

Thrivent® Gift Multiplier Application

The Thrivent Gift Multiplier program encourages employees to financially support eligible nonprofit organizations. The program enables employees to help *Thrivent Financial for Lutherans®* Foundation (the Foundation) carry out its mission by providing charitable assistance where it is most needed while further leveraging the philanthropic gifts they give.

Eligible Participants

Current or retired full-time and part-time corporate employees and associates in the field organization, and current or retired directors of AAL, LB, or Thrivent Financial for Lutherans executive boards may participate.

The Foundation's Annual Gift Match Maximum	Participant Status
\$20,000 \$10,000	<ul style="list-style-type: none"> • Thrivent Financial for Lutherans Board of Directors and Executive Management Team • Corporate employees at director level and above, managing partners, senior partners, partners and managers of Lutheran community services, and retired Thrivent Financial Board of Directors
\$7,000 \$1,000	<ul style="list-style-type: none"> • All other field associates and corporate employees • Corporate and field retirees

Amount of Match

The Foundation will contribute (match) dollar for dollar employee donations to eligible organizations. Your contribution must be at least \$25 to be matched. Contributions can be made to one or more eligible recipient organizations as often as desired during the year, up to the employee's gift matching maximum. If you currently serve on the governing board of the organization receiving your contribution, the Foundation's match will be doubled up to the employee's gift matching maximum. For example, if you donate \$50, the Foundation will contribute \$100.

Nature of the Gift

Your contribution must be a personal gift actually paid (not pledged) to an eligible recipient organization. It can be cash, securities having monetary values that are readily determined, or premiums paid on absolutely assigned AAL, LB or Thrivent Financial life or annuity contracts. Premiums should be made payable to the organization receiving the gift. The organization will send the premiums to Thrivent Financial for Lutherans.

Eligible Organizations

To be eligible, organizations must be United States charitable, religious, or educational organizations that are tax-exempt under section 501(c)(3) of the Internal Revenue Service Code and not private foundations or Type III supporting organizations that are not functionally integrated.

What is Not Eligible

- Gifts made to churches, political groups, and public preschools, public elementary schools, and public secondary schools
- Tuition fees, loan repayment, and payments in lieu of tuition
- Dues and subscription fees for service
- Membership fees
- Contributions to a donor advised fund or family fund
- Grouped or pooled donations (e.g. contributions made by a group of employees or other person and claimed as one gift from a single donor)

Thrivent Financial for Lutherans and the Foundation takes a neutral position on controversial issues where significant disagreement or debate exists. Therefore, the organization declines grants and gifts to projects that support positions not generally agreed upon in society at large.

There is a \$20,000 maximum limit that any one organization may receive in matching gifts in a calendar year. If your gift is not matched by the program, you and the organization that received your gift will be notified.

Administration

Recipient organization applications must be received by the Thrivent Gift Multiplier program on or before the last business day in January of the following year. Matching contributions will be paid out quarterly on April 30, July 31, October 31 and January 31. For all applications received 30 days before each quarter's payout date, every effort will be made to process in the current quarter.

If you have questions, call 877-877-2085, or e-mail thrivent@easymatch.com.

How to Have Your Gift Matched

As a donor, you must complete **Part I** of the application and send it with your donation to the recipient organization in a timely manner. If the match is approved, the Foundation will send a matching check to that organization.

To be identified as an eligible participant in this program, **all** information must be completed unless noted as optional.

Part I – Completed by Donor

TS #	Last name of donor		First name
Address	City	State	ZIP code
E-mail address (optional)			Date of donation

Current member of **recipient organization's governing board**. The Foundation's matching contribution will be doubled, subject to individual donor maximum and the receiving organization's maximum.

Cash/check donation \$ _____ Enter amount of gift to match \$ _____

Assigned securities to recipient organization.

Quoted market value \$	Number of shares	Type of security
<input type="checkbox"/> Premium payment donation \$	Contract number	Issue date

For premium payments: Insurance premiums need to be paid in full. All matching dollars will be sent to the organization as an unrestricted gift. The matched amount will not be applied to the contract. The amount matched will be subject to the employee's gift matching maximum and recipient organization's maximum.

I declare that neither I nor any nominee of mine will receive anything of value in return for this donation and that the Foundation's matching contribution will not be used to discharge any obligation that I or any other person may have. I understand that only the tax-deductible portion of my donation is eligible for matching gifts. I have read and understand the guidelines of the Thrivent Gift Multiplier program. I agree to be bound by it's terms and conditions.

Signature of donor	Date of request
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Part II – Completed by Recipient Organization

As the recipient organization, you must complete **Part II** and send the application to:
Applications must be received on or before the last business day in January of the following year.

**Thrivent Gift Multiplier
PO Box 7099
Princeton, NJ 08536-7099**

As an authorized official of this organization, I certify that the described gift was received by:

Name of recipient organization	E-mail of organization contact	Federal Tax ID (required)	
Address	City	State	ZIP code
Dollar amount donated \$	Tax deductible amount \$		

I certify that this organization is recognized by the IRS as a 501(c)(3) organization which is not a private foundation or a "supporting organization" under 509(a)(3) and that neither the donor nor a family member of the donor will derive any personal benefit from this donation or match.

Full name and title of authorized official (print)	Phone
Signature of authorized official	Date signed