



Retirement Advantage 457 and 401(a) Enrollment Form

Please indicate type of account: 457 401(a)

Personal information

First name _____ Middle initial _____ Last name _____

Street _____ City _____ State _____ ZIP _____

Home phone _____ E-mail address _____

Soc. Sec. # _____ Date of birth _____ Gender _____

Marital status _____ Date of hire _____ US Citizen Yes No

Are you a registered representative or do you hold a securities license with another broker/dealer? Yes No

Account information

1. Annual household income \$ _____ 2. Net worth (excluding family residence) \$ _____

3. How much are your primary monthly expenses? \$ _____

Do you have specific liquidity needs above and beyond normal daily or monthly expenses such as groceries or utilities?

Yes No If yes, please explain _____

Investment experience/information

1. Please indicate how long you have invested in the following:

Variable annuity _____ yrs Bank CDs _____ yrs

Stocks/bonds _____ yrs Mutual funds _____ yrs

Fixed annuity _____ yrs

Other _____

2. Investment time horizon for proposed securities product:

0-4 yrs 5-8 yrs 9-14 yrs 15 + yrs

3. Investment objective for this account (check all that apply)

Retirement income (Seeks to provide a source of income, either now or at some point in the future.)

Annuitization - Fixed account only (Seeks to provide a predictable income stream at some point in the future offered through an insurance contract.)

Other _____

4. Federal income tax rate:

< 15%

15% - 30%

> 30%

5. Risk tolerance

Conservative

Conservative moderate

Moderate

Moderate aggressive

Aggressive

Employer information

Employer name _____

Street _____ City _____ State _____ ZIP _____

Employer phone _____

Investment option selection

You can select from a wide range of investment options, including a fixed annuity account and mutual fund options. Please use the enclosed mutual fund listing and fixed annuity account fact sheet to select your investment options. Allocations must be whole percentages.

Please select your investments:

Ticker	Fund name	%
SYMET	Fixed annuity account	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Beneficiary information**Primary beneficiary**

Name	Relationship	Soc. Sec. #	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contingent beneficiary

Name	Relationship	Soc. Sec. #	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Consent to electronic delivery of materials

By signing below, I hereby consent to initial and ongoing electronic delivery of compliance materials (prospectuses, annual reports and semi-annual reports) via the Internet. I acknowledge that I have the necessary means, knowledge and system requirements to access the Internet. I recognize that I have a right to receive paper materials at any time by calling P&A Group at 800-688-2611.

Client Name (print) _____

E-mail address _____

Signature _____ Date _____

Authorization and signature

I acknowledge that I have read and agree to the terms of the current prospectus of the funds selected.

I understand that certain investment options made available under this agreement may be subject to short term trading restrictions and/or fees and acknowledge that such fees and/or restrictions may limit or reduce the amount of any trade processed in my account.

I understand that any transfers out of the fixed annuity account into competing options may be required to be held in a non-competing option for at least 90 days prior to completion of the transfer. Competing options include any option that: (1) provides a guarantee of interest or investment performance; (2) is a portfolio of fixed income or similar assets; (3) is another annuity; or (4) is invested in financial vehicles that are in turn invested substantially in (1) or (2).

I certify, under penalty of perjury, that my Social Security Number indicated on this form is correct. I also understand that information provided on this application may be used to verify my identity through the use of a database maintained by a third party. If P&A or Counsel Trust is unable to verify my identity I understand it may need to take action, including possibly closing this account and redeeming shares at current market price, and that such action may result in tax consequences, including penalties.

Participant signature

Date

Customer identification

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents. If you cannot provide a government issued photo ID, by signing this enrollment form you authorize Horace Mann Investors, Inc. to obtain a credit report, insurance score or use other means to verify your identity.

Type of government-issued photo ID: Driver’s license Military ID Passport State-issued ID

ID# _____ Expiration date _____

Were you assisted by a Horace Mann Representative when completing this form? Yes No
If you answered yes, your Horace Mann Representative will need to complete the following section.

I attest that I have personally seen the ID for the above individual(s)/entity and verified the identity of the individual. If no government-issued photo ID is available, non-documentary means may be used on a case by case basis to verify the identity of the client(s). In addition, I attest that the financial needs of this client have been reviewed, discussed and documented. The information provided within this form has been used as a basis to determine the suitability of this product, the investment allocations and any replacements which may occur.

Registered Representative name

Registered Representative signature

Agent #

Date

Please return the completed forms to:

Horace Mann Investors, Inc.
1 Horace Mann Plaza
Mail # F206
Springfield, IL 62715

Consider consolidating your retirement accounts

Are you getting the most out of your retirement plan? If your employer permits rollovers or transfers, ask your Horace Mann representative about consolidating your retirement accounts with a rollover or transfer into the investment program discussed here. Rollovers or transfers from any annuity contract may be subject to charges and limitations.