Account #: _____

RABENE/RETADV

Horace Mann

Retirement Advantage Designation of Beneficiary Form

If you have any questions about this form, please call the Contact Center at 800-677-2363.

A. Important information

Please go to www.horacemann.com/myaccount for immediate processing or if you are naming more than 3 Primary beneficiaries and/or more than 3 Contingent beneficiaries.

I hereby revoke all previous beneficiary designations and direct that my account be distributed to the beneficiary designation(s) below. A separate form must be submitted for each account

B. Client Information

Name: _____ Last four digits of SSN: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Account Tax Type:

- ☐ 403(b)/403(b) Roth Account
- ☐ 457(b)/457(b) Roth Account
- ☐ 401(a) Account
- ☐ IRA Account
- ☐ Roth IRA Account
- ☐ Inherited IRA Account
- ☐ Inherited Roth IRA Account

Employer Name (required if 403(b), 457(b), 401(a) box is checked above): _____

C. Primary Beneficiary

☐ Name/Trust: _____ SSN/EIN: _____

DOB/Trust Date: _____ Relationship: _____ Percent: _____

☐ Name/Trust: _____ SSN/EIN: _____

DOB/Trust Date: _____ Relationship: _____ Percent: _____

☐ Name/Trust: _____ SSN/EIN: _____

DOB/Trust Date: _____ Relationship: _____ Percent: _____

D. Contingent Beneficiary

☐ Name/Trust: _____ SSN/EIN: _____

DOB/Trust Date: _____ Relationship: _____ Percent: _____

☐ Name/Trust: _____ SSN/EIN: _____

DOB/Trust Date: _____ Relationship: _____ Percent: _____

☐ Name/Trust: _____ SSN/EIN: _____

DOB/Trust Date: _____ Relationship: _____ Percent: _____

E. Authorization and Signature

I understand that when this properly completed request is received by Horace Mann, this change of beneficiary will take effect as of the date the request was signed; subject to any action that Horace Mann may have taken prior to its receipt of the request.

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Client signature: _____ Date: _____