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

Payroll Deduction Employee
Allocation Agreement

GSL-CSR-00035 (01/26)

Phone: 816.908.3000 • Email: forms@greatsouthern.com
Administrative Office: PO Box 410249, Kansas City, MO 64141-0249

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☐ Original Agreement ☐ 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 From: To:	Months To Be Excluded *(Cross Out Exclusions)*											
		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	$ 0	$ 0

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 _____