

THEODORE M JACOBSON
1255 N SUNNYSLOPE DR UNIT 103
RACINE, WI 53406-3485

AUTOMATIC PAYOUT OPTION: FIXED AMOUNT

9929611169

NAME: THEODORE M JACOBSON

01/02/2014

CONTRACT NUMBER: 3230363

ENCLOSED IS YOUR CHECK FOR \$637.00

CASH VALUE PRIOR TO WITHDRAWAL	\$	4,744.11
PAYOUT AMOUNT		637.00
LESS WITHDRAWAL CHARGES	\$	.00
LESS FEDERAL INCOME TAX WITHHELD	\$	.00
LESS STATE INCOME TAX WITHHELD	\$	.00
TAXABLE PORTION OF WITHDRAWAL	\$	637.00
NONTAXABLE PORTION OF WITHDRAWAL	\$	.00
CASH VALUE REMAINING AFTER WITHDRAWAL	\$	4,107.11

AS REQUIRED BY LAW, THRIVENT MUST REPORT TO THE IRS IN JANUARY OF NEXT
YEAR, THE ABOVE TAXABLE AMOUNT OF \$ 637.00. YOU WILL
RECEIVE A TAX FORM 1099R REFLECTING THIS AMOUNT.

YOU MAY WISH TO REVIEW THIS DISTRIBUTION WITH YOUR TAX ADVISOR TO
ASSURE PROPER TAX REPORTING.



Brokerage

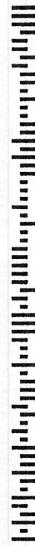
Account Statement

Account Number: 4Y4-079077
Statement Period: 01/01/2014 - 01/31/2014

* 00130379 02 AV 0.378 02 TR 00546 X106PD11 000000

THEODORE M JACOBSON &
ELIZABETH J JACOBSON
JTWROS

1255 N SUNNYSLOPE DR UNIT 103
MT PLEASANT WI 53406-3485



Your Account Executive:

SCOTT GORSKI
(262) 884-6687

Valuation at a Glance

	This Period
Beginning Account Value	\$83,824.81
Dividends/Interest	323.97
Change in Account Value	-1,754.21
Ending Account Value	\$82,394.57
Estimated Annual Income	\$3,421.50

Asset Allocation

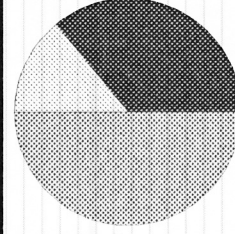
Cash, Money Funds, and Bank Deposits¹

Equities

Mutual Funds

Account Total (Pie Chart)

This Period	% Allocation
11,325.84	14%
29,364.20	36%
41,704.53	50%
\$82,394.57	100%



Pie Chart allocation only includes products that are of positive value.

¹ The Bank Deposits in your account are FDIC insured bank deposits.

FDIC insured bank deposits are not securities and are not covered by the Securities Investor Protection Corporation (SIPC). These bank deposits are covered by the Federal Deposit Insurance Corporation (FDIC), up to allowable limits.





PO BOX 61399
Fort Myers, FL 33906-1399



*****AUTO**MIXED AADC 750
2813 0.4670 MB 0.405 10 64 13
T M Jacobson
or Elizabeth J Jacobson
1255 No Sunnyslope Dr Unit 103
Mount Pleasant WI 53406-3485

Date 2/10/14
Account Number

Page 1
421952



DEPOSIT ACCOUNT

Account Title: T M Jacobson
or Elizabeth J Jacobson

Fraudulent foreign debit card usage has increased worldwide.
To protect our customers, debit card access in a foreign
country will be accessible only upon your request.

Edison Royal Checking Account		Number of Enclosures	0
Account Number	421952	Statement Dates	1/13/14 thru 2/10/14
Previous Balance	3,949.38	Days in the statement period	29
Deposits/Credits	.00	Average Daily Balance	3,949.38
Checks/Debits	.00	Average Collected	3,949.38
Service Charge	.00	Interest Earned	.10
Interest Paid	.10	Annual Percentage Yield Earned	0.03%
Ending Balance	3,949.48	2014 Interest Paid	.21

DEPOSITS AND ADDITIONS

2/10 Interest Deposit .10

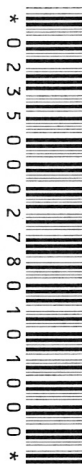
DAILY BALANCE INFORMATION

Date	Balance	Date	Balance
1/13	3,949.38	2/10	3,949.48

INTEREST RATE SUMMARY

Date	Rate
1/12	0.030000%

To report a lost or stolen ATM or Debit Card call (239) 466-1800
between 8:00 a.m. and 4:00 p.m. weekdays or (866) 546-8273 after hours.





*****AUTO**SCH 5-DIGIT 53405
12342 0.5750 AV 0.381 35 1 161
THEODORE M JACOBSON
ELIZABETH W JACOBSON, POA
1255 N SUNNYSLOPE DR # 103
MT PLEASANT WI 53406-3485

February 28, 2014
Total days in statement period: 28
(0)
Page 1 of 2



Direct Inquiries to:
Dial Tri-City (414-874-2489)

Tri City National Bank
4708 Northwestern Avenue
Racine WI 53406

Summary of Account Balance

Account	Number	Ending Balance
Statement Savings	0007213363	\$1,952.04

EFFECTIVE APRIL 7, 2014, THE CHARGE FOR HANDLING OVERDRAFT AND
NON-SUFFICIENT FUNDS ITEMS WILL INCREASE TO \$33 PER ITEM.
WE WILL CONTINUE TO WAIVE THE OVERDRAFT CHARGE ON THE FIRST
OCCURRENCE PER CALENDAR YEAR.

Annuity Maturity Options

Contract number 3408900	Name of annuitant Theodore M Jacobson
Maturity date (mm/dd/yyyy) 4/13/2014	Name of joint annuitant

In order to choose your maturity option, please check the option box you are requesting, sign the Signature Section and return this form to Thrivent Financial prior to the maturity date listed above. If this form is not received prior to the maturity date, default processing will occur.

☐ **Extend Maturity Date**

- I elect to defer the annuity maturity date to the latest date allowed based on my current age.

☐ **Receive Scheduled Payments**

- I would like to review receiving scheduled payments through a Settlement Option. Various options and payments are available and a Settlement Option Election Form is required.
- I will contact my financial representative Michael P Christofferson FIC at 262-886-5570 to have the required Settlement Option Election Form completed and submitted to the home office prior to the maturity date.
- If the above form is not received prior to the maturity date, the contract will be extended and processing will occur when the form is received.

☐ **Lump Sum Payment**

- Cash Surrender Value as of January 13, 2014 is \$22,081.66.
- I would like to receive the cash surrender value of my annuity in a lump-sum payment.
- I understand my contract will be surrendered on or after the maturity date and cannot be reinstated.
- These funds will be sent by check. However, I can request that the funds be sent electronically to my financial institution by returning a voided check with this form.
- Taxable gain is approximately \$4,509.18. The tax gain is reported as ordinary income.

I have read the Notice of Withholding section of this mailing and request the following:

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

Federal Tax Withholding (must be at least 10%):

- ☐ Do not withhold federal income tax.
- ☐ Withhold federal income tax amount of \$ _____ or ____%. If dollar amount or percentage is less than 10%, then 10% federal withholding will occur.

State Tax Withholding:

- ☐ Do not withhold state income tax*.
- ☐ Withhold the applicable state income tax amount of \$ _____ or ____%. If dollar amount or percentage is less than the state minimum, or if amount or percentage is not completed, we will withhold at your state's minimum rate.

*If your state requires withholding, we will withhold at your state's minimum rate unless you indicate a higher rate.

Comments/Additional information:

Please use the return address on the back and the enclosed envelope to return this form by **April 13, 2014**.



FRANKLIN TEMPLETON
INVESTMENTS

Franklin Templeton Investor Services, LLC
P.O. Box 2258
Rancho Cordova, CA 95741-2258
Shareholder Services (800) 632-2301

2013 Composite Form 1099

Copy B For Recipient

PLEASE RETAIN FOR YOUR RECORDS

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

AV 01 026882 45505E130 B**5DGT

ELIZABETH J JACOBSON
AND T M JACOBSON
JT TEN
1255 N SUNNYSLOPE DR UNIT 103
RACINE WI 53406-3485



Department of the Treasury - Internal Revenue Service

Franklin Federal Tax-Free Income Fund - Class A
Fund-Account Number: 116-11600487859

PAYER'S federal identification number: 94-2821264
RECIPIENT'S identification number: XXX-XX-1422

2013 FORM 1099-DIV: Dividends and Distributions

Total ordinary dividends (Box 1a)		Qualified dividends (Box 1b)	Total capital gain distributions (Box 2a)	Unrecap. Sec. 1250 gain (Box 2b)	Nondividend distributions (Box 3)	Federal income tax withheld (Box 4)	Foreign tax paid (Box 6)	Foreign source income	Exempt-interest dividends (Box 10)	Specified private activity bond interest dividends (Box 11)
\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,916.45	\$ 45.79

OMB No. 1545-0110

