

## How Direct Payment Works

Withdrawals are prepared each month on the withdrawal date you select (1-28) and are routed through the Federal Reserve System to the account owner's financial institution.

One withdrawal is produced for each Thrivent Direct Payment account, and for each withdrawal date selected.

Withdrawals returned unhonored due to insufficient funds will automatically be presented a second time to the account owner's financial institution for payment.

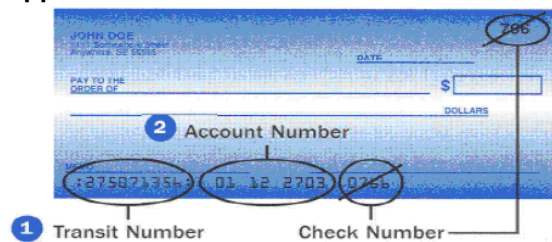
## Important Notes:

- Carefully read the authorization section on page 2 before signing the form.
- Send completed form to:  
Thrivent Financial for Lutherans  
4321 N. Ballard Road  
Appleton, WI 54919  
**or**  
Fax to 1-800-225-2264, Attn: Payment Services
- For your security, do not email completed forms to Thrivent Financial, as emailed forms are not accepted.
- A minimum of 10 business days is needed to insure your change can be completed by the desired preauthorized withdrawal date.
- Thrivent Financial may terminate your direct payment plan if more than one "Insufficient Funds" withdrawal, or if any withdrawal is returned for "Account Closed" or "Stop Payment."

## Completing the form:

Having your checkbook with you may help you complete the Direct Payment Authorization (Withdrawals) form. See the sample check below.

### Appendix 1



When filling out the Direct Payment Authorization (Withdrawals) form, complete the following required fields.

**Name and Address of Account Owner:** Print the name(s) as it appears on your financial institution statement.

**Transit number (routing #, ABA #):** Include the 9 digit transit number found in the lower left corner of your check. This number begins with a 0,1,2 or 3. See Appendix 1 above.

**Full name of financial institution:** Print the name of your financial institution.

**Type of account:** Indicate checking or savings. If funds are being withdrawn from a checking account, attach a check marked "void." If from a savings account, attach a deposit slip.

**Address of financial institution:** Print address of financial institution.

**Account number:** Print account number as it appears on your check. The number follows transit number. See Appendix 1 above.

**Check one of the following boxes to indicate type of request.**

**Establish New Account:** Check this box if this request is for a new Direct Payment plan.

**Bank Change:** Check this box if you are changing financial institutions or making any changes to your existing checking or savings account number.

**Date Change:** Check this box if you wish to change the date of your current withdrawal. Available dates are 1-28.

**Other:** Check this box if you are adding, deleting or making amount changes. Include details in the special instructions box if deleting a contract.

**Direct Payment Account(s):** List all Thrivent Direct Payment accounts that this change pertains to or if it pertains to all accounts, indicate "all."

**Start date:** Indicate the month, day and year you wish the withdrawal to begin or change to be effective.

**Contract Number:** List contracts to be added or that have amount changes.

**Insured Name:** List insured name for each contract number listed.

**Monthly Premium and Loan amount:** List monthly premium and/or loan repayment amount for each contract listed.

**Special Instructions:** Indicate details or special instructions here. Examples include but are not limited to: a one time withdrawal, rush situations, or if you are adding or deleting a contract from direct payment.

**Signature of financial institution account owner(s):** Sign and date the form.

**Signature of financial institution joint account owner:** For authorization privileges, if the account the funds are being withdrawn from has a joint account owner, you will want to include the joint account owner's name and signature.

Retain a copy of the authorization form for your records. A representative at Thrivent Financial will contact you if more information is necessary.