
Guide to completing the Business Entity Information form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 business entities opening an account:

When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Purpose:

This form is needed to inform Thrivent of the individuals authorized to act on behalf of the legal entity; and to provide beneficial owner and controller owners information to allow Thrivent to verify identity of account owners and controllers, as is required by the Bank Secrecy Act.

Things you should know:

The business entity name on this form must be the legal name of your business. Changes in the business entity's legal name require the completion of a new form.

The business entity must promptly notify Thrivent of any changes to the form or the representations made. Thrivent reserves the right to review additional business documents including, but not limited to, Articles of Incorporation or Bylaws.

Thrivent does not have the authority to provide business administration, legal or tax advice. No Thrivent representative has the authority to provide you with advice on how to complete this form.

Section 1: The customer can have the form apply to ALL accounts in the name of the legal entity; OR apply only to specific accounts by listing the account number(s). If no account number is provided, then this form will apply to all accounts that the legal entity holds.

Section 2: All information is required.

Section 3: Exemptions

- a. you are a nonprofit, not for profit, charity, non-stock, or public benefit entity.
- b. you are applying for or transacting upon a Term, Whole Life, Universal Life, or Fixed Annuity; or
- c. you are a financial institution regulated by a Federal functional regulator or a bank regulated by a state bank regulator;
or
- d. you are a US Government, Federal or State, department, agency, or division; or
- e. you are an entity (or at least 51% owned by an entity) publicly traded on the New York, American, or NASDAQ stock exchange; or
- f. you are an investment company, investment advisor, exchange or clearing agency or any other entity regulated by the SEC under the SEC Act of 1934; or
- g. you are a registered entity under Section 1a of the Commodity Exchange Act; or
- h. you are a registered public accounting firm under section 102 of the Sarbanes-Oxley Act; or
- i. you are a bank holding company, a pooled investment vehicle that is advised by a financial institution or an insurance company that is regulated by a State; or
- j. you are establishing this account for the purpose of participating in an employee benefit plan established under the Employee Retirement Income Security Act of 1974.

Section 4: Thrivent Financial Investor Services, Inc. reserves the right to request additional information from the authorized signers in order to verify that person's identity. Foreign persons may provide an identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Section 5: Foreign persons may provide an identification card number or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Thrivent ID

Section 1 - Account Information

This authorization will apply to all fund accounts under the Thrivent ID for this entity, unless checked below.

This authorization will apply **only** to specific fund account number(s) listed below and/or if applicable to all the new funds requested on the new account application included with this form.

--	--	--	--

Section 2 - Business Entity Information

Name of business entity	Phone
-------------------------	-------

Address	City	
	State	ZIP code

What is the nature of the business? (describe service or product): _____

Type of entity: (select one)

- Corporation
 Limited Liability Company
 General Partnership
 Limited Partnership
 Business Trust
 Foreign Entity
 Sole Proprietorship
 Other - _____
 Non-Profit

Section 3 - Exemption

Are you an exempt legal entity under the exemptions described on the Guide? Yes No

If No, each section of this form, including Social Security number, is required.

If Yes, list the letter of the exemption: _____

If Yes, Section 5 is not required to be completed.

If Yes and exemption 'a' is listed, complete Section 4, including Social Security number, for each authorized signer.

If Yes and exception 'b-j' is listed, complete Section 4. Social Security number is not necessary.

Section 4 - Authorized Signers

Complete the following information for at least one individual with significant responsibility for managing and controlling the business entity listed in Section 2, such as:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

The individual(s) named here is authorized by the business entity to conduct business.

Thrivent Financial Investor Services, Inc. reserves the right to request additional information from the authorized signers in order to verify that person's identity.

Print name	Print title	Date of birth
Residential address	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance	
Signature		

X

Print name	Print title	Date of birth
Residential address	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance	
Signature		

X

Print name	Print title	Date of birth
Residential address	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance	
Signature		

X

Print name	Print title	Date of birth
Residential address	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance	
Signature		

X

Print name	Print title	Date of birth
Residential address	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance	
Signature		

X

Section 5 - Beneficial Owner Information

Complete the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the business entity listed in Section 2.

No individual meets this definition.

Print name	Print title	Date of birth
Residential address	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance	

Print name	Print title	Date of birth
Residential address	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance	

Print name	Print title	Date of birth
Residential address	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance	

Print name	Print title	Date of birth
Residential address	City	
	State	ZIP code
For US Persons Social Security number	For non-US Persons Passport Number and Country of Issuance	

Section 6 - Agreements and Signatures

I understand a claim cannot be made against Thrivent Financial Investor Services, Inc. for permitting a transaction so long as any one authorized person signs or initiates the transaction, even if a person exercises more authority than granted by the business entity.

The business entity name on this form must be the legal name of your business. Changes in the business entity's legal name requires the completion of a new authorization form and may require change of ownership paperwork.

By signing, I certify that: 1) I am an authorized representative of the business entity; 2) the business entity exists; 3) the Authorized Signers are authorized by the business entity to conduct business on the accounts owned by the entity or the specific accounts listed in Section 1; 4) I or another authorized representative of the business entity will promptly inform Thrivent Financial Investor Services, Inc. of any changes in the representations contained in this certification; 5) all representations made in this certification are true and correct to the best of my knowledge and those representations will remain in full force and effect until Thrivent Financial Investor Service, Inc. is notified through written revocation or a new business entity information form from an authorized representative of the business entity; 6) the authorized signer, on behalf of the business entity, shall indemnify and hold harmless Thrivent Financial Investor Services, Inc. from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by relying in good faith upon this certification.

Signature of designated representative of business entity X	Date signed
---	-------------

Thrivent Financial Investor Services, Inc. reserves the right to review business documents including, but not limited to, articles of incorporation or bylaws. Thrivent Financial Investor Services, Inc. does not provide business administration, legal or tax advice. No representative of Thrivent has the authority to give you advice with regard to completing this form. Consult your adviser(s) with any questions regarding administration of your business.

Mail completed form to:**Regular Mail:**

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

Express Mail:

Thrivent Funds
430 W 7th St
Kansas City, MO 64105

Fax:

866-278-8363

Phone:

800-847-4836