribution penalty may apply to the taxable portion of the withdrawals if I am under age 59 1/2.

Withdrawal Charges (may apply)

A market value adjustment (MVA) may apply to distributions from a Fixed Period Allocation.

I understand that any taxable gain resulting from these automatic payouts cannot be reversed once the distributions are processed. Such taxable gains will be subject to federal and state income tax withholding, unless the Notification for Federal and State Income Tax Withholding is completed. I also understand the distributions I am requesting cannot be reversed once they are processed.

Request for Waiver of Surrender Charges (subject to availability)

- Confinement to health care facility still applicable. Information already on file at Thrivent Financial.
 - Request for Waiver of Surrender Charges for Health Care Confinement form will be sent to Thrivent Financial separately.
 - A letter from the nursing home concerning Waiver of Surrender charges will be sent to Thrivent Financial separately.
 - A letter from an attending physician or doctor indicating a life expectancy of less than 12 months will be sent to Thrivent Financial separately. Attending physician cannot be a family member.
 - A Claimant's Statement for Total Disability form and an Attending Physician's Statement of Disability form will be sent to Thrivent Financial separately.
 - Proof of state unemployment benefits will be sent to Thrivent Financial separately.
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Distribution Option Desired

Send entire amount by: Check **OR** Direct Deposit

For Direct Deposit only, complete bank information below. New Request Bank Change

Name of account owner			Account number
Name of joint account owner			
Name of financial institution			Phone number of financial institution
Address			Transit no. (9 digit ABA no.)
			Type of account:
City	State	ZIP code	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

If I have elected to have my payout check deposited in an account at another financial institution, I authorize Thrivent Financial to begin making such deposits (and corrections, if needed) to the financial institution indicated above. This financial institution is authorized to accept and/or correct deposits to my account. This authority shall remain in effect until I revoke it by terminating my contract or by giving prior notice to Thrivent Financial.

I have verified with the financial institution that this information is correct. I certify that this is my account. I agree and understand that Thrivent Financial is not responsible for any deposits made based on this information.

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.

Notification for Federal and State Income Tax Withholding (substitute form W-4P (OMB No. 1545-0415))

The distribution you are requesting from your contract(s) with Thrivent Financial will be subject to income tax withholding **unless you elect not to have an amount withheld.** Withholding is completely voluntary. Withholding will only apply to that portion of the distribution that is subject to federal income tax. All or part of the distribution may be subject to federal income tax.

You may elect not to have withholding apply to the distribution by signing and dating the election below. If you do not sign the election, federal and possibly state income tax will be withheld from the taxable portion of the distribution. This election remains in effect until you revoke it. You may revoke this election at any time by completing and returning a new election form. If you elect not to have withholding apply to the distribution, you may be responsible for the payment of estimated taxes. There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may wish to check with your tax advisor to determine if withholding is necessary.

If no box is checked, federal (10%) and possibly state income tax will be withheld.

Federal Tax Withholding:

- Do not withhold for federal income tax.
- Withhold federal income tax at a rate of 10%, or as noted _____ %. (Must be at least 10%)
- Withhold federal income tax amount of \$ _____. (Must be at least 10%)

State Tax Withholding:

- Do not withhold for state income tax.
- Withhold the applicable state income tax rate, or as noted _____ %.
- Withhold state income tax amount of \$ _____.

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.

North Carolina residents: If you are electing not to have withholding on your distribution, Form NC-4P is required.

Medallion Signature Guarantee - Variable Contract

For your protection, a Medallion Signature Guarantee is required for certain variable contract transactions. Some examples are: 1) surrender/redemption request for more than \$100,000; 2) request to send proceeds to an address other than the one listed on your account; and/or 3) request to make proceeds payable to someone other than the current owner. The guaranteeing entity will assume financial liability and authority to sign. A Medallion Signature Guarantee may be obtained at any national bank or brokerage firm. **A Notary Public is not acceptable.**

Notary Public - Fixed Contract

For your protection, a Notary Public is required for certain fixed contract transactions. Some examples are: 1) surrender/redemption request for more than \$100,000; 2) request to send proceeds to an address other than the one listed on your account; and/or 3) request to make proceeds payable to someone other than the current owner. A Notary Public may be obtained at any national bank.

If we receive this form in good order after your selected start date, the start date shall be deemed to be the first business day (or Valuation Date, for variable products) that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

Signatures

Signature of owner/controller/assignee * and date signed (mm/dd/yyyy)	Signature of owner/controller/assignee * and date signed (mm/dd/yyyy)
Title	Title

* Absolutely Assigned Contracts - Absolute assignee; or, for a corporation, church or partnership, two officers' signatures and titles. Collaterally Assigned Contracts - Owner and collateral assignee; one officer's signature and title for a corporation, church or partnership.

This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans.

Financial representative name and code number

Medallion Stamp Guarantee Seal or Notary Seal Here

Employer Certification - Only complete for 403(b) Automated Payout Option.

By signing below, I certify that the participant (annuitant/payee) 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 the form of a systematic withdrawal, in accordance with the terms and conditions of the 403(b) plan sponsored by the Employer named below. In the event the participant is no longer eligible to receive such systematic withdrawals, the Employer will notify Thrivent in writing. In addition, I certify that I am an authorized representative of the Employer.

Name of Employer

Name of authorized representative of Employer

Title of authorized representative of Employer

Signature of authorized representative of Employer and date signed (mm/dd/yyyy)

403(b) or Tax Sheltered Annuity Distribution Acknowledgement (required for 403(b) or Tax Sheltered Annuities)

I acknowledge that if the distribution from the above 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% 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 form and have been given this opportunity. I hereby elect to waive my right to the 30 day waiting period and request Thrivent Financial to make this distribution as soon as administratively possible. I have been advised to seek competent tax advice pertaining to this distribution.

Signature of annuitant/plan participant and date signed (mm/dd/yyyy)

Notice to Qualified Plan Trustee(s)

Trustee(s) of Qualified Retirement Plans (such as Money Purchase Plans, Profit Sharing Plans, 401(k) Plans, Defined Benefit Plans, etc.) or 457(b) Plans must provide the Qualified Joint and Survivor Annuity Notice, when applicable, to plan participants. Your Thrivent Financial representative will provide you with the required participant-specific benefit illustration to accompany the Qualified Joint and Survivor Annuity Notice. If a form of benefit other than the Qualified Joint and Survivor Annuity is elected, spousal consent must be obtained. Trustee(s) are also required to provide participants with a Distribution Disclosure Notice.

If you do not have the above referenced notices, Thrivent Financial has generic notices for your use. These notices should be reviewed by your tax advisor to verify suitability for your plan. You are responsible for providing the applicable notices and obtaining any required signatures. Thrivent Financial does not require a copy of these notices be sent to our office.

Generic Notices Available

- Qualified Joint and Survivor Annuity Notice (form 15081)
- Spousal Consent (form 9336)
- 403(b) and Qualified Plan Distribution Disclosure (form 9972)