

Horace Mann Service Corporation
P.O. Box 4511
Springfield, Illinois 62708-4511
Fax: 217-541-8370

Retirement Advantage Designation of Beneficiary Form

Employer Name (if applicable): _____

Account: 403(b)/403(b) Roth Account 457(b)/457(b) Roth Account
 401(a) Account IRA Account Roth IRA Account

Please note: I hereby revoke all previous beneficiary designations and direct that my account be distributed to the beneficiary designation(s) below. Please see the Spousal Consent section on page 2 if you are married and would like to designate a Primary Beneficiary other than your spouse.

1. Client Information

First Name: _____ Last Name: _____

Last 4 of Social Security Number (SSN): _____

Married: Yes No

2. Primary Beneficiary

A. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Phone: _____ Percent (whole % only): _____

B. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Phone: _____ Percent (whole % only): _____

C. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Phone: _____ Percent (whole % only): _____

D. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Phone: _____ Percent (whole % only): _____

E. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Phone: _____ Percent (whole % only): _____

3. Contingent Beneficiary

A. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Phone: _____ Percent (whole % only): _____

B. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Relationship: _____ Phone: _____ Percent (whole % only): _____

- C. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____
Address: _____ City: _____ State: _____ ZIP: _____
Relationship: _____ Phone: _____ Percent (whole % only): _____
- D. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____
Address: _____ City: _____ State: _____ ZIP: _____
Relationship: _____ Phone: _____ Percent (whole % only): _____
- E. Name/Trust: _____ DOB/Trust date: _____ SSN/EIN: _____
Address: _____ City: _____ State: _____ ZIP: _____
Relationship: _____ Phone: _____ Percent (whole % only): _____

4. Client Signature

I understand that when this properly completed request is received by Horace Mann, this change of beneficiary will take effect as of the date the request was signed; subject to any action that Horace Mann may have taken prior to its receipt of the request.

Client Signature: _____ Date: _____

5. Spousal Consent

Spousal Consent is required in the following situations and if not obtained, the beneficiary designations will not be processed:

- A. If the Plan is subject to ERISA regulations (Contact the Plan Administrator or Horace Mann if unknown)
- B. If the Client resides in a Community Property State (AZ, CA, ID, LA, NM, NV, TX, WA, and WI)

I hereby approve of, and consent to the beneficiary designation adopted by my spouse as provided on the Designation of Beneficiary Form on the previous pages. I understand that I am entitled to receive a spouse's benefit unless I consent to a different beneficiary designation. I also understand that the designation on page 1 has the effect of causing account value to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation on the previous pages hereof without first obtaining my written consent.

Spouse's Name: _____

Spouse's Signature: _____ Date: _____

Note: If spousal signature is not witnessed by a Horace Mann agent or Plan Advisor, the spousal signature must be witnessed by a Notary.

Sworn to, and witnessed by me, this _____ day of _____ (month), _____ (year)

Notary Public's Name: _____

Notary Public's Signature: _____

Notary Public's Stamp/Seal

6. How to Submit Your Request

If you have any questions about this form, please call the Contact Center at (800) 999-1030. Please return this completed form to HMSC for processing either via mail or fax as follows:

HMSC Retirement Advantage
P.O. Box 4511
Springfield, IL 62715

OR Fax Number (217) 541-8370