

APPLETON, WI • MINNEAPOLIS, MN THRIVENTFUNDS.COM • 800-847-4836

Member ID

Transfer/Direct Rollover/ Conversion Request

Section 1 - G	eneral Inforr	nation						
Name of participant/IRA owner						Social Security number		
Name of fund						Current account/contract number		
Name of curr	rent custodia	n/financial institut	ion			I		
Address of cu	ırrent custod	ian/financial institu	ution	City				
				State	ZIP code	Phone		
Section 2 - T	ransaction l	nformation			I			
Transaction	requested (se	elect one):						
Transfer	Direc	t Rollover	Conversion [Spousal	Rollover Due to	Death		
From	То	Plan Type						
		Roth IRA - if coming from a Roth IRA, furnish original Roth IRA start date -						
		Traditional IRA	RA					
		SEP/SARSEP SIMPLE IRA - if coming from SIMPLE IRA, furnish original SIMPLE IRA start date - Qualified Retirement Plan (e.g. pension, 401(k), profit sharing) if the plan accepts rollovers Roth 401(k) - into a Mutual Fund only, furnish original Roth 401(k) start date - Coverdell Education Savings Account						
Governmental 457 Plan								
Section 3 - R	equired Min	imum Distributior	n (RMD) Informati	ion				
		_			•	from another source or I will complete these funds are moving to.		
or from a		e. For a spousal rol			-	MD from this contract or fund/account d my RMD, if applicable, for year(s)		
	-	-			-	AD for a spousal rollover). ct or fund/account is		
Prior year en	d value of cu	rrent contract or fo	und/account (inclu	ide Actua	ırial Present Valı	ue (APV), if applicable)		

Section 4 - Distribution Information (for distributing company) Transfers - If no box in Section 3 is checked, RMD will not be distributed prior to the transfer taking place. Any current year RMD amounts to be distributed must be requested by the client. Rollovers/Conversions - RMD must be distributed prior to the rollover/conversion taking place. If no box is selected, the RMD will be distributed prior to the processing of the rollover/conversion. Triggering Event Information - Required if Direct Rollover from Qualified Retirement Plan or Governmental 457 Plan. Name of employer-sponsored plan Triggering event Date of event Distribution Instructions to Plan Administrator/Trustee ____ partial value - \$ _____ or ____ % Redeem/Liquidate: entire value Total estimated value - \$ at maturity date -Redeem/Liquidate: immediately This is authorization to redeem the above contract or fund/account. To ensure proper credit send a copy of this form with the check to the address indicated below. Reference the account owner's name and fund/account number on the check. Make check payable to: Thrivent Mutual Funds PO Box 219348 Kansas City MO 64121-9348 Section 5 - Intended Destination of Dollars Amount or Percent (percentage **Fund/Account Number Mutual Fund Name** total must equal 100) \$ or \$ or \$ \$ % or \$ or \$ or % \$ or \$ \$ or % \$ or Section 6 - Additional Information Section 7 - Notification for Federal and State Income Tax Withholding

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	%					
State Tax Withholding:							
☐ Do not withhold state income tax*							
Withhold the applicable state income tax amount of \$		or	%				

Any tax withholding will be subtracted from the taxable amount (gross).

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

Section 8 - Agreements and Signature	es	
Important - Your financial institution Select the following if it applies:	may require your signature to be	guaranteed. Call them for requirements.
A signature guarantee is required by the Registered Representative Attes (form 26731 not applicable to share	tation (form 26731) to have the Cs invested thru ThriventFunds.co	·
You know or strongly suspect that a this form and complete the signature		d by the current custodian/financial institution. Print
Client will provide company specific current custodian/financial institution		fer/direct rollover/conversion request form, to the
this transaction or receive information considered invalid 30 days following th	necessary to ensure proper tax repe date the account/contract is tenereceive a copy of this authorizati	ion by telephone or in writing regarding the status of corting. This authorization will expire and be minated but not to exceed one (1) year from the date on and revoke this authorization at any time by
By signing this agreement, I acknowled Irrevocably designated the funds distr Received and reviewed a prospectus:	ributed to be applied as indicated	(direct rollover/transfer/conversion).
Authorized Thrivent Financial Invest		uested transaction.
• Received, read, and agree to the Disc	losures (pages 4-5 of this form) as	nd any other disclosures contained in this form.
Signature of participant/owner/plan tru	stee and date signed	
X		
Signature of participant/owner/plan tru	stee and date signed	
X		
Acceptance of Rollover/Transfer/Convergence Financial Investor Services Inc. and The Authorized signature of corporate empty.	nrivent Mutual Funds.	on Signature Guarantee Seal or Notary Seal
Atmyn Stell	er	
in order to distribute the funds. Requir	ements differ by institution.	nedallion signature guarantee or notary seal is required
Name and code number of representat	ive	
Mail completed form to:		
Regular Mail: Thrivent Mutual Funds PO Box 219348 Kansas City, MO 64121-9348 Express Mail: Thrivent Mutual Formula		Fax: 866-278-8363

Disclosures

Section 2 - Transaction Information

Transfer - This transaction is not taxable. It will not be reported to the IRS. This is the only option allowed when moving money from a Thrivent Brokerage Account using this form.

Direct Rollover - This transaction is not taxable, but will be reported to the IRS. Current plan administrator paperwork may be required. Contact the former employer or the plan administrator for their required forms. A triggering event must occur to do a rollover from a qualified retirement plan or governmental 457 plan. RMD must be distributed prior to the rollover taking place. If completing a direct rollover from Thrivent Brokerage, contact Securities Brokerage Services for the appropriate form and further instructions.

Conversion (including qualified rollover contributions) - This transaction will be taxable. It will be reported to the IRS. A SIMPLE IRA cannot be converted within two years of your initial SIMPLE IRA contribution. RMD must be distributed prior to the conversion taking place. If you convert to a Roth IRA then recharacterize it back, you cannot reconvert it back to a Roth IRA during the same taxable year within which the initial conversion occurred. In addition, you cannot reconvert within 30 days of the date of the recharacterization. Conversions are not allowed between Thrivent Brokerage and other Thrivent products. The conversion must take place between two Thrivent Brokerage accounts before being transferred to another Thrivent product.

Cost basis - After-tax money in a traditional IRA cannot be rolled over to a qualified retirement plan, unless the plan permits. You, as IRA owner, are responsible for determining if there is cost basis in your traditional IRA and assuring that cost basis is not rolled over, if the plan does not accept cost basis. Cost basis information should be verified with your tax advisor. Thrivent Financial Investor Services Inc. and its' affiliates are not responsible for the accuracy of this information or the tracking of cost basis.

Section 3 - Required Minimum Distribution (RMD) Information

RMD for Qualified Retirement Plans, 403(b)s and IRAs cannot be satisfied from other plan types (e.g. IRA RMD can only be satisfied from IRA, etc.). RMD must be taken prior to sending the funds to Thrivent Mutual Funds.

The calculation of your required minimum distribution is based on many factors, including the prior December 31 account balance. The calculation is accurate only to the extent the prior December 31 account balance that was provided to us is accurate. Thrivent Financial Investor Services Inc. and its' affiliates will not be responsible for an inaccurate calculation that results from providing us with inaccurate account balance information.

Section 5 - Intended Destination of Dollars

Mutual Funds Deposit Notice - The funds requested on this form will be applied based on the allocation instructions on this form. A mutual fund application may be completed if transferring to open a new mutual fund account.

I authorize Thrivent Trust Company to act as Custodian and will hold the Custodian harmless for all necessary actions taken by the Custodian when authorized by the Custodian Agreement and beneficiary designation.

I have read and understood the corresponding IRA Custodial Agreement and Disclosure Statement.

By establishing your IRA, Thrivent Trust Company accepts the appointment as Custodian in accordance with the terms and conditions of the Custodial Agreement.

Section 7 - Notification for Federal and State Income Tax Withholding

You are liable for federal and state income tax, where applicable, on the taxable portion of your distribution even if you elect no withholding. Except where prohibited by federal and/or state law, you 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. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Check with your tax advisor to determine if withholding is necessary.

Disclosures of Distribution Request

For internal product-to-product transfers, rollovers, or conversions only - Unless otherwise indicated herein, I intend the requested transfer(s) from the distributing fund/account(s) to become effective only if and when:

• Thrivent Financial Investor Services Inc. and its' affiliates have approved the application of the amount(s) requested to the receiving fund/account(s), as described above, or, if not, as I subsequently agree to accept; and

 With respect to any receiving fund/account(s) that I have applied for, as described above, Thrivent Financial Investor Services Inc. and its' affiliates have approved the issuance of the receiving fund/account(s), as applied for or, if not, as I subsequently agree to accept.

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)