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and give
to your employer.
Do not return this
form to Amerigo.



Payroll Deduction

Employee Allocation Agreement

AF9512 (09/18)

Americo Financial Life and Annuity Insurance Company

Phone: 800.231.0801 • Fax: 800.395.9238 • Email: forms@americo.com

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<input type="checkbox"/> Original Agreement <input type="checkbox"/> Amended Agreement		Policy Number																	
In accordance with applicable federal and state laws and for the purpose of qualifying under the provisions and for the benefits of Sections 403(b)(1) and/or 403(b)(7) or 457 of the Internal Revenue Code (IRC) of 1986, as amended, any similar state benefits, and the Plan adopted and in effect at this time, by:																			
Employer Name										Phone									
Employer Street Address (Include City, State, and ZIP)																			
It has been agreed by the above Employer and undersigned Employee, under a separate agreement, that the certain valid and existing employment contract be amended in order to provide benefits under the aforementioned plan(s).																			
Employee Name (First, Middle, Last)						Social Security Number			Employee Email Address										
Employee Street Address (Include City, State, and ZIP)																			
Effective Date of First Reduction				Suspend Dates				Months To Be Excluded (Cross Out Exclusions)											
				From:		To:		J	F	M	A	M	J	J	A	S	O	N	D
The Employee chooses to allocate periodic salary reduction contributions to a qualified Tax-Sheltered Life, Annuity, and/or a Custodial Account for Regulated Investment Company Stock in the following manner:																			
Agent Number		Life Insurance/Annuity/Fund Portfolio Name						Periodic Amount			Annual Amount								
								\$			\$								
								\$			\$								
								\$			\$								
								\$			\$								
TOTALS							\$			\$									

The Employee hereby agrees that with respect to the Employee's compensation for services rendered to the Employer, such compensation, reduced by the amounts specified under a separate agreement, shall be invested in accordance with the amounts specified in this agreement. The Employee shall ensure that the reduction in compensation shall in no event exceed the Employee's "exclusion allowance" as defined in IRC §§403(b)(2) or 457, or the limits set forth in IRC §§415 and 402(g), and the regulations pertaining thereto.

X _____
Employee's Signature

Date

X _____
Agent Name (Please Print)

Date