

DESIGNATION OF BENEFICIARY FORM

UFCW & Employers Retirement & Savings Plan



INSTRUCTIONS

1. Complete this Designation of Beneficiary Form
2. Please send this form to:
Frank M. Vaccaro & Associates, Inc., 27 Roland Avenue, Suite 200, Mount Laurel, NJ 08054
3. Please submit any future changes directly to the address above.

GENERAL INFORMATION (PLEASE PRINT CLEARLY)

Name of Participant: _____

SSN: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Other Phone: _____

Email Address: _____ Local: _____

CURRENT MARITAL STATUS

I Am Not Married

I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation by completing the "Consent of Spouse" section.*

I Am Married

I understand that my spouse will be my Primary Beneficiary; however, I understand I may designate a Primary Beneficiary other than my spouse in the space below if my spouse signs the section below entitled "Consent of Spouse.**"

DESIGNATION OF BENEFICIARY(IES)

The following individual(s) will be my beneficiary(ies). Please check Primary or Contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs will terminate completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro-rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) will acquire the designated share of my Qualified Plan balance.

PRIMARY CONTINGENT

NAME: _____

SSN: _____

DOB: _____

ADDRESS: _____

PERCENTAGE OF BENEFIT: _____

RELATIONSHIP: _____

PRIMARY CONTINGENT

NAME: _____

SSN: _____

DOB: _____

ADDRESS: _____

PERCENTAGE OF BENEFIT: _____

RELATIONSHIP: _____

PRIMARY CONTINGENT

NAME: _____

SSN: _____

DOB: _____

ADDRESS: _____

PERCENTAGE OF BENEFIT: _____

RELATIONSHIP: _____

*CONSENT OF SPOUSE IF NON-SPOUSE BENEFICIARY(IES) ARE NAMED AS PRIMARY BENEFICIARY(IES)

(Participant's Spouse Signature must be Witnessed)

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

Participant's Spouse Signature: _____ Date: _____

Witness's Signature: _____ Date: _____

Participant Signature: _____ Date: _____