

Salary Reduction Agreement

Please check with your employer before completing and submitting this form.
Your employer may have a specific SRA form that they require.

A. Employee Information

Employer Name: _____

Employee Name: _____

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

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Contract number _____

B. Contributions

So I may obtain the benefits of Section 403(b) or Section 457(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 purchase an annuity or increase the premium to an existing annuity with Horace Mann Life Insurance Company.

1. Pretax Contributions

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

£ for my 403(b) contributions, reduce my salary by \$ _____ or _____ % per pay

£ for my 457(b) contributions, reduce my salary by \$ _____ or _____ % per pay

£ Please stop my 403(b) contributions £ Please stop my 457(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 \$ _____ or _____ % per pay

£ for my Roth 457(b) contributions, reduce my salary by \$ _____ or _____ % per pay

£ Please stop my Roth 403(b) contributions £ Please stop my Roth 457(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) or 457(b) plan, until I provide a request to end my salary reduction contributions, or until I provide a new Salary Reduction Agreement.