

NEW PARTICIPANT ENROLLMENT FORM

UFCW & Employers Retirement & Savings Plan



GENERAL INFORMATION (PLEASE PRINT CLEARLY)

Name of Participant: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____ Local: _____

Employer Name: _____ Date Hired: ____/____/____

CURRENT MARITAL STATUS (PLEASE CHECK ONE)

Single Never Married Married Divorced Widow(er)

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: _____

DOB: _____

PERCENTAGE OF BENEFIT: _____

SSN: _____

ADDRESS: _____

RELATIONSHIP: _____

PRIMARY CONTINGENT

NAME: _____

DOB: _____

PERCENTAGE OF BENEFIT: _____

SSN: _____

ADDRESS: _____

RELATIONSHIP: _____

PRIMARY CONTINGENT

NAME: _____

DOB: _____

PERCENTAGE OF BENEFIT: _____

SSN: _____

ADDRESS: _____

RELATIONSHIP: _____

Participant Signature: _____ Date: _____

CONSENT OF SPOUSE: THIS IS REQUIRED ONLY IF A MARRIED PARTICIPANT NAMES A NON-SPOUSE PRIMARY BENEFICIARY AND IT MUST BE NOTARIZED

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.

Spouse's Signature: _____ Date: _____

Notary Signature: _____ Date: _____

On the date signed, before me, the above-signed officer, personally appeared _____, who acknowledged him- or herself to be the spouse of the above-named participant. IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires: _____

Please return completed forms to: 27 Roland Avenue, Suite 200, Mount Laurel, NJ 08054