

**Salary Deferral Agreement**

Products and financial services provided by  
American United Life Insurance Company<sup>®</sup>  
a ONEAMERICA<sup>®</sup> company  
One American Square, P.O. Box 6011  
Indianapolis, IN 46206-6011  
1-800-249-6269



EMPLOYEE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

**IT IS HEREBY AGREED by the parties to this Agreement as shown below:**

I. The compensation to be paid by the Employer to the Participant shall be reduced by an amount equal to \_\_\_\_\_% OR \$\_\_\_\_\_ of such compensation as a pre-tax deferral to the plan and/or by \_\_\_\_\_% OR \$\_\_\_\_\_ as a Roth after-tax deferral to the plan. The effective date of this agreement will be determined by my employer and is dependent upon plan document provisions.

**Please refer to your Summary Plan Description (SPD) for deferral limits permitted by your plan or speak with your plan representative.**

II. The Participant releases any and all rights, present and future, to receive from the Employer payment of the amounts resulting from the salary deferral selected in I. in any form except the right of the Participant upon termination of this Agreement or upon termination of employment by a reason other than death to personally receive all or any part of such amounts for which service has been rendered but which have not been transmitted to the life insurance company or companies.

III. This Agreement shall continue indefinitely until amended or terminated by due notice by the Participant to the Employer, subject to the conditions in IV. and V.

IV. If the Participant terminates employment with the Employer, this Agreement shall automatically terminate.

V. If the Employer terminates the program pursuant to which this Agreement is made, this Agreement shall automatically terminate and the procedures described in II. shall be followed.

VI. The Participant agrees that the Employer shall have no liability whatsoever for any loss suffered by the Participant

(a) with regard to his or her selection of a life insurance company contract or of mutual fund shares purchased in a separate account, or

(b) by reason of the Employer's transmittal of contributions.

VII. The Participant understands that

(a) the purpose of the Employer in executing this Agreement is to provide the Participant with an opportunity to benefit from the elective salary deferral provisions of the Internal Revenue Code (as amended) of the United States;

(b) the Employer is not providing tax or investment advice to the Participant that he or she participate in a program described above;

(c) the Employer does not warrant any particular tax consequences to the Participant;

(d) contribution limits may not exceed 100% of pay, the elective deferral limit (the Internal Revenue Code (code) Section 402(g) limit), or the plan's deferral limit and

(e) if allowed by the plan, in the calendar year that the Participant attains age 50, the Participant may make an additional catch-up contribution to plan. Please refer to your Summary Plan Description (SPD) or speak with your plan representative.

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties hereto.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLAN ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_