

Family Membership Application

Basis for membership - Choose a number from Section 1, 2 or 3 (e.g. 1A, 2B, 3D, etc.).*

Name of primary person applying for membership (print first, middle initial and last name)

Street (address correction requested)		E-mail address	
City	State	ZIP code	* Basis for membership
Date of birth	Social Security number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone

Name of spouse applying for membership

Name of child applying for membership

Date of birth	Social Security number	Date of birth	Social Security number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	* Basis for membership	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	* Basis for membership

Name of child applying for membership

Name of child applying for membership

Date of birth	Social Security number	Date of birth	Social Security number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	* Basis for membership	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	* Basis for membership

Basis for Membership

Section 1 - Complete for Lutheran applicant(s).

1A. I profess to be Lutheran and am a current or former member of a Lutheran congregation or the youth, age 15 or younger, is a current member of a Lutheran congregation or is being raised Lutheran.

Church name	Church number
Church city	State

Section 2 - Complete for a non-Lutheran who has a relationship to a Thrivent Financial member.

2A. I, or the youth age 15 or younger, have a family relationship to a Lutheran Thrivent Financial member **.

2B. I, or the youth age 15 or younger, have a family relationship to a non-Lutheran Thrivent Financial member ** who is currently employed by or has a current affiliation to a Lutheran organization or business as referred to in Section 3.

Name of sponsoring member (print first, middle, and last name)	Date of birth
Street	City
	State
	ZIP code
	Product number

Family relationship to member

- | | | | | | |
|---------------------------------|--|-------------------------------------|--|--|---|
| <input type="checkbox"/> spouse | <input type="checkbox"/> sibling | <input type="checkbox"/> child | <input type="checkbox"/> daughter-in-law | <input type="checkbox"/> mother-in-law | <input type="checkbox"/> grandparent (includes great) |
| <input type="checkbox"/> parent | <input type="checkbox"/> widow/widower | <input type="checkbox"/> son-in-law | <input type="checkbox"/> father-in-law | <input type="checkbox"/> grandchild (includes great) | |

** Or one who is currently applying for and is eligible as a Benefit or Associate member.

Basis for Membership (continued)

Section 3 - Complete for non-Lutheran who is currently affiliated with a Lutheran organization or business.

Name of organization or business

Street	City	
	State	ZIP code

I have a relationship to a Lutheran organization or business as (circle one):

- 3A.** An employee, board member, director or trustee of a Lutheran organization.
- 3B.** An employee or financial associate of Thrivent Financial for Lutherans or an employee, financial associate or director of a wholly-owned subsidiary of Thrivent Financial for Lutherans.
- 3C.** A student or parent of a student of a Lutheran educational organization.
- 3D.** A graduate of a Lutheran educational organization who has an ongoing connection to the organization by providing financial, volunteer or other recognized assistance.
- 3E.** A resident of a Lutheran care center or Lutheran nursing home or parent of a resident.
- 3F.** The co-owner of a Lutheran business and (1) Lutheran(s) own 50% or more of the total ownership interest, (2) the business is owned by 10 or fewer individuals (3) has no publicly traded equity shares and (4) has at least one Lutheran co-owner who is a Thrivent Financial for Lutherans member or who is currently applying for membership.
- 3G.** A beneficiary of a Thrivent Financial for Lutherans annuity or life insurance contract who uses proceeds to purchase a Thrivent Financial for Lutherans insurance or annuity product or to fund a settlement option.
- 3H.** An individual who gifts a Thrivent Financial for Lutherans insurance or annuity contract to a Lutheran organization and the Lutheran organization is the owner or irrevocable beneficiary.
- 3I.** An associate member of a Lutheran congregation listed on the membership roster of the congregation.

I support the mission of Thrivent Financial for Lutherans. By signing this application, I am applying for membership with Thrivent Financial for Lutherans and I certify that the information provided is true and correct.

Section 4 - Signatures Required

Primary applicant (age 16 or older) or parent/guardian of youth age 0-15 and date signed (mm/dd/yyyy)	Spouse and date signed (mm/dd/yyyy)
Child if age 16 or older and date signed (mm/dd/yyyy)	Child if age 16 or older and date signed (mm/dd/yyyy)
Child if age 16 or older and date signed (mm/dd/yyyy)	Name of Thrivent Financial associate
	Thrivent Financial associate code

Mission for Thrivent Financial for Lutherans

We are a faith-based membership organization called to improve the quality of life of our members, their families and their communities by providing unparalleled solutions that focus on financial security, wellness and caring for others.

Send completed form and your \$10 membership fee to:

**Attn: Unit 1705 - Member Enrollment
Thrivent Financial for Lutherans
4321 N. Ballard Road
Appleton, WI 54919-0001**