



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

Automatic Purchase Plan

Member ID

Section 1 - Financial Institution Information

Name of financial institution account owner

Address of financial institution account owner

City

State

ZIP code

Phone

Name of joint financial institution account owner

Routing number

Full name of financial institution

Type of account: ☐ Checking ☐ Savings
If type of account is not indicated, checking account will be debited.

Address of financial institution

City

State

ZIP code

Account number

Section 2 - Request Details

Type of request: E = Establish Bank Draft Plan C = Change Bank Draft Plan
B = Change Financial Institution S = Stop Existing Bank Draft Plan

Fund/Account Number	Type	Start Date month/day (1-28)/year	Amount	1st Bank Draft Date	2nd Bank Draft Date

Section 3 - Agreements and Signatures

I certify that I have received, read, and agree to the Disclosures (page 2 of this form).

Signature of financial institution account owner and date signed

X

Signature of financial institution joint account owner and date signed

X

Regular Mail:
Thrivent Mutual Funds
P.O Box 219348
Kansas City, MO 64121-9348

Express Mail:
Thrivent Mutual Funds
330 W 9th St.
Kansas City, MO 64105

Fax:
866-278-8363

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Disclosures

Section 1 - Financial Institution Information

Authorization to Financial Institution - I authorize Thrivent Financial Investor Services Inc. to: 1) make electronic deposits, withdrawals and corrections to my bank account that comply with U.S. law; 2) act on this authorization until I revoke it by contacting Thrivent Mutual Funds; 3) apply this authorization to any future bank accounts I may designate; 4) make administrative changes to this authorization which I request such as date or amount changes; 5) release any and all information related to this authorization to the third party account/contract owner; and 6) act upon electronic deposit, withdrawal, and administration instructions provided.

Section 2 - Request Details

I elect to have the first purchase deducted from my account. This authorization is effective on the date I sign this form. If we receive this form in good order after your selected start date, the start date shall be deemed to be 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.

Select a draw date between 1-28. (If 29, 30, or 31 is chosen, 28 will be used.) If no draft date is chosen, it will draw on the 7th of each month.

Any purchases that occur over a weekend or non-business day will be processed using the following business day's share price.

Purchases must be a minimum of \$50 per account per month, for Thrivent Money Market and Thrivent Limited Maturity Bond Fund minimum of \$100 per account per month.