

SERFF Tracking Number: THRV-126403760 State: Arkansas  
Filing Company: Thrivent Life Insurance Company State Tracking Number: 44225  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Transfer Request Forms to Life or Viatical Settlement  
Project Name/Number: /

## Filing at a Glance

Company: Thrivent Life Insurance Company

Product Name: Transfer Request Forms to Life or Viatical Settlement  
SERFF Tr Num: THRV-126403760 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44225

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Karen Guyette

Disposition Date: 12/04/2009

Date Submitted: 12/02/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/04/2009

Explanation for Other Group Market Type:

State Status Changed: 12/04/2009

Deemer Date:

Created By: Karen Guyette

Submitted By: Karen Guyette

Corresponding Filing Tracking Number:

Filing Description:

This is a new filing. The forms referenced below are being submitted as required by your state's life or viatical settlement rule or regulation, which requires that any form used in connection with requests to transfer a contract to a life or viatical settlement company be approved by the commissioner.

We are submitting the following two forms:

1) Certification of Trust, form 24143 R4-10. This form is completed whenever any trust is involved in a transaction associated with transferring a contract, including requests to transfer a contract to a life or viatical settlement provider.



SERFF Tracking Number: *THR-126403760* State: *Arkansas*  
Filing Company: *Thrivent Life Insurance Company* State Tracking Number: *44225*  
Company Tracking Number:  
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*  
Product Name: *Transfer Request Forms to Life or Viatical Settlement*  
Project Name/Number: */*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	12/04/2009	12/04/2009

SERFF Tracking Number: *THR-126403760* State: *Arkansas*  
Filing Company: *Thrivent Life Insurance Company* State Tracking Number: *44225*  
Company Tracking Number:  
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*  
Product Name: *Transfer Request Forms to Life or Viatical Settlement*  
Project Name/Number: */*

## **Disposition**

Disposition Date: 12/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *THR-126403760* State: *Arkansas*  
 Filing Company: *Thrivent Life Insurance Company* State Tracking Number: *44225*  
 Company Tracking Number:  
 TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*  
 Product Name: *Transfer Request Forms to Life or Viatical Settlement*  
 Project Name/Number: */*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Form</b>	Certification of Trust		Yes
<b>Form</b>	Absolute Assignment of Contract		Yes

SERFF Tracking Number: *THR-126403760* State: *Arkansas*  
 Filing Company: *Thrivent Life Insurance Company* State Tracking Number: *44225*  
 Company Tracking Number:  
 TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*  
 Product Name: *Transfer Request Forms to Life or Viatical Settlement*  
 Project Name/Number: */*

## Form Schedule

**Lead Form Number: 24143 R4-10**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	24143 R4-10	Other	Certification of Trust	Initial		0.000	Certification of Trust 24143 R4-10.pdf
	10A R6-09	Other	Absolute Assignment of Contract	Initial		0.000	Absolute Assignment of Contract 10A R6-09.pdf

# Certification of Trust

Thrivent ID

No representative of Thrivent Financial for Lutherans and its subsidiaries has authority to analyze trust documents or give advice when completing this form. Consult your attorney with any questions regarding the provisions of the trust.

## Section 1 - Account/Contract Number(s)

Fill in all Thrivent Financial account/contract numbers for products the trust will own or, at time of claim, for all products paying death proceeds to the trust.

Account/Contract number(s)

## Section 2 - Identification of Trust

Exact name of existing trust

Date trust established

Name of grantor

Type of trust:

Irrevocable - Trust Employer Identification Number (EIN) - \_\_\_\_\_

Revocable - By whom

Social Security number of grantor

Date of birth of grantor

A Taxpayer Identification Number (TIN) may be obtained at [www.irs.ustreas.gov](http://www.irs.ustreas.gov). Distributions from annuities, settlement options, or Modified Endowments owned by a "Grantor" trust may be subject to premature distribution penalties. See Internal Revenue Code (IRC) §§ 673-677. If trust is an irrevocable trust which qualifies as a grantor trust, contact the Customer Interaction Center for additional instructions.

## Section 3 - Identification of Currently Acting Trustee(s) - Complete for All Currently Acting Trustee(s)

**Correspondence address for trust** - Unless you designate otherwise, the address and phone number for the first currently acting trustee will be used as the correspondence address and phone number for the trust.

Name of currently acting trustee

Social Security number

Address

City

Date of birth

State

ZIP code

Phone

Name of currently acting trustee

Social Security number

Address

City

Date of birth

State

ZIP code

Phone

Name of currently acting trustee

Social Security number

Address

City

Date of birth

State

ZIP code

Phone

 **Thrivent Financial for Lutherans®**

Appleton, Wisconsin • Minneapolis, Minnesota  
Thrivent.com • 800-THRIVENT (800-847-4836)

 **Thrivent Investment Management®**

Appleton, Wisconsin • Minneapolis, Minnesota  
Thrivent.com • 800-THRIVENT (800-847-4836)

When **any** currently acting trustee is a resident of **Tennessee**, Thrivent Financial may rely on the authority of one or more successors without proof of their succession. You must provide the name(s) of any successor trustee(s) in the Additional Information section. If no names are provided, it is deemed that no successor trustee(s) exist(s).

When **any** currently acting trustee is a resident of **Oregon**, provide the state, country, or other jurisdiction whose laws were used to establish the trust. \_\_\_\_\_

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**Section 4 - Trustee Authorization to Act**

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If more than one acting trustee, can co-trustees act independently?  Yes  No

If "no," indicate number of **signatures required to transact** - \_\_\_\_\_

If "no" is indicated, but number of **signatures required to transact** is blank or illegible, or no box is checked, all trustees will be deemed necessary to transact. If more than one signature is required, phone transactions may not be available.

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**Section 5 - Trust Beneficiary - Not Applicable to Mutual Funds**

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In order to comply with Internal Revenue Service (IRS) rules for fraternal benefit societies, when the contract is issued by Thrivent Financial for Lutherans, and other state regulations when the contract is issued by either Thrivent Financial for Lutherans or Thrivent Life Insurance Company, the undersigned hereby certify that all of the beneficiaries of the trust now have, and will continue to have, an insurable interest in the insured by virtue of the fact that they are all beneficiaries within at least one of the classes below.

**Check appropriate box(es). At least one box must be checked.**

- The spouse, child, parent, or other person related to the insured by blood, marriage, or legal adoption, foster parents of the insured, betrothed to the insured, dependents of the insured, or estate of the insured.
- A church, church organization, educational institution, nonprofit corporation, or any corporation, community chest, fund, or foundation described in Section 501(c)(3) of the IRC of 1954, as amended.
- The charitable beneficiary is **irrevocably** named.
- The charitable beneficiary is **revocably** named.
- Other beneficiary with an insurable interest in the insured - Home Office will contact Trustee for detailed beneficiary description after form is submitted.

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**Section 6 - Additional Information**

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**Section 7 - Signatures, Indemnification, and Taxpayer Identification**

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By signing below, I agree that: 1) the trust exists; 2) I am authorized under the trust and applicable law to conduct business on those accounts/contracts owned by the trust; 3) I will promptly inform Thrivent Financial of any changes in the representations contained in this certification; 4) 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 Financial is notified through written revocation or amendment from the trustee; 5) the trustee shall indemnify and hold harmless Thrivent Financial from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by relying in good faith upon this certification.

By signing below, I also understand that no account/contract will be accepted without a valid TIN. Under penalties of perjury, I certify that: 1) the number shown on this form is the trust's correct TIN (or I am waiting for a number to be issued to the trust); 2) the trust is not subject to backup withholding because either the trust is exempt from backup withholding, has not been notified by the IRS that it is subject to backup withholding as a result of a failure to report all interest or dividends, or the trust has been notified by the IRS that it is no longer subject to backup withholding; and 3) the trust is a U.S. trust.

When **any** currently acting trustee is a resident of **Idaho, Iowa, Nebraska, Nevada, or Oregon** all currently acting trustees must sign. In all other states, only one trustee's signature is required.

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Name of currently acting trustee

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Signature of currently acting trustee and date signed (mm/dd/yyyy)

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Name of currently acting trustee

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Signature of currently acting trustee and date signed (mm/dd/yyyy)

---

Name of currently acting trustee

---

Signature of currently acting trustee and date signed (mm/dd/yyyy)

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Affix notary stamp here (required when **any** currently acting trustee resides in Iowa, Nevada, or Tennessee)

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Affix notary stamp here (required when **any** currently acting trustee resides in Iowa, Nevada, or Tennessee)

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Affix notary stamp here (required when **any** currently acting trustee resides in Iowa, Nevada, or Tennessee)

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**As used in this form, "Thrivent Financial" refers to Thrivent Financial for Lutherans and its subsidiaries, including without limitation, Thrivent Life Insurance Company (Minneapolis, MN 55415) and Thrivent Investment Management, Inc.**

## Absolute Assignment of Contract

Thrivent ID
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Name of insured(s)	Contract number(s)
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This is an irrevocable transfer of ownership. According to the terms of the assignment form, **the new owner(s) becomes the beneficiary and all previous beneficiary designations are revoked.** If a spouse or child is insured under a Rider to this Contract, the Absolute Assignee(s) becomes the beneficiary under said Rider. This assignment is subject to any indebtedness on the contract.

If this is an annuity contract and the transfer is a taxable event, complete the following statement: An amount of approximately \$ \_\_\_\_\_ will be reported by Thrivent Financial to the IRS as being taxable in the year the assignment is processed. (If nothing will be taxable, enter zero.)

Check one of the following boxes if listing multiple owners:

- Joint Ownership - Equal owners with transfer to surviving joint owners upon death
- Common Ownership - Fractional ownership with no survivorship rights between owners

If multiple owners are indicated and no box is checked, the multiple owners will be recorded as joint owners. If no percentage is indicated, percentage will be equal. Joint ownership is always equal. The first individual named will receive all correspondence for this contract.

New owner		Relationship to insured	
Address	City	State	ZIP code
Social Security number or tax identification number	Date of birth or date of trust	Percentage of ownership	
New owner		Relationship to insured	
Address	City	State	ZIP code
Social Security number or tax identification number	Date of birth or date of trust	Percentage of ownership	
New owner		Relationship to insured	
Address	City	State	ZIP code
Social Security number or tax identification number	Date of birth or date of trust	Percentage of ownership	
New owner		Relationship to insured	
Address	City	State	ZIP code
Social Security number or tax identification number	Date of birth or date of trust	Percentage of ownership	

I hereby transfer all rights, title and interest in the contract (excluding membership rights and the guaranteed purchase option, if any) to the new owner(s) listed above. The new owner(s) does/do not become a member(s) of Thrivent Financial for Lutherans because of this transfer.

Signature of present owner and date signed (mm/dd/yyyy)	Signature of spouse (if applicable) and date signed (mm/dd/yyyy)
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Signature of witness and date signed (mm/dd/yyyy)

**Assigning to a Trust** - When assigning to a trust, the Certification of Trust (24143) is also required. This form must be completed by the acting trustee(s).

**Assignment to Minor(s)** - The minor cannot make changes to the contract until attaining the age of majority.

**Business Purpose** - When assigning a contract for business purposes, the business must be at least 90% owned by members. Contact the operations center for possible additional requirements that may be necessary.

**Collateral Assignment** - If this contract includes a collateral assignment, the signature of the collateral assignee(s) is required to process this change.

**Deferred Compensation** - A Deferred Compensation Agreement must be submitted with the assignment form.

**Form 712** - If this form is needed for gift tax reporting, include a request with this form.

**Gift to Charity** - The charity must qualify as an eligible charity under Thrivent Financial's Bylaws. To be eligible, the charity must qualify under Section 501(c)(3) of the Internal Revenue Code.

**Guaranteed Purchase Option Benefit** - This benefit may, on some contracts, be non-transferable. In that situation, the proceeds of the insurance will remain in the insured's estate; therefore, if the insured may be subject to estate tax, we recommend that a contract change be submitted deleting this benefit.

**Loans** - When a contract has a loan and ownership of the contract is transferred, the assignment is subject to any indebtedness on the contract.

**Multiple Owners** - When ownership is transferred to multiple owners, the consent of all owners is required for all transactions other than a beneficiary change for each individual's interest. Because all owners must consent to a transaction, this transfer of ownership may be a gift of future interest and the annual gift tax exclusion may not be available to the present owner. The assignor/owner is urged to consult an attorney or accountant regarding any gift tax consequences. If ownership is assigned to two or more owners, all owners must act in concert. If there will be more than four owners, complete multiple forms. When multiple forms are needed, add page 1 of 2, page 2 of 2, etc. to the top of each form. All forms must be signed by the current owner.

**Transfers for Value** - The transfer of ownership in exchange for a promise or something of monetary value is considered a transfer for value. In some cases this type of transfer can result in all or part of the life insurance death proceeds becoming taxable. Assignment of an indebted contract may fall under the transfer for value rules since the assignor is receiving relief from the indebtedness in return for the assignment.

**To be read by present owner - Consent of Spouse** - It is your responsibility to determine whether consent of your spouse is needed based upon the community/marital property laws in your state or other legal requirements. If consent is needed and not obtained, this assignment may be contested. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

**Caution** - Thrivent Financial assumes no responsibility for the validity, effect or adverse tax consequences of this assignment. The parties involved should check with tax or legal advisors regarding any gift tax filing or other legal consequences.

**This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans.**

SERFF Tracking Number: THRV-126403760 State: Arkansas  
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

AR Ctf of Compliance.pdf

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** Application

**Bypass Reason:** N/A - no policy being filed at this time.

**Comments:**

**CERTIFICATION  
OF  
COMPLIANCE**

FORM NUMBER

**24143 R4-10**

**10A R6-09**

FORM TITLE

**Certification of Trust**

**Absolute Assignment of Contract**

I certify that the above form submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

\_\_\_\_\_  
Signature of Officer

**David J. Christianson**

\_\_\_\_\_  
Name (Typed or Printed)

**Assistant Vice President**

\_\_\_\_\_  
Title

**December 2, 2009**

\_\_\_\_\_  
Date