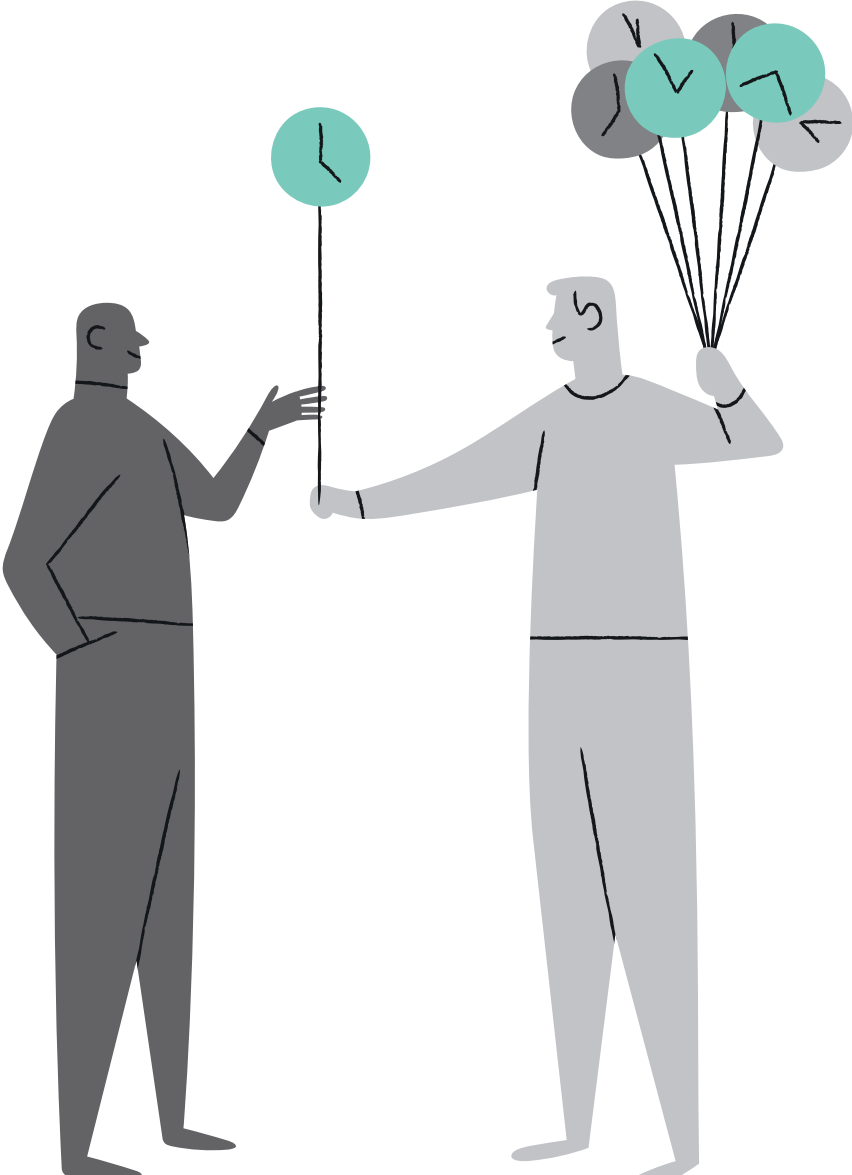


Create your charitable fund

Donor-advised fund workbook



A giving solution tailored to your needs

We're committed to helping you live a life of meaning and gratitude by providing flexible and effective charitable solutions. To create your customized donor-advised fund and achieve your charitable goals, follow these simple steps.

For additional information, please review About Your Charitable Fund.

Step 1: About you

First donor

Full name Mr. Ms. Mrs. Miss Other _____

Date of birth _____

First donor's primary address

Street _____

City/State/ZIP _____

Home phone _____

Cell phone _____

Business phone _____

Email address _____

Preferred method of communication (select one)

Home phone Cell phone Business phone Email

Faith affiliation (optional)

Denomination/faith group _____

Alternate address if applicable

Street _____

City/State/ZIP _____

Home phone _____

Business phone _____

Email address _____

Dates for alternate address: From _____ to _____

Additional donor (if applicable)

Full name Mr. Ms. Mrs. Miss Other _____

Relationship to first donor: spouse, child, friend, etc.

Date of birth _____

Additional donor's primary address

Street _____

City/State/ZIP _____

Home phone _____

Cell phone _____

Business phone _____

Email address _____

Preferred method of communication (select one)

Home phone Cell phone Business phone Email

Faith affiliation (optional)

Denomination/faith group _____

Step 2: Authorize access

List all the people authorized to discuss your gift with Thrivent Charitable Impact & Investing™ staff. This list may include family members, friends or professional advisors (CPA, attorney, etc.).

Name	Relationship to donors	Phone/email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Step 3: Your gift

	Approximate value	Additional details
Outright gifts that provide immediate charitable support (not a trust, gift annuity or life insurance).		Asset details, e.g., cost basis for securities or real estate, qualified charitable distributions

Give now

Outright gifts that provide immediate charitable support (not a trust, gift annuity or life insurance).

- Cash**
\$ _____
- Securities**
\$ _____

Attach a copy of brokerage statement with shares identified.
- Real estate**
\$ _____

Contact us for a Real Estate Questionnaire.
- Qualified IRA distributions** to a charitable fund without ongoing advisory privileges.
 \$ _____

Name your fund at the top of page 5 and complete section B.
- Complex assets** (privately held stock, crops/farm equipment, closely held stock [C-Corp or S-Corp], limited liability company, limited partnership).
 \$ _____

Contact us for a Complex Asset Questionnaire.
- Life insurance** to be owned by Thrivent Charitable Impact & Investing.
 \$ _____

Please attach a copy of an in-force insurance illustration.
- Life insurance** using qualified IRA distributions.
 \$ _____

Name your fund at the top of page 5 and complete section B.

Step 4: Your donor-advised fund

Name your fund

Create a fund in your name or a name that suits your fund's purpose (e.g., The John and Mary Jones Fund).

Fund name: _____

Options for charitable support

Select A, B, C and/or D

A. Advise grants as you go (Dynamic Fund)

Any charities, any time. No minimum gift; minimum administrative fee applies.

Note: Dynamic Funds require a living donor advisor or successor advisor at the time the asset is received in the charitable fund.

Investment selection

I recommend my fund's assets be invested as follows: If no box is checked, assets will be invested in the Mission Growth Portfolio.

Allocation must total 100%

_____ % Core Growth Portfolio
85% equities/15% fixed income

_____ % Mission Growth Portfolio
85% equities/15% fixed income

_____ % WomenInvest Portfolio
75% equities/25% fixed income

_____ % Income Portfolio
100% fixed income

OR

Advisor Managed Fund

For customized portfolios of \$250,000 or more. Contact Thrivent Charitable for more information.

Please select your preference for charitable support following the death of donor advisors.

I/we name family/friends as successor advisor to our fund. Circle the person nominated to act as chairperson.

Name Relationship and date of birth

Name Relationship and date of birth

Name Relationship and date of birth

Name Relationship and date of birth

Address and phone number of chairperson:

Address

Phone

I/we name the following charities to benefit upon the death of the last surviving fund advisor.

- To receive the fund's full remainder.
- To receive annual grants in perpetuity.
- To receive 10% annually for 20 years, and then the fund's remaining value.

Charity name _____	Charity name _____
% of distribution _____	% of distribution _____
Street _____	Street _____
City/State/ZIP _____	City/State/ZIP _____
Phone number _____	Phone number _____
Grant purpose (optional) _____	Grant purpose (optional) _____

B. Designate charities for automatic annual grants

Fund minimum: \$5,000 per charity.*

Charity name _____	Charity name _____
% of distribution _____	% of distribution _____
Street _____	Street _____
City/State/ZIP _____	City/State/ZIP _____
Phone number _____	Phone number _____
Grant purpose (optional) _____	Grant purpose (optional) _____
Charity name _____	Charity name _____
% of distribution _____	% of distribution _____
Street _____	Street _____
City/State/ZIP _____	City/State/ZIP _____
Phone number _____	Phone number _____
Grant purpose (optional) _____	Grant purpose (optional) _____

*Administrative fees apply upon receipt of gift assets.

Thrivent Charitable giving options

- Thrivent Charitable Impact & Investing Community Impact Fund .. _____%
- Health Impact Fund _____%
- LCMS Impact Fund _____%
- Disaster Response & Resiliency _____%
- Human Services Impact Fund _____%
- WELS Impact Fund _____%
- Education Impact Fund _____%
- ECLA Impact Fund..... _____%
- Ecumenical & Interfaith Impact Fund _____%

C. Designate a scholarship

Fund minimum: \$5,000 per educational institution.*

Accredited educational institution through which the scholarship will be distributed:

Name _____

Phone number _____

Address/City/State/ZIP _____

Recommended scholarship criteria (e.g., GPA, field of study, financial need)

D. Designate a cause/area of interest

Fund minimum: \$25,000.*

Designate your specific cause or area of interest, describing your scope and criteria in as much detail as possible (e.g., sample organizations, geographic area, faith affiliation). Thrivent Charitable researches specific charities to address your designated cause.

*Administrative fees apply upon receipt of gift assets.

Complete if you selected fund options B, C or D

Investment selection

I recommend that my fund's assets be invested as follows:

If no box is checked, assets will be invested in the Mission Growth Portfolio. The exception is charitable gift annuity assets, which are invested in the Core Growth Portfolio.

- Core Growth Portfolio (85% equities/15% fixed income)
- Mission Growth Portfolio (85% equities/15% fixed income)
- WomenInvest Portfolio (75% equities/25% fixed income)

Grant distribution preferences

Make your selection for annual grant distributions from the options below.

- Perpetual grant support: 5% distributed annually among recommended charities. Distribution rate is subject to change.
- Term of years grant support: 10% distributed annually for 10 to 20 years. At the end of the set term, the fund remainder is distributed to recommended charities. Check one box to indicate the term of years: 10 years 15 years 20 years

Optional

- I/we request an immediate one-time grant of a specific amount to a specific charity(ies). I/we understand that \$50,000 or 20% of the gift, whichever is greater, must remain in the fund for ongoing grant distributions.

Charity name _____

Gift amount \$ _____

Street _____

City/State/ZIP _____

Phone number _____

Grant purpose (optional) _____

Step 5: Additional instructions

Disclosure to benefiting charities

- Okay to disclose fund name, donor/fund advisor name(s) and nature of gift to benefiting charities with grant distributions or earlier upon request.
- Okay to disclose fund name, donor/fund advisor name(s) and nature of gift after death.
- Never disclose.

Comments or special instructions for your fund:

Step 6: Gift acknowledgment

I acknowledge that I intend to make an irrevocable gift to Thrivent Charitable Impact & Investing as described in this workbook. With my gift, I understand that I will be transferring all ownership and legal control of the gift to Thrivent Charitable Impact & Investing, subject to acceptance by an officer of Thrivent Charitable, for allocation to a donor-advised fund or charitable fund.

I reviewed and accept Thrivent Charitable Impact & Investing's statement of policies as stated in About Your Charitable Fund (available online at thriventcharitable.com) and understand my fund will be administered according to these policies.

Donor signature Date

Donor signature Date

Gift representation of your assets

Thrivent Charitable does not wish to accept gifts that may cause undue hardship to a donor's personal welfare or comfort during their lifetime. To ensure the gift you are making is appropriate for your situation, please indicate what portion of your estate or assets this gift represents. With gifts of life insurance, check the box that best reflects the portion used for premium payments.

- Less than 10% of my assets.
- Between 10% and 24% of my assets.
- Between 25% and 49% of my assets.

Send your fund workbook

Once your fund workbook is completed, please send it to:

Thrivent Charitable Impact & Investing
PO Box 8072
Appleton WI, 54912-8072
Fax: 612-844-4109

If you have questions:

Phone: 800-365-4172
Email: thriventcharitable@thrivent.com

Upon receipt of your completed fund workbook, Thrivent Charitable will establish your fund and send a confirmation along with information on how to access your fund and begin making grants.

Go paperless with e-statements

Once your donor-advised fund is established, you can sign up for electronic delivery of statements at thriventcharitable.com.

Professional advisor information

To be completed by the donor's professional advisor when s/he is part of the gift process. The professional advisor agrees to abide by the Gift Advocate Code of Ethics available online at thriventcharitable.com.

Professional advisor's name _____

RFO # _____

Address _____

Phone _____

Notes or special instructions _____

Additional professional advisor assisting with gift (if applicable)

Professional advisor's name _____

RFO # _____

Address _____

Phone _____

Notes or special instructions _____



About us

We believe humanity thrives when people make the most of all they've been given. Thrivent Charitable Impact & Investing helps people do just that—bring their generosity to life so they can support the organizations and causes closest to their hearts, now and into the future. Grounded in our purpose to serve, we take a holistic, personalized approach to help our donors create strategic charitable plans and give in a way that best reflects their values and financial priorities. Together, we are committed to creating positive impact and inspiring lasting change in our communities.



Thrivent Charitable Impact & Investing™, a separate legal entity from Thrivent, the marketing name for Thrivent Financial for Lutherans, is a public charity that serves individuals, organizations and the community through charitable planning, donor-advised funds and endowments. Thrivent Charitable Impact & Investing works collaboratively with Thrivent and its financial professionals.

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