

Horace Mann Life Insurance Company

P.O. Box 4657
Springfield, Illinois 62708-4657
Fax 877-832-3785

MIS/ANNUITYNB

Salary reduction

Participant name _____ Certificate # _____

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 as purchase payment for an annuity. This agreement amends my existing employment contract regarding amounts earned after the date of acceptance by the employer, and shall continue to be effective under my present and any future employment contract until cancelled or changed by written notice.

Type of pre-tax contribution: 403(b) employee 457(b) employee

Beginning _____, reduce my salary by \$ _____ per pay
(date)

The employer hereby acknowledges receipt and acceptance of this request to amend the employment contract and verifies that there is a board resolution in effect to purchase these annuities. This product is underwritten by Horace Mann Life Insurance Company, P.O. Box 4657, Springfield, Ill., 62708.

Employer name

Authorized employer signature

Date

Annuitant's signature

Date

Agent's signature

Agent number

Date