

BENEFICIARY DESIGNATION FORM

(PLEASE PRINT OR TYPE)

**UFCW LOCAL 152 SAVINGS PLAN**

27 Roland Ave, Suite 100, Mt. Laurel, NJ 08054 • 856-793-1598

SECTION 1: PARTICIPANT'S INFORMATION

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Employer Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

SECTION 2: DESIGNATING YOUR BENEFICIARY (IES)

A. Marital Status-I hereby certify that as of the date of this beneficiary designation,

I am  Single  Married  Widowed  Divorced  Separated

NOTE: If you are single and you marry at a later date, this Beneficiary Designation Form will become null and void and your spouse will automatically become your sole primary beneficiary in the event of your death. If you are married, your spouse is your sole primary beneficiary; however, if you have reached age 35 (or will reach age 35 in the calendar year you complete this Beneficiary Designation Form), you may designate someone other than, or in addition to, your spouse as your primary beneficiary(ies) *provided* your spouse consents in writing to your designation.

B. Primary Beneficiary (ies): I hereby designate the person(s) named below as my primary beneficiary (ies) to receive the death benefit payable under the UFCW Local 152 Savings Plan (the "Plan") (if you are married and designate someone other than, or in addition to, your spouse, you must complete Section 4 and your spouse must complete Section 5). The percentages of all your primary beneficiaries must total 100%.

1. Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Female  Male

Percentage: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

2. Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender:  Female  Male  
Percentage: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Telephone No. \_\_\_\_\_

C. Contingent Beneficiary (ies): Contingent beneficiaries should be named to receive the Plan death benefit in case *all* Primary Beneficiaries die before becoming entitled to benefits. The percentages of all Contingent Beneficiaries must total 100%.

1. Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender:  Female  Male  
Percentage: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Telephone No. \_\_\_\_\_

2. Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender:  Female  Male  
Percentage: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Telephone No. \_\_\_\_\_

3. Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender:  Female  Male  
Percentage: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Telephone No. \_\_\_\_\_

**SECTION 3: PARTICIPANT SIGNATURE**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: NOTICE OF QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY AND YOUR WAIVER RIGHTS**

Under the Plan your spouse is entitled to 100% of your Plan benefit in the event of your death before payments begin. Generally, the death benefit is payable in the form of a Qualified Pre-retirement Survivor Annuity ("QPSA") unless your spouse elects otherwise after your death. A QPSA is an annuity purchased from an insurance company using your Plan account balance, which would provide your surviving spouse with monthly payments over his or her life. The amount of monthly payments payable under the QPSA depends upon your account balance, your spouse's age and the interest and mortality factors used by the insurance company.

You may waive the QPSA and designate someone other than or in addition to your spouse as primary beneficiary only if you are at least age 35 (or if you will reach age 35 in the calendar year you complete this Beneficiary Designation Form) and your spouse consents in writing to your designation.

You can revoke a waiver and complete a new waiver at any time before your death by completing a new Beneficiary Designation Form (you must obtain your spouse's consent if your new beneficiary is a person other than or in addition to your spouse). A waiver is valid only for the spouse consenting to the waiver, so if you later remarry you must complete a new Beneficiary Designation Form and obtain your new spouse's consent.

**SECTION 5: PARTICIPANT WAIVER OF QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY**

Having read Section 4 above and being eligible to waive the QPSA available to my surviving spouse under the Plan, I voluntarily elect to waive such annuity.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 6: SPOUSAL CONSENT TO WAIVER OF QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY**

(Note: This Section should be completed in the presence of a Plan representative or notary public.)

I am the spouse of \_\_\_\_\_, the participant and, having read Sections 4 and 5 above, do hereby consent to the waiver of the QPSA under the Plan to which I would be entitled in the event the participant dies before Plan benefits commence. I understand that all or part of the participant's Plan benefit will be paid to beneficiary (ies) other than myself, as specified by the participant in Section 2.

I acknowledge that I am not obligated to consent to this waiver and beneficiary designation but do so voluntarily and with the knowledge that I cannot revoke my consent.

I understand that the beneficiary designations made by the participant above cannot be changed during the period I am married to the participant without my consent unless the change is to reinstate me as the participant's sole primary beneficiary.

Spouse's Name (please print): \_\_\_\_\_

Social Security No. \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 7: WITNESS OF SPOUSAL CONSENT**

(Either A or B must be completed.)

A. Plan Representative Witness:

Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

B. Notary Public Witness:

State of \_\_\_\_\_ County of \_\_\_\_\_

on this day of \_\_\_\_\_, 20\_\_\_\_\_

Personally known to me or satisfactorily proven to me to be the person, whose name is subscribed above, appeared before me and executed the Spouse's Consent to Waiver of Qualified Pre-retirement Survivor Annuity set out in Section 6 of this form.

Notary's Signature \_\_\_\_\_

Seal