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Salary Reduction Request

A. Employee Information

Employer Name: _____

Your Name: _____

Birth Date: _____ Last four of SSN: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

B. Pre-Tax Contributions

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 to my Horace Mann Retirement Advantage™ retirement account.

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

- for my 403(b) plan, reduce my salary by \$ _____ or _____ % per pay
- for my 457(b) plan, reduce my salary by \$ _____ or _____ % per pay

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

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

- for my Roth 403(b) plan, reduce my salary by \$ _____ or _____ % per pay
- for my Roth 457(b) plan, reduce my salary by \$ _____ or _____ % per pay

D. Employee Authorization

Employee Signature

Date

This Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an Eligible Employee under the Plan, or until I provide my Employer with a request to end my salary reduction contributions, or I provide a new Salary Reduction Agreement as permitted under my Employer's Plan.