

A. Employee Information

Employer Name: _____

Your Name: _____

Birth Date: _____ Last four of SSN: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

B. Pre-Tax Contributions

So I may obtain the benefits of Section 403(b) or Section 457 (b) of the Internal Revenue Code 1986, as amended, I request that my salary be reduced by the amount below, and that this reduction be applied to my Horace Mann Retirement Advantage™ retirement account.

Beginning (mm/dd/yyyy) _____, please reduce my salary as follows:

☐ for my 403(b) plan, reduce my salary by \$ _____ or _____ % per pay☐ for my 457(b) plan, reduce my salary by \$ _____ or _____ % per pay.**C. Designated Roth Contributions (if available under the applicable plan)**

Beginning (mm/dd/yyyy) _____, please reduce my salary as follows:

☐ for my Roth 403(b) plan, reduce my salary by \$ _____ or _____ % per pay☐ for my Roth 457(b) plan, reduce my salary by \$ _____ or _____ % per pay**D. Employee Authorization**

Employee Signature _____ Date _____

This Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an Eligible Employee under the Plan, or until I provide my Employer with a request to end my salary reduction contributions, or I provide a new Salary Reduction Agreement as permitted under my Employer's Plan.

This form once completed needs to be submitted to your employer directly for processing in order for your deductions to start.

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