



Gwinnett County Public Library 403(b) and 457 Supplemental Retirement Plans Salary Reduction Agreement

A. Employee Information

Employer Name: _____

Employee Name: _____

Birth Date: _____ Last four of SSN: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

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 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 \$ _____ 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.