



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

Beneficiary Statement

As used in this form, "Thrivent Financial" refers to Thrivent Financial for Lutherans and its subsidiaries, including without limitation, Thrivent Life Insurance Company (Minneapolis, MN 55415).

Important Information

When completing the Beneficiary Statement with the claim election, Sections 1, 2, 4, and 13 are required. Other sections may also apply.

To establish a Thrivent Federal Credit Union Account, a completed Benefit Management Money Market Application (form 35084) is required.

For contracts that are owned by a business entity, church, or charity, a completed Business Entity Authorization (form 23438) is required.

For trust beneficiaries, a completed Certification of Trust (form 24143) is required.

Notes for financial representative:

- A list of forms can be found in FieldNet>Products & Marketing>Know your Product>Settlement Options. You may need both the client and deceased in your Salesforce in order to run illustrations and/or CAP elections. You may also need to request Salesforce sharing.
- Refer to the Beneficiary Option Guides for product availability.
- When completing a new business application or election form, always complete the Compensation Request (form 28024).

Questions? Call 800-847-4836 Monday - Friday 7:00 a.m. to 5:00 p.m. Central Standard Time.

Disclosure 1 - Annuitant Exchange/Spousal Beneficiary Option (SBO)

A **prospectus** must be delivered to the spouse beneficiary when discussing or recommending an Annuitant Exchange/SBO on a variable annuity.

The Annuitant Exchange is available when:

- The spouse is the sole primary beneficiary
- SBO has not previously been exercised on the contract
- Generally available for a non-pension deferred annuity issued after January 17, 1985 and for a Traditional IRA, SEP, SIMPLE IRA, or Roth IRA
- Surviving spouse is the sole owner and beneficiary of the contract (when contract is assigned)

To update the beneficiary, complete Section 11.

If the spousal beneficiary is not a member of Thrivent Financial and would like to become a member, complete a Membership Application, form 15659.

Re-establish the following: 1) any automatic distributions from or contributions to this contract; 2) telephone authorization; and 3) Return Protection Allocation and GLWB.

If the contract is a SIMPLE IRA issued more than 2 years ago or a SEP and I am electing the SBO, I am also electing a nontransferable, non-reportable transfer to a traditional IRA. I will benefit by making this automatic election because I will be able to make future contributions, if eligible.

Maturity Extend 5-Year disclosure Statement. If I am exercising the Annuitant Exchange and the contract will mature within six months, I elect to defer the maturity date for five years. I understand that the IRS may question the tax status of annuities that do not begin income payments by age 90. I have been advised to review this decision with my tax advisor. I understand that Thrivent Financial will not be responsible if any adverse tax consequences result from my request to extend the maturity date. Thrivent Financial reserves the right, at any time, to not offer any extension to my maturity date, regardless of whether they have granted any extension to me or to any others in the past.

Disclosure 2 - Qualified Plan, 403(b) or Tax Sheltered Annuity Distribution Acknowledgement (required for 403(b) Custodial Accounts, Tax Sheltered Annuities, Money Purchase, Profit Sharing and Nontransferable Deferred 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 understand that the 20% income tax withholding will not apply if I roll over the taxable amount of the distribution to a qualified retirement plan or IRA. 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. Due to the tax consequences, I have been advised to seek competent tax advice pertaining to this distribution.

Disclosure 3 - Required Minimum Distribution (RMD)

Upon the Death of the Original Owner

If the original owner died on or after the required beginning date (RBD)*, I may be responsible for the original owner's RMD for the year of death if it has not already been distributed.

- If no claim decision is made by December 31 of the year of the original owner's death, RMD must be distributed no later than such December 31 to avoid a 50% IRS penalty.
- If a claim decision is made on or before December 31 of the year of the original owner's death, RMD must be distributed prior to the resulting money movement to avoid a 50% IRS penalty.

*RBD: For traditional IRAs, it is April 1 of the year after the attainment of age 70½. For 403(b) and Qualified Retirement Plans, it is April 1 of the year after the attainment of age 70½ or, if later and if the plan provides, termination of employment.

Upon the Death of the Beneficiary Owner

If the beneficiary owner of an inherited contract/account dies, the beneficiary owner's RMD for his or her year of death may or may not have to be paid out to me prior to the resulting money movement.

- Transfer: The deceased beneficiary owner's RMD for the year of death does not have to payout prior to a transfer.
- Rollover and Qualified Rollover Contribution: The deceased beneficiary owner's RMD for the year of death does have to payout prior to a rollover or qualified rollover contribution.

Keep pages 1 and 2 of this form.

Mail completed form to:

Thrivent Financial
4321 N Ballard Road
Appleton WI 54919-0001

Fax completed form to:

800-225-2264



THRIVENT
FINANCIAL®

4321 N. Ballard Road, Appleton, WI 54919-0001
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Member ID of deceased
502564213

Beneficiary Statement

Section 1 - Deceased Information

Required for all claims.

Name of deceased (print title, first, middle, last name and suffix, as applicable) <i>Theodore Jacobson</i>	Date of birth <i>6/23/1929</i>
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Section 2 - Beneficiary Information

Required for all claims. A separate form is needed for each beneficiary.

I am claiming these proceeds in the following capacity (select one):

☐ Trustee ☐ Executor/Administrator of estate ☐ POA for named beneficiary
☒ Named beneficiary ☐ Legal Guardian/Custodian for named beneficiary ☐ Charitable Organization - Elected Officer

Relationship to deceased <i>Son</i>	I am currently a member of Thrivent Financial <input type="checkbox"/> Yes - Member ID of beneficiary _____ <input type="checkbox"/> No
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Name of beneficiary (print title, first, middle, last name and suffix, as applicable)

Frederic Jacobson

Area code and phone <i>262-634-3570</i>	Date of birth <i>11/10/59</i>	Gender <i>M</i>
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Residential street and mailing address of beneficiary
~~1214 West Lawn Ave~~ *1214 West Lawn Ave*

City Racine <i>Racine</i>	State <i>WI</i>	ZIP code <i>53405</i>
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Section 3 - Owner

Only required if selecting a new FPDA or DISO and the beneficiary is a church, charity, estate or trust.

Name of entity/trust (print name/title, as applicable)

Type of owners: ☐ Church, charity, estate ☐ Trust

Authorized person/trustee who can sign on behalf of entity/trust

Additional authorized trustee who can sign on behalf of trust

Continued on next page

Name of beneficiary (print title, first, middle, last name and suffix, as applicable)	Member ID of deceased
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Section 4 - Distribution of Life, Annuity, Settlement Options

Complete this section with the claim election. If membership is desired, complete a Membership Application, form 15659.

Note: A claimant's distribution request for each Variable Annuity contract must be for the total value of this beneficiary's portion of the contract.

The following options may **NOT** be available on all contract types.

- Not available for income options

☐ **New Settlement Option Election**

When selecting FPDA or DISO, also complete Section 6, 7, 8, 11, 13, and 14.

When selecting Income Option, also complete the appropriate settlement option election form (9368 or 20028).

☐ FPDA ☐ DISO ☐ Income Option

From contract number(s) - _____
Amount(s) - _____

- Available on income options only

☐ **Continue the payments for the remainder of the guaranteed payment period** - Complete Sections 9 (if direct deposit is desired) 11, and 13

From contract number(s) - _____

- Available on income options only

☐ **Take payments more rapid or less rapid (qualified only) than the remaining guaranteed payment period** -

Complete appropriate application or election form

From contract number(s) - _____
Amount(s) - _____

- Available on all contract types

☐ **Thrivent Mutual Fund** ☐ New ☐ Existing

From contract number(s) - _____
To contract/account(s) - _____
Amount(s) - _____

- Available on all contract types

☐ **Premium Payment To** ☐ Life ☐ Annuity ☐ Health

From contract number(s) - _____
To contract/account(s) - _____
Amount(s) - _____

- Available on all contract types

☐ **Loan Payment**

From contract number(s) - _____
To contract/account(s) - _____
Amount(s) - _____

- Available on all contract types

☐ **Security Brokerage**

From contract number(s) - _____
To contract/account(s) - _____
Amount(s) - _____

Continued on next page

Name of beneficiary (print title, first, middle, last name and suffix, as applicable)	Member ID of deceased
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• Available on annuity contracts only

☐ **Exercise Annuitant Exchange/Spousal Beneficiary Option (SBO)** - read Disclosure 1

No New Business Application is needed for this option.

From contract number(s) - _____

• Available on annuity contracts only

☐ **Spousal Beneficiary (Qualified Plans Only - Transfer/Rollover)**

☐ New (application required) ☐ Existing

From contract number(s) - _____

To contract/account(s) - _____

Amount(s) - _____

• Available on annuity contracts only

☐ **Spouse/Non-Spouse Inherited Option** - Complete appropriate application or election form

☐ Inherited deferred annuity ☐ Mutual fund ☐ Settlement option ☐ Security brokerage

From contract number(s) - _____

To contract/account(s) - _____

Amount(s) - _____

• Available on annuity contracts only

☐ **Guaranteed Lifetime Withdrawal Benefit (GLWB) Survivor Benefit**

From contract number(s) - _____

Amount(s) - _____

• Available on all contract types

☐ **Open Thrivent Federal Credit Union Account** - Complete Benefit Management Money Market Application (form 35084)

From contract number(s) - _____

Amount(s) - _____

• Available on all contract types

☐ **Direct Deposit** - Complete Section 9

From contract number(s) - _____

Amount(s) - _____

• Available on all contract types

☒ **Check**

From contract number(s) - 3408900

Amount(s) - 11,500

Continued on next page

Name of beneficiary (print title, first, middle, last name and suffix, as applicable)	Member ID of deceased
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Section 5 - Required Minimum Distribution (RMD) for the Year of Death

Beneficiary is responsible for complying with RMD requirements - read Disclosure 3

List contract number(s) RMD should be released from:

Select one of the following options if the funds are in a Traditional IRA, SEP IRA, SIMPLE IRA, 403(b), any Qualified Plan or in an inherited Traditional IRA, inherited Roth IRA, inherited SEP IRA, inherited SIMPLE IRA, or inherited 403(b). **If none is selected, the decedent's RMD will be distributed in full prior to the money movement.**

- ☐ Distribute the decedent's full RMD amount before completing my request.
- ☐ Distribute a portion of the decedent's RMD in the amount of \$ _____.
- ☐ The decedent has taken the current year RMD from the funding contract or from another source. RMD for IRAs, Qualified Plans, and 403(b)s cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from another IRA).
- ☐ RMDs are not required from the Qualified Plan/403(b) as the decedent was still working for the employer who maintains the plan and the plan contains a delay to retirement provision. If it is uncertain that the plan contains a delay to retirement provision, work directly with the employer. The delay provision does not apply to inherited Qualified Plan/403(b)s.

Section 6 - Settlement Option Election

- ☐ Flexible Payout Deposit Agreement Option (FPDA):
- ☐ Accumulate all interest ☐ Disburse all interest (must be annual if funded by TLIC contract)
- ☐ Periodic payment of \$ _____ (not available if funded by TLIC contract)

- ☐ Deferred Income Settlement Option (DISO):
- Five year deferral - available for annuity death proceeds only.
- At maturity, complete distribution, taxable gain will be reported.**

Plan type:

- ☐ Traditional IRA ☐ SEP ☐ Roth IRA ☐ TSA ☐ SIMPLE ☐ Qualified Plan ☐ Nonqualified

Section 7 - Payment Information (FPDA only)

Income frequency:

- ☐ Monthly ☐ Quarterly ☐ Semiannual ☐ Annual

Payment date:

_____ - Day of month payment is distributed. It will be sent the next business day.

Payment method:

- ☐ Check
- ☐ Direct Deposit - Complete Section 9
- ☐ Payment to another Thrivent Financial product - Complete Automated Payment of a Thrivent Financial/Thrivent Life Insurance Company Product (form 9368C).

Continued on next page

Name of beneficiary (print title, first, middle, last name and suffix, as applicable)	Member ID of deceased
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Section 8 - Important Disclosures (required for FPDA or DISO only)

- ☐ Yes ☐ No I understand I am not purchasing a new product. I am selecting a settlement option from an existing contract.
- ☐ Yes ☐ No I understand a settlement option **does not** contain a "free look" provision. Once I have elected this payment option, the transaction **cannot** be reversed.
- ☐ Yes ☐ No I understand Thrivent Financial and its financial representatives cannot provide tax or legal advice. I have been advised to consider my (and/or my spouse's) need for Medicaid planning before electing a payment option. I understand that the rules vary by state so I should seek information from a Medicaid office in my area.
- ☐ Yes ☐ No I understand if there is any taxable gain from the funding contract, it will be subject to tax reporting for the year in which the FPDA is established. (Required for FPDA.)
- ☐ Yes ☐ No I understand the distributions from the settlement option I elect may produce a taxable income. (Not required for FPDA.)

Section 9 - For Direct Deposit

Must be completed if any Direct Deposit is elected.

I authorize Thrivent Financial to make this electronic deposit and, if necessary, corrections to my financial institution account. My authorization is valid for electronic deposits and corrections that comply with U.S. law. U.S. law grants me certain rights when I request an electronic deposit. These laws also regulate how electronic deposits and corrections are made to my financial institution account. This authorization shall remain in full force and effect until I revoke it by giving 10 days prior notice to Thrivent Financial.

Name of financial institution account owner	Financial institution account number
Name of financial institution	Phone number of financial institution
Transit number (9 digit ABA number)	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Section 10 - Special Instructions

Continued on next page

Name of beneficiary (print title, first, middle, last name and suffix, as applicable)	Member ID of deceased
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Section 11 - Beneficiary Designation

Complete **ONLY** for Annuitant Exchange/SBO; electing an FPDA or DISO; or when continuing the payments for the remainder of the guaranteed payment period.

List full name, relationship to member/payee, address, date of birth, Social Security number and phone number for each beneficiary. For Thrivent Financial contracts, list the relationship of the beneficiary to the decedent if the beneficiary is not a member or is not applying for membership. I agree to be bound by the Beneficiary Provisions and, at my request, I will be provided with these provisions prior to signing this form. The beneficiary designation(s) listed below hereby revokes all previous beneficiary designations, if any.

Primary:

First Contingent:

Second Contingent:

Continued on next page

Name of beneficiary (print title, first, middle, last name and suffix, as applicable)	Member ID of deceased
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Section 12 - Notification for Federal and State Income Tax Withholding

I am liable for federal and state income tax, where applicable, on the taxable portion of my distribution even if I elect no withholding. Except where prohibited by federal and/or state law, I can elect: 1) no withholding; 2) withholding at the minimum federal and state rates; or 3) withholding at a rate higher than the minimum rates. I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate. I may check with my tax advisor to determine if withholding is necessary.

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

Federal Withholding (must be at least 10%)

☐ Do not withhold for federal income tax.

☒ Withhold federal income tax of 40 % or \$

If percentage or dollar amount is less than 10%, then 10% federal withholding will occur.

State Tax Withholding

☐ Do not withhold for state income tax.*

☒ Withhold state income tax of 10 % or \$

If percentage or amount is less than the state minimum or if percentage or amount is not completed, Thrivent Financial will withhold at the state's minimum rate.

*If my state requires withholding, Thrivent Financial will withhold at my state's minimum rate unless a higher rate is indicated.

Mandatory Tax - If my distributions are from a 403(b) or qualified retirement plan that were eligible for rollover, I am subject to mandatory 20% federal tax withholding. Refer to the 403(b) and Qualified Plan Distribution Disclosure (form 9972) for more information. Because my distribution is subject to mandatory 20% federal tax withholding, my distribution may also be subject to mandatory state withholding.

Section 13 - Substitute W-9 and Required Signature (required for ALL claim elections)

Taxpayer Identification Number Certification

I certify under penalties of perjury that:

1. The Social Security Number or Taxpayer Identification Number provided is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding and
3. I am a U.S. person (including U.S. resident alien).

I must cross out item 2 above if I have been notified by the IRS that I am currently subject to backup withholding because I have failed to report all interest and dividends on my tax return.

Beneficiary's Social Security Number

396-46-9232

- OR -

Employer Identification Number

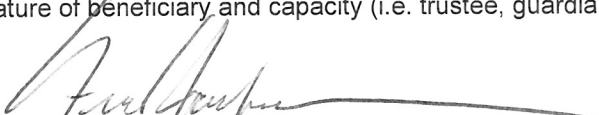
FOR YOUR PROTECTION, state laws require the following to appear on this form: Any person who knowingly and with intent to defraud or deceive any insurance company presents false information in an application for insurance or any person files or facilitates the filing of a statement of claim containing any materially false information, or conceals information concerning any fact material to the statement, is guilty of insurance fraud, which may be a felony crime, subject to civil penalties or criminal prosecution, including fines and/or confinement in prison.

New York residents, FOR YOUR PROTECTION, state laws require the following to appear on the form: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

Signature of beneficiary and capacity (i.e. trustee, guardian, elected officer with title) and date signed (mm/dd/yyyy)

X



5/28/14

Name of financial representative

Kevin Christensen

Code number of financial representative

523-42526

Continued on next page

Name of beneficiary (print title, first, middle, last name and suffix, as applicable)	Member ID of deceased
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Section 14 - Agreements and Signatures (required for FPDA or DISO only)

I hereby request Thrivent Financial to process the elections which I have indicated on this form. I have read (or have had read to me) and verified all statements and answers provided to the Thrivent Financial representative as part of this election form which will become part of the settlement option agreement. The signature applies to all sections and statements on this election form.

Signature of beneficiary and capacity (i.e. trustee, guardian, elected officer with title) and date signed (mm/dd/yyyy)

X

Signature of beneficiary and capacity (i.e. trustee, guardian, elected officer with title) and date signed (mm/dd/yyyy)

X

I certify that I have confirmed the proposed insured's/annuitant's identity, date of birth, and gender information by:

- ☐ Verbal confirmation; or
- ☐ Review of their driver's license or other government-issued documentation (Birth Certificate, Identification Card from the Department of Motor Vehicles, Marriage Certificate, Military Service Record, Naturalization or Passport Records, Death Certificate).
- ☐ No validation of insured's/annuitant's identity, date of birth, and gender information was required or is on file.

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

Name of financial representative	Code number of financial representative
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As used in this form, "Thrivent Financial" refers to Thrivent Financial for Lutherans and its subsidiaries, including without limitation, Thrivent Life Insurance Company (Minneapolis, MN 55415).

Section 15 - Deceased's Information Statement for Life Contracts and Authorization for Information

As used in this form, "Thrivent Financial" refers to Thrivent Financial for Lutherans, including without limitation, Thrivent Life Insurance Company (Minneapolis, MN 55415)

Complete this section when one of the following applies:

- A life insurance contract has been in force for two years or less.
- There is an accidental death benefit rider on the contract.
- The situation involves unusual circumstances of death.

Name of deceased (print title, first, middle, last name and suffix, as applicable)		Date of birth
Residential street address of deceased	City	
	State	ZIP code
Date of death	Place of death	Cause of death

List deceased's physician(s) consulted for last illness.

Name, Address, and Phone Number	Date deceased first complained of or gave indication of last illness	Date deceased first consulted medical practitioner for last illness

List all physicians and hospitals who attended/treated deceased within the past three years.

Name, Address, and Phone Number	Date of Visit	Disease or Condition Treated

Authorization for Information Regarding a Deceased Person

This authorization complies with the HIPAA Privacy Rule.

This authorization applies to Thrivent Financial for Lutherans, Thrivent Life Insurance Company, and Thrivent Insurance Agency Inc., their employees, representatives, agents, reinsurers and any other persons performing business, legal, medical or insurance services for them or on their behalf, hereafter called "You" or "Your."

For the purpose of evaluating and processing my claim for insurance benefits, You may need to obtain, use or disclose any and all physical and mental health information, including but not limited to services for preventive, diagnostic and therapeutic care, tests, counseling and medical prescriptions; and non-health information, including but not limited to financial, insurance, credit, occupational, avocational and driving history about _____, deceased, date of birth _____, date of death _____.

I authorize any health care professional, medical facility, mental health facility, laboratory, paramedical facility, medical examiner, pharmacy, medical records service, prescription history clearinghouse, other financial institution, Your affiliate, health care component of Your company, Department of Motor Vehicles, Social Security Administration, consumer reporting agency, Medical Information Bureau (MIB), Health Claim Index (HCI), employer, case manager, social worker, financial advisor, attorney, family member, and acquaintance to provide information about the above-named deceased person, including the entire medical record, to You.

Information about the health of the deceased person may be released as required or permitted by law, such as to the Medical Information Bureau (MIB) in an effort to deter fraud, misrepresentation or criminal activity. This health information, which is used or disclosed pursuant to this authorization, may be subject to redisclosure by the recipient, and may no longer be protected under federal law. I authorize you to share any information concerning this claim with Your affiliates for purposes of processing a death claim or changing registration on accounts. I understand this information will not be disclosed to nonaffiliated third parties that are not conducting specific business activities for or on behalf of You.

This authorization is valid for 24 months following the date of my signature shown below. A copy, image or facsimile of this authorization is as valid as the original. I have the right to revoke this authorization in writing as outlined in the Privacy of Information about Your Health notice. I acknowledge that such a revocation is not effective to the extent You have relied on the use or disclosure of health information or to the extent that You have a legal right to contest the insurance contract or my claim under the insurance contract.

I understand You may not be able to evaluate and/or process my claim for insurance benefits if I do not agree to the terms of this authorization. I have read (or have had read to me) this authorization, and I agree to its terms as indicated by my signature below. I am entitled to receive a copy of this authorization.

Signature of beneficiary and date signed (mm/dd/yyyy)

X

Description of beneficiary's authority to act or relationship to deceased

Note: This authorization is required when one of the following applies:

1. A life insurance contract has been in force for two years or less.
2. There is an accidental death benefit rider on the contract.
3. The situation involves unusual circumstances of death.

If additional information is needed, Thrivent Financial will obtain it or contact a beneficiary for it. In either case, it is likely to take additional time before a final claim decision can be made and communicated.