



# Thrivent Funds Qualified Charitable Distribution Request

Only use when IRA owner is 70 1/2 or older.

## Section 1 - General Information

Name of owner (print first, middle, and last name)	Date of birth
Existing Thrivent fund/account number(s)	

## Section 2 - One-Time Distribution instructions (complete section 3 for recurring systematic distribution instructions)

Choose one option below:

- My Required Minimum Distribution (RMD) Amount - RMD will be made proportionately from each fund/account or allocation period. Specific fund/accounts cannot be selected for the distribution.
- Other Amount - \$ \_\_\_\_\_ (\$100,000 maximum)

For a partial redemption, indicate below the fund/accounts(s) and amount(s) to distribute from each fund.

Fund Name/Fund Number	Account Number	Amount	Amount Type (select one)
			<input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent
			<input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent
			<input type="checkbox"/> Dollars <input type="checkbox"/> Shares <input type="checkbox"/> Percent

If you leave the above table blank, we will default to pro-rata based on the distribution amount and the current market value of your fund holdings. If you choose a distribution in a dollar amount greater than the market value of your fund holdings, we will make a FULL distribution on the selected fund (this will only affect the selected fund, not the entire account).

## Section 3 - Recurring Systematic Distribution Instructions

Choose one option below:

- My Required Minimum Distribution (RMD) Amount  
RMD will be made proportionately from each fund/account or allocation period. Specific fund/accounts cannot be selected for the distribution.
- Total Amount - \$ \_\_\_\_\_ (\$100,000 maximum)

For total amount above, indicate below the fund/account(s) and amount(s) to distribute from each fund.

Fund Name/Fund Number	Account Number	Amount

If you leave the above table blank, we will default to pro-rata based on the distribution amount and the current market value of your fund holdings. If you choose a distribution in a dollar amount greater than the market value of your fund holdings, we will make a FULL distribution on the selected fund (this will only affect the selected fund, not the entire account).

## Recurring Distribution Instructions

Day of withdrawal \_\_\_\_\_  
(select 1-28)

Withdrawal month(s) - select all that apply

- Jan    Feb    Mar    Apr    May    June    July    Aug    Sept    Oct    Nov    Dec

If a date and/or month is not selected, the withdrawal will default to the 7th of each month.

**Section 4 - Distribution Options**

**Assets will be distributed by check to other payee**

Name of payee (Charity's name)	Amount
	\$

On behalf of (print first, middle, and last name)

- Send to my current account address in the name of the charity
- Send to address of the charity below

Address	City
	State      ZIP code

Name of payee (Charity's name)	Amount
	\$

On behalf of (print first, middle, and last name)

- Send to my current account address in the name of the charity
- Send to address of the charity below

Address	City
	State      ZIP code

Name of payee (Charity's name)	Amount
	\$

On behalf of (print first, middle, and last name)

- Send to my current account address in the name of the charity
- Send to address of the charity below

Address	City
	State      ZIP code

Name of payee (Charity's name)	Amount
	\$

On behalf of (print first, middle, and last name)

- Send to my current account address in the name of the charity
- Send to address of the charity below

Address	City
	State      ZIP code

If more than four payees are needed, attach a letter of instruction signed by the account owner.

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**Section 5 - Additional Information**

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**Section 6 - Agreements and Signatures**

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I certify I have received, read, and agree to the Disclosures at the end of this form and any other disclosures contained in this form.

Signature of primary owner/conservator/guardian/custodian/trustee/authorized person	Date signed
<b>X</b>	

**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

## Disclosures and important information regarding Qualified Charitable Distributions (QCD)

It is your responsibility to ensure the distributions made with this form comply with IRS rules. All transactions made using this form are reported to the IRS on the 1099-R. The amount of the distribution will appear in box 1 ("Gross distribution") and box 2b will reflect "Taxable amount not determined". No tax withholding will be completed on this request.

The maximum annual exclusion for a QCD per individual is \$100,000.

The charity must qualify as a 501(c)(3) organization and be eligible to receive tax-deductible contributions. Certain charities do not qualify: sponsoring charities of donor-advised funds, private foundations, and supporting organizations.

A QCD from any non-inherited IRA will be reported on the 1099-R as a normal distribution and distributions from an inherited IRA or inherited Roth IRA will be reported as a death distribution.

Consult your tax advisor to determine if the distribution satisfies the Qualified Charitable Distribution requirements and how to complete your tax return.

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### Recurring Systematic Distribution

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The RMD will be made proportionately from each fund/account. Specific fund/accounts cannot be selected for the distribution.

Any payouts that occur on a weekend or nonbusiness day will be processed using the following business day's unit/share price.

Distributions will be adjusted so the annual required amount is distributed by December 31.

RMD will be calculated using your prior year end account balance. The value will be divided by the applicable divisor from the Internal Revenue Service (IRS) Uniform Distribution Table, unless your spouse is your sole beneficiary and is more than 10 years younger than you. Inherited fund/accounts use the IRS Single Table.

The applicable divisor from the IRS Joint Life Expectancy Table will be used.

If I change my beneficiary in the future so my spouse is no longer the sole primary beneficiary, I understand that I need to separately request to have my RMD calculation changed to use the IRS Uniform Distribution Table.

If we receive this form in good order after your selected start date, the start date shall be deemed the first business day that occurs on or after the date of receipt. Subsequent transactions requested pursuant to this form shall be based upon your selected start date.

I understand that this distribution represents only the minimum amount which must be distributed annually and I can receive more than the minimum either now or in the future.

I acknowledge that distributions made under the above requested RMD will result in the reporting of a taxable amount to the IRS and it cannot be reversed.