



Salary Reduction Agreement

A. Employee Information:

Employer Name: _____
Employee Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Birth Date: _____ Last four of SSN: _____
Hire Date: _____ Email: _____

B. Contributions:

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

1. Pretax Contributions

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

- For my 403(b) contributions, reduce my salary by _____ % per pay
- Please stop my 403(b) contributions

2. Designated Roth Contributions (if available under the applicable plan)

Effective (mm/dd/yyyy) _____, please reduce my salary for after-tax designated Roth contributions as follows:

- For my Roth 403(b) contributions, reduce my salary by _____ % per pay
- Please stop my Roth 403(b) contributions

C. Employee Authorization:

Employee Signature

Date

I understand this Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain eligible to participate under the 403(b) plan, until I provide a request to end my salary reduction contributions, or until I provide a new Salary Reduction Agreement.