

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 contracts/accounts in the name of the legal entity; OR apply only to specific contracts/accounts by listing the contract/account number(s). If no contract/account number is provided, then this form will apply to all contracts/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; or
- 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 & 5: Thrivent 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.

Thrivent ID: _____

1. Contract/Account Information

This authorization will apply to all contracts/accounts under the Thrivent ID for this entity, unless specific contract/account number(s) are listed below. If contract/account number(s) are listed below, this authorization will apply only to those contracts/accounts.

Contract/Account number(s): _____

2. Business Entity Information

Name of business: _____

Address of business: _____

City: _____ State: _____ ZIP code: _____

Tax Identification Number (TIN): _____ Phone: _____

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
 ☐ Non-Profit
☐ Other - _____

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 the Social Security number, for each authorized signer.

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

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.

Authorized Person's Name:	Authorized Person's Title:	Date of Birth:
Residential Address:	City:	
	State:	Zip Code:
For US Persons Social Security Number:	For non-US Persons Passport Number and County of Issuance:	

Signature

X

Authorized Person's Name:	Authorized Person's Title:	Date of Birth:
Residential Address:	City:	
	State:	Zip Code:
For US Persons Social Security Number:	For non-US Persons Passport Number and County of Issuance:	
Signature X		

Authorized Person's Name:	Authorized Person's Title:	Date of Birth:
Residential Address:	City:	
	State:	Zip Code:
For US Persons Social Security Number:	For non-US Persons Passport Number and County of Issuance:	
Signature X		

Authorized Person's Name:	Authorized Person's Title:	Date of Birth:
Residential Address:	City:	
	State:	Zip Code:
For US Persons Social Security Number:	For non-US Persons Passport Number and County of Issuance:	
Signature X		

Authorized Person's Name:	Authorized Person's Title:	Date of Birth:
Residential Address:	City:	
	State:	Zip Code:
For US Persons Social Security Number:	For non-US Persons Passport Number and County of Issuance:	
Signature X		

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.

Beneficial Owner's Name:	Beneficial Owner's Title:	Date of Birth:
Residential Address:	City:	
	State:	Zip Code:
For US Persons Social Security Number:	For non-US Persons Passport Number and County of Issuance:	

Beneficial Owner's Name:	Beneficial Owner's Title:	Date of Birth:
Residential Address:	City:	
	State:	Zip Code:
For US Persons Social Security Number:	For non-US Persons Passport Number and County of Issuance:	

Beneficial Owner's Name:	Beneficial Owner's Title:	Date of Birth:
Residential Address:	City:	
	State:	Zip Code:
For US Persons Social Security Number:	For non-US Persons Passport Number and County of Issuance:	

Beneficial Owner's Name:	Beneficial Owner's Title:	Date of Birth:
Residential Address:	City:	
	State:	Zip Code:
For US Persons Social Security Number:	For non-US Persons Passport Number and County of Issuance:	

6. Agreements and Signatures

I understand a claim cannot be made against Thrivent 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 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 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 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	Date Signed
X	
Title:	

Thrivent reserves the right to review business documents including, but not limited to, articles of incorporation or bylaws. Thrivent 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:

Thrivent
PO Box 8075
Appleton, WI 54912-8075

For Mutual Funds only:

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

As used in this form, "Thrivent" refers to Thrivent Financial for Lutherans, Thrivent Life Insurance Company, Thrivent Investment Management, Inc., Thrivent Financial Investor Services Inc., Thrivent Distributors, LLC, Thrivent Mutual Funds, and the Thrivent Series Fund.