

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

Americo Financial Life and Annuity Insurance Company

Home Office: Dallas, Texas • Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288

Payroll Deduction Employee Allocation Agreement

- Original Agreement
 Amended Agreement

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	City	State	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) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Social Security Number	
Employee Street Address	City	State	Zip

Effective Date of First Reduction: / /	Suspend Dates: From / / To / /	Months To Be Excluded (Circle Exclusions) <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> </table>	J	F	M	A	M	J	J	A	S	O	N	D
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:

<u>Agent Number</u>	<u>Life Insurance/Annuity/ Fund Portfolio Name</u>	<u>Periodic Amount</u>	<u>Annual Amount</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
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.

_____ Employee's Signature	_____ Date
_____ Agent Name (Please print)	_____ Date

Service office: P. O. Box 410288 Kansas City, MO 64141-0288 1-800-366-6565