

Annuity premium change

PRE

Annuitant name _____ Contract # _____

Date of birth _____ State/group # _____

____ **Increase** ____ **Decrease** my annuity premium from \$ _____ X _____ times a year to
\$ _____ X _____ times a year.

Or \$ _____ per pay _____ times a year, to begin with the _____ pay.

For **IRA & Roth IRA** contracts (Limited to IRS maximum contributions for calendar year. Amounts requested, that would result in excess contributions, will not be processed.)

For **SEP & SIMPLE IRA** contracts (Limited to IRS maximum contributions. I understand that I am responsible for monitoring the limits set by the IRS for this type of contract.)

Maximum annual contribution information for **403(b)** or **457** contracts:

1. Employee contributions through salary reduction agreement \$ _____
Employer contributions through salary reduction agreement \$ _____

2. Date of employment with current employer _____
Date of employment with current retirement system _____
Current year's salary \$ _____
Employee contribution percentage to retirement system _____%

a. Are the contributions pre-tax? _____

b. If yes, how long? _____

3. Contributions with all companies with current employer for calendar year:

	total as of year end:	current annual planned contribution:
403(b)	_____	_____
401(k)	_____	_____
457(b)	_____	_____

4. Does the school board pay the client's contributions to the retirement system? _____
If yes, how long? _____

5. Are you currently using the 15 years of service special catch-up method? _____
If yes, how much have you contributed through this option? \$ _____

Contract owner's signature

Date

Signature of agent, if present

Date

Agent

Agent number

This insurance is underwritten by Horace Mann Life Insurance Company, located at P.O. Box 4657, 1 Horace Mann Plaza, Springfield, Ill, 62715-0001.