

SERFF Tracking Number: THRV-127909464 State: Arkansas
Filing Company: Thrivent Financial for Lutherans State Tracking Number:
Company Tracking Number:
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Variable Annuity Application (Inherited-IRA)
Project Name/Number: /

Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Variable Annuity Application (Inherited-IRA) SERFF Tr Num: THRV-127909464 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Karen Guyette

Disposition Date: 01/12/2012

Date Submitted: 01/09/2012

Disposition Status: Approved-Closed

Implementation Date Requested:

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

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/12/2012

State Status Changed: 01/12/2012

Deemer Date:

Created By: Karen Guyette

Submitted By: Karen Guyette

Corresponding Filing Tracking Number:

Filing Description:

We are submitting for your review and approval a new variable annuity application. The application is described below.

Form 23453A R1-12, Variable Annuity Application

This is a new application form that replaces application form 23453A R5-07 that was approved by your Department on 5/01/2007.

The only changes made from the prior application form are changes to the plan types listed in Section 6 on page 2 and a military service question was added to Sections 1, 2, 3, and 4 on page 1. The changes are as follows:

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- 1) Plan type "IRA" was changed to "Traditional IRA"
- 2) Plan type "IRA – Regular Rollover" was changed to "Traditional IRA – Regular Rollover"
- 3) Plan type "IRA – Transfer/Direct Rollover" was changed to "Traditional IRA – Transfer/Direct Rollover"
- 4) Added plan type "Inherited Traditional IRA**"
- 5) Added plan type "Inherited Roth IRA**"
- 6) Added "**Name of deceased on the source contract/account (complete for inherited plans only)"
- 7) Added to Sections 1 and 2: "Are you (age 18 -70) currently engaged in full time active military service (includes National Guard and Reserve duty if serving under published orders for active duty or full-time training)?"
- 8) Added to Section 3: "Is the Applicant Controller (age 18 -70) currently engaged in full time active military service (includes National Guard and Reserve service if serving under published orders for active duty or full-time training)?"
- 9) Added to Section 4: "Is the Owner (age 18 -70) currently engaged in full time active military service (includes National Guard and Reserve service if serving under published orders for active duty or full-time training)?"

This application may be completed electronically on a laptop computer or manually on a paper copy. The application software on each representative's computer is secure and cannot be altered by the agent. Applications completed on the computer may be electronically submitted to our home office or they may be printed, signed and mailed to us. When a computer application is completed and has been reviewed by the applicant, all necessary signatures are captured electronically and transmitted as part of the application. Signatures are encrypted and cannot be transferred or used for any other purpose. If any changes are made to the application after the signature has been processed, the signature will be erased and the entire application must then be reviewed and signed again. In all cases, a printed copy of the signed application will be included in the contract at time of issue.

This application form will be used to apply for Flexible Premium Deferred Variable Annuity Contract, form W-BC-FPVA (05), which was approved by your Department on 1/18/2005.

Other Forms

The following previously approved forms will be used with this application:

- 1) Variable Products Supplement to Application, form 21032 N1-03, which was approved by your Department on 2/05/2003.
- 2) Third Party Owner Application Supplement, form 20954 N1-03, which was approved by your Department on 2/05/2003.
- 3) Receipt for Payment, form W8026 R4-02, which was approved by your Department on 7/16/2002.
- 4) Amendment of Application, form 20887, which was approved by your Department on 11/19/2002.

Marketing

Our variable annuity contract will be offered by Thrivent Financial for Lutherans representatives to Lutherans and their

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families with issue ages 0-96.

Company and Contact

Filing Contact Information

Karen Guyette, Compliance Specialist II karen.guyette@Thrivent.com
 625 Fourth Ave. South 800-847-4836 [Phone] 37251 [Ext]
 Minneapolis, MN 55415 612-340-5040 [FAX]

Filing Company Information

Thrivent Financial for Lutherans CoCode: 56014 State of Domicile: Wisconsin
 4321 North Ballard Road Group Code: 2938 Company Type: Fraternal
 Appleton, WI 54919-0001 Group Name: State ID Number:
 (800) 847-4836 ext. [Phone] FEIN Number: 39-0123480

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$50.00	01/09/2012	55120961

SERFF Tracking Number: *THRV-127909464* State: *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/12/2012	01/12/2012

SERFF Tracking Number: *THR-127909464* *State:* *Arkansas*
Filing Company: *Thrivent Financial for Lutherans* *State Tracking Number:*
Company Tracking Number:
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *Variable Annuity Application (Inherited-IRA)*
Project Name/Number: /

Disposition

Disposition Date: 01/12/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *THRV-127909464* State: *Arkansas*
 Filing Company: *Thrivent Financial for Lutherans* State Tracking Number:
 Company Tracking Number:
 TOI: *A031 Individual Annuities - Deferred Variable* Sub-TOI: *A031.002 Flexible Premium*
 Product Name: *Variable Annuity Application (Inherited-IRA)*
 Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Varability		Yes
Form	Variable Annuity Application		Yes

SERFF Tracking Number: *THR-127909464* State: *Arkansas*
 Filing Company: *Thrivent Financial for Lutherans* State Tracking Number:
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 TOI: *A031 Individual Annuities - Deferred Variable* Sub-TOI: *A031.002 Flexible Premium*
 Product Name: *Variable Annuity Application (Inherited-IRA)*
 Project Name/Number: */*

Form Schedule

Lead Form Number: 23453A R1-12

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	23453A R1-12	Application/Variable Annuity Enrollment Application Form	Revised	Replaced Form #: 23453A R5-07 Previous Filing #: 35294	0.000	Application 23453A R1-12.pdf

Section 1 - Proposed Annuitant (Member, unless indicated otherwise)

Name (print title, first, middle, last name, and suffix, as applicable)

Social Security number	Date of birth (mm/dd/yyyy)	Sex	Residence state
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 Yes No Are you (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve duty if serving under published orders for active duty or full-time training)?

Section 2 - Proposed Joint Annuitant (Member, unless indicated otherwise)

Name (print title, first, middle, last name, and suffix, as applicable)

Social Security number	Date of birth (mm/dd/yyyy)	Sex	Residence state
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 Yes No Are you (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve duty if serving under published orders for active duty or full-time training)?

Section 3 - Proposed Applicant Controller

Name (print title, first, middle, last name, and suffix, as applicable)

Social Security number	Date of birth (mm/dd/yyyy)	Sex	Residence state	Relationship to annuitant
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 Yes No Is the Applicant Controller (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve service if serving under published orders for active duty or full-time training)?

**Section 4 - Third Party Ownership (Complete only if the owner is someone other than the annuitant(s).
Must also complete a Third Party Owner Application Supplement.)**

Reason for Third Party Ownership (e.g., estate clearance, retain control, business purposes)

Type of owner:

 Individual Multiple individuals

 Trust - The trust must be for the benefit, direct or indirect, of the member, member's family or dependent(s).

 Other -

 Yes No Is the Owner (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve service if serving under published orders for active duty or full-time training)?

Section 5 - Replacement

If 'Yes' to any question in this section, complete the replacement form if required by the state. In addition, if 'Yes' to questions 2 or 3 and you are replacing a life insurance policy, complete Thrivent Financial's replacement evaluation form.

- Yes No 1. Does any proposed applicant have one or more existing life insurance policies or annuity contracts with Thrivent Financial or another insurance company?
- Yes No 2. Is the contract intended to replace any part of, or all of, another company's life insurance policy or annuity contract?
If 'Yes', is this a 1035 exchange? Yes No
- Yes No 3. Is the contract intended to replace any part of, or all of, a Thrivent Financial's or subsidiary of Thrivent Financial's life insurance policy or annuity contract?
If 'Yes', is this a 1035 exchange? Yes No

Section 6 - Flexible Premium Deferred Variable Annuity - Product Information

Plan Type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Regular Annuity - Non-qualified | <input type="checkbox"/> Roth IRA - Regular Rollover | <input type="checkbox"/> TSA - Employee Transfer/Direct Rollover |
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Money Purchase | <input type="checkbox"/> TSA - Employer Transfer/Direct Rollover |
| <input type="checkbox"/> Traditional IRA - Regular Rollover | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> SEP |
| <input type="checkbox"/> Traditional IRA - Transfer/Direct Rollover | <input type="checkbox"/> SIMPLE - IRA | <input type="checkbox"/> Inherited Traditional IRA* |
| <input type="checkbox"/> Roth IRA | <input type="checkbox"/> TSA - Employee | <input type="checkbox"/> Inherited Roth IRA* |
| <input type="checkbox"/> Roth IRA - Transfer/Conversion | <input type="checkbox"/> TSA - Employer | <input type="checkbox"/> Other - |

*Name of deceased on the source contract/account (complete for inherited plans only)

Optional Living Benefits

- Yes No 7 Year Return Protection Allocation
- Yes No 10 Year Return Protection Allocation
- Yes No Guaranteed Lifetime Withdrawal Benefit

Optional Death Benefits

Basic Death Benefit is included in the contract. In addition, I elect the following optional death benefit(s):

- Yes No Maximum Anniversary Death Benefit
- Yes No Premium Accumulation Death Benefit
- Yes No Earnings Addition Death Benefit

Section 7 - Premium/Billing Information

Total initial premium: \$ _____ No premium with application

Frequency: Annual Semiannual Quarterly Monthly No bill

First tax year		Second tax year	
Amount	Tax year	Amount	Tax year
\$		\$	

Section 8 - Special Requests

Section 9 - Beneficiary Designation

List full name, relationship to member/payee, and address for each beneficiary.

Primary: _____

First Contingent: _____

Second Contingent: _____

Payment Provisions:

Under the terms of the contract, if this contract has joint annuitants who are also joint owners, then each annuitant will be the other annuitant's sole primary beneficiary. Therefore, if there are joint annuitants who are also joint owners, we will pay the death proceeds to the primary or contingent beneficiaries listed on this beneficiary designation only when there is no surviving Annuitant.

If any beneficiary dies at the same time as the insured/annuitant, or within 15 days after the insured/annuitant dies and before the death proceeds are paid, we will pay the death proceeds as though that beneficiary died before the insured/annuitant.

If two or more persons are named as primary beneficiaries, the death proceeds will be paid equally to the survivors or survivor, unless otherwise directed. The same shall be true for contingent beneficiaries if no primary beneficiaries survive.

When a trust is designated beneficiary, we shall not be obliged to inquire into the terms of any trust. Payment to the trust shall fully discharge us from all liability.

The words "children," "issue," "grandchildren" and "children of a deceased child" shall include adopted children, adopted grandchildren, and adopted children of a deceased child unless otherwise specified.

Beneficiary designations which include the terms "or" or "and/or" will be administered as if the conjunction "and" was used.

Section 10 - Agreement and Signatures

I understand and agree that:

1. I have read (or have had read to me) the statements and answers recorded on this Variable Annuity Application. To the best of my knowledge and belief, they are true, complete and correctly recorded and shall be a basis of any contract issued. My signature applies to all sections and statements on this Variable Annuity Application.
2. This application will become part of the variable annuity contract.
3. No change in this application shall be made without my written consent.
4. **No representative of Thrivent Financial is authorized to change or waive any terms of this agreement or to make any promises or representations other than those contained in this agreement.**
5. **Under the annuity contract applied for, the Accumulated Value and Death Proceeds may increase or decrease daily based on the investment experience of the Variable Account; and the annuity payments, when based on the investment experience of the Variable Account, are variable and are not guaranteed as to minimum dollar amount.**
6. I have received a current variable annuity prospectus. I understand the provisions of the prospectus and agree to its terms.
7. The date of this application is the later of the following dates:
 - a) The date shown on this Variable Annuity Application.
 - b) The date shown on any required supplemental application forms.
8. **The amount of any surrender from a Fixed Period Allocation prior to the end of the period may be increased or decreased by a Market Value Adjustment. Death Proceeds are not subject to a Market Value Adjustment.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

	Signed at city and state
Signature of proposed annuitant (applicant controller if under age 16) and date signed (mm/dd/yyyy)	Signature of proposed joint annuitant and date signed (mm/dd/yyyy)
Signature of owner and date signed (mm/dd/yyyy)	Signature of owner and date signed (mm/dd/yyyy)
Signature of owner and date signed (mm/dd/yyyy)	Signature of owner and date signed (mm/dd/yyyy)
Signature of owner and date signed (mm/dd/yyyy)	

I certify that I have asked all questions and recorded all answers as they were given to me and reviewed these with the proposed annuitant(s)/owner(s). To the best of my knowledge, the contract applied for is is not intended to replace any part of, or all of, another life insurance policy or annuity contract.

Signature of representative and date signed (mm/dd/yyyy)	Print name and code number
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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Certifications not applicable to this application filing. Variable products are exempt from readability requirements.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A - no policy being filed at this time		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: N/A - application filing only		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Varability		
Comments:		
Attachment: A VA App SOV.pdf		

Statement of Variability

Variable Annuity Application, Form 23453A R1-12

The following items have been bracketed to indicate that the information may be different in different applications or may be subject to change:

1. **Plan Types** may be deleted from the list in Section 6 on page 2 if they become no longer available.
2. The wording “*Name of deceased on the source contract/account (complete for inherited plans only)” in Section 6 on page 2 will be deleted if all of the inherited plan types become no longer available.
3. The bracketed wording shown in Section 9 on page 3 will always appear when the application is completed on paper. However, when the application is completed electronically, this wording will vary based on the type of beneficiary relationship selected.

Any minor typographical errors that are discovered in this form will be corrected.