

Transfer of Ownership Request

Use this form to transfer ownership of shares from an existing Thrivent Mutual Fund account to a new owner within the same Thrivent Mutual Fund.

Note: The term "source" on this form refers to the mutual fund account where the dollars are transferring from.

Section 1 - Current Fund/Account Information

Source Fund/ Account Number	Amount	Number of Shares	Percentage	New or Existing Fund/Account Number*
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	
	\$		%	

*Provide fund/account number if transferring to an existing mutual fund account.

Section 2 - Type of Transfer

- Add or remove an account owner(s)
- Gift shares from my account. Cost basis for gifted shares will be determined as of the date the request is received in good order.
- Transfer an account into a trust account.
- Change custodian, responsible individual, conservator, or guardian. (Court documents may be required.)
- Transfer an UTMA/UGMA account for a minor who has reached the age of majority.
- Transfer an account due to death of account owner.

Yes No For cost basis purposes, is the account owned by spouses and subject to state community property rules?

The fair market value as of the date of death will be used to determine the cost basis of the shares unless you check the box to use the alternate valuation date to value the shares. The alternate valuation date is the earlier of the date of the transfer or six months after the date of death.

Use the alternate valuation date of _____ to value the shares for cost basis purposes.
 (mm/dd/yyyy)

A copy of the certified death certificate is: On file with Thrivent Mutual Funds.

On file with Thrivent Financial annuity/life/death claims.

Not on file, enclosed with this request.

Section 3 - Cost Basis Override for Transaction Source Account

Complete for IRS Form 1099-B reportable accounts. Does not apply to retirement accounts, money market accounts or Coverdell Education Savings Accounts.

The cost basis method currently listed on your account(s) will be used for these transaction(s). If you'd like a different cost basis method for these transaction(s) **only**, complete the chart below.

- This cost basis method override will not change the method on your account(s).
- You cannot change the cost basis method used after the transfer of shares has been processed.
- If you are currently using the Average Cost method on your accounts or want to use the Average Cost method, you must change your election in writing prior to completing a transfer. You cannot change your Average Cost method at the transaction level.
- A transfer using Specific Lot Identification can only be completed by calling the Mutual Fund Customer Interaction Center or online at Thrivent.com.
- The current cost basis method on your account can be found by contacting your Thrivent Financial representative, the Mutual Fund Customer Interaction Center or online at Thrivent.com.

Fund Name (Indicate "ALL" if election applies to all accounts.)	First-In, First-Out (FIFO)	Last-In, First-Out (LIFO)	High Cost	Low Cost	Gain/Loss Utilization
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 - New Account Registration

- Individual
 Joint Tenant
 Tenants in Common
 Community Property
 Partnership
 Estate
 Church*
 Guardianship
 Sole Proprietorship
 Conservatorship
 Trust*
 C Corporation
 S Corporation
 Nonprofit Organization*
 Uniform Gift/Transfer to Minor (UGMA/UTMA)
 ***Tax Exempt Organizations** - This investment qualifies for 1/2 sales charge on Class A shares of any Thrivent Mutual Fund (for qualifying 501(c)(3) or 501(c)(13) tax-exempt organizations only).

Individual/Business name/Trust/Custodian/Estate

Address	City	
	State	ZIP code
Social Security Number or Tax Identification Number	Date of birth	
Email address	Daytime phone	Evening phone

Joint owner/Minor/Trustee/Authorized person

Address	City	
	State	ZIP code
Social Security Number or Tax Identification Number	Date of birth	
Email address	Daytime phone	Evening phone

Joint owner/Trustee/Authorized person

Address	City	
	State	ZIP code
Social Security Number or Tax Identification Number	Date of birth	
Email address	Daytime phone	Evening phone

Section 5 - Successor Custodian or Responsible Individual Information

Name a successor custodian/responsible individual in the event the custodian/parent dies prior to the child reaching the required age.

Name

Address	City	
	State	ZIP code
Social Security Number or Tax Identification Number	Date of birth	
Daytime phone	Evening phone	

Section 6 - New Account Cost Basis 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. Indicate below the method you would like to use to track cost basis on your account(s).

- 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 Investment Management Inc. 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.

For gifted shares only: If the recipient's existing account or new account will use the Average Cost method, the recipient must waive the right to use the donor's basis for these shares if the shares should be transferred at a loss. Check the box below to complete this waiver.

I agree to use the fair market value as of the date of the gift for average cost calculation purposes.

Fund Name (Indicate "ALL" if election applies to all accounts.)	Average Cost (default method)	First-In, First-Out (FIFO)	Last-In, First-Out (LIFO)	High Cost	Low Cost	Gain/Loss Utilization
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7 - Account Options

Source Fund/Account Number	Destination Fund/Account Number	Dividend/Capital Gain Election		Systematic Withdrawal Plan		Automatic Bank Withdrawal Plan		Automatic Exchange	
		Stop	Copy*	Stop	Copy*	Stop	Copy*	Stop	Copy*
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***One owner from the source account must also exist on the new account in order for the "Copy" option to be applicable.** Check the box marked "Copy" to move an existing account option from the source account to the new account. The dollar amount, frequency, and financial institution information from the source account will be carried over to the new account. (Note: The option will now exist on the source account and the new account unless the box marked "Stop" is also checked.) Changing any of the information from the source account will require a new form for that option.

Section 8 - Special Instructions

Section 9 - Account Options Instructions

- I authorize Thrivent Investment Management Inc. 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 Investment Management Inc. at any time.
- Check the box marked "Stop" to stop any existing account options. If nothing is checked and the account is not transferred in full, the account option(s) will continue on the source account.
- If adding any account options including Transfer on Death (TOD), Beneficiary Information, or Money Market Redemption options on the new account, you must complete the corresponding form(s) and include it with this request to establish that option.
- Any account options on the existing account will not be carried over to the new account unless indicated in the account option or special instruction section. **Note:** Telephone Redemption and Telephone Exchange privileges are automatic unless you decline this option.

Section 10 - 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 for the following situations: Transfers due to death and transfers to a trust/church/corporate account.
- If changing custodian on an UTMA/UGMA or responsible individual on a Coverdell Education Savings Account (CESA), be sure to complete the Successor Custodian Information section.
- If requesting to move multiple source accounts into the same destination fund, only one destination account for that fund will be established.

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. Thrivent Investment Management Inc. 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 number/Tax Identification number, and date of birth are required for all account owners including information for at least one authorized person if applicable.

Section 11 - Signature and Disclosure Information

1. 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.
2. If signing as an officer of an organization or corporation, a trustee or other fiduciary relationship, indicate title.
3. If you have any questions, contact your financial representative or call our toll free number 800-THRIVENT (800-847-4836).

Signature and Certification

I authorize Thrivent Investment Management Inc. to accept and act upon telephone instructions from me for the initial investment or exchange of shares between one or more of the Thrivent Mutual Funds having identical registrations.

I understand and agree that neither Thrivent Investment Management Inc., 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 Mutual Funds and understand the investment objectives and potential risks. When shares are redeemed, 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 Investment Management Inc.

Section 12 - Arbitration Disclosure

This agreement contains a predispute arbitration clause. By signing an arbitration agreement the parties agree as follows:

1. All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
 2. Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
 3. The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
 4. The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
 5. The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
 6. The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
 7. The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.
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Section 13 - Arbitration Agreement

By entering into this agreement, I agree that any and all controversies, disputes or claims between me and my principles or agents and Thrivent Investment Management Inc. or its agents, representatives, employees, officers, directors or control persons arising out of, or in connection with, from or with respect to: (a) any provisions of or the validity of this agreement or any related agreements whether entered into before or after the date of this agreement; (b) the relationship of the parties hereto; or (c) any controversy arising out of Thrivent Investment Management Inc.'s business, its clearing firm's business or my securities products or accounts, shall be determined by arbitration before the Financial Industry Regulatory Authority.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce a predispute arbitration against any person who has initiated in court a putative class action; or who is a member of a putative class action who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

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 Financial Bank 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 Financial Bank accepts appointment as custodian in accordance with the terms and conditions of the Custodial Agreement.

Section 14 - W-9 Taxpayer Identification Number Certification

Under penalties of perjury, I certify:

1. That the Social Security number provided is my correct taxpayer identification number.
2. That I am not subject to backup withholding because I am exempt from backup withholding, I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding (if item 2 applies, strike out).
3. I am a U.S. person (including a U.S. resident alien). If you are not a U.S. citizen, attach IRS W-8BEN form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Section 15 - Cost Basis Election

I understand that:

- Thrivent Investment Management Inc. 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 mutual funds 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 of covered shares by providing information about the shares to be redeemed at the time of the redemption request.
 - I can change this election at any time for covered shares that have not been redeemed, 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, 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, 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 Investment Management Inc.
 - I understand that neither Thrivent Investment Management Inc. nor my financial representative is a tax advisor, and I have not sought tax advice from either regarding this cost basis election.
-

Section 16 - Acknowledgement and Signature of Client(s)

I have read (or have had read to me) the statements and answers made on this form. The signature below applies to all applicable sections and statements on this form.

By signing below I acknowledge that this agreement contains a predispute arbitration agreement found above. I further acknowledge receipt of this agreement.

All **existing** and **new** account owner(s) signatures are required.

Signature of **existing** account owner/corporate officer/partner/trustee/custodian/beneficiary/authorized person and date signed (mm/dd/yyyy)

Signature of **existing** joint owner/authorized person/trustee and date signed (mm/dd/yyyy)

Signature of **existing** joint owner/authorized person/trustee and date signed (mm/dd/yyyy)

Signature of **new** account owner/corporate officer/partner/trustee/custodian/beneficiary and date signed (mm/dd/yyyy)

Signature of **new** joint owner/corporate officer/partner/trustee/custodian/beneficiary and date signed (mm/dd/yyyy)

Signature of **new** joint account owner/corporate officer/partner/trustee/custodian/beneficiary and date signed (mm/dd/yyyy)

Name of financial representative

Code number of financial representative

Express Mail:

Thrivent Mutual Funds
330 W 9th St
Kansas City MO 64105

Regular Mail:

Thrivent Mutual Funds
PO Box 219348
Kansas City MO 64121-9348

Fax Number: 866-278-8363

Employment status/occupation:

- Labor/Trades Office/Retail Manager/Sales Professional Retired Student
 Unemployed Other -

Yes No Do you own a business? Number of employees: Full-time - Part-time -

Yes No Are you employed by or associated with a securities firm, FINRA, or AMEX?

If yes, name of firm - _____

Note: Thrivent Investment Management Inc. may be required to send duplicate statements directly to the firm you are associated with.

Yes No Are you or an immediate family member a director, 10% or greater shareholder, and/or
 policy-making executive officer of a publicly traded company?

If yes, name of company - _____

Name of joint owner/custodian/trustee/authorized person

Address

City

State

ZIP code

Date of birth

Are you a U.S. citizen?

Yes No

Other citizenship description

Single Married Divorced Widowed Divorce Pending Separated

Number of dependents

Daytime phone

Evening phone

Social Security number/TIN

Name of employer

Employment status/occupation:

- Labor/Trades Office/Retail Manager/Sales Professional Retired Student
 Unemployed Other -

Yes No Do you own a business? Number of employees: Full-time - Part-time -

Yes No Are you employed by or associated with a securities firm, FINRA, or AMEX?

If yes, name of firm - _____

Note: Thrivent Investment Management Inc. may be required to send duplicate statements directly to the firm you are associated with.

Yes No Are you or an immediate family member a director, 10% or greater shareholder, and/or
 policy-making executive officer of a publicly traded company?

If yes, name of company - _____

Section 2 - Risk Tolerance (check one)

- Aggressive - Able to accept prolonged negative returns during difficult phases in a market cycle.
 Moderately Aggressive - Able to accept negative annual returns during difficult phases in a market cycle.
 Moderate - Able to accept only two or three quarters of negative returns during difficult phases in a market cycle.
 Moderately Conservative - Able to accept infrequent and very modest losses during difficult phases in a market cycle.
 Conservative - To minimize the chance for loss, willing to accept the lower long-term returns provided by conservative investments.

Section 3 - Investment Objective (check one)

I understand that the investment objective selected applies to all of my products with this account registration at Thrivent Investment Management Inc. I further understand that this investment objective replaces any previously selected objectives for products purchased under this registration.

- Aggressive Growth - Focus is on generating growth and/or income with a willingness to assume a high level of risk.
Aggressive/Moderately Aggressive
- Growth - Focus is on generating long-term growth of capital, offset by a low level of income.
Moderately Aggressive/Moderate
- Balanced/Conservative Growth - Focus is on generating current income and/or long-term growth.
Moderate/Moderately Conservative
- Preservation of Principal/Income - Focus is on preservation of principal and/or income.
Moderately Conservative/Conservative
-

Section 4 - Additional Account Information Aggregated

Net Worth (not including primary residence):

- Under \$50,000 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$499,999
- \$500,000 - \$999,999 \$1,000,000 - \$2,999,999 \$3,000,000 +
-

Liquid Net Worth (Assets easily converted to cash. Do not include residence or business.):

- Under \$20,000 \$20,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999
- \$250,000 - \$499,999 \$500,000 - \$999,999 \$1,000,000 - \$2,999,999 \$3,000,000 +
-

Annual Income:

- Under \$20,000 - \$ _____ \$20,000 - \$49,999 \$50,000 - \$99,999
- \$100,000 - \$159,999 \$160,000 - \$299,999 \$300,000 - \$499,999 \$500,000 +
-

Federal Tax Bracket:

- 0 - 10% 11 - 15% 16 - 25% 26 - 28% 29 - 33% 34% +
-

Source of Income (check all that apply):

- Earned Income IRA/SEP/SIMPLE/Roth Qualified Plan Social Security
- Investment None Other -
-

Prior Investment Experience:

	None	< 5 Years	5 + Years	Approximate Current Value of Assets (exclude this purchase):
Bank Savings, CDs, Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Variable Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Fixed Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Life Insurance (Cash Value)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

- Yes No Do you have cash and/or other liquid assets available to you that may be used in the event of a financial emergency?
-

Section 5 - Individual Product Information

Purpose (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Death Benefit | <input type="checkbox"/> College Funding |
| <input type="checkbox"/> Home Purchase | <input type="checkbox"/> Emergency Fund | <input type="checkbox"/> Bequeath Assets to Heirs |
| <input type="checkbox"/> Primary Source of Income | <input type="checkbox"/> Supplemental Source of Income | <input type="checkbox"/> Estate Planning |
| <input type="checkbox"/> Survivor's Needs | <input type="checkbox"/> Tax Free Income | <input type="checkbox"/> Other - |
-

Time Horizon: 0 - 3 years* 4 - 7 years* More than 7 years

*Give specific time horizon and explain
