

**INDEMNIFICATION AND
HOLD HARMLESS AGREEMENT**

I, _____, am a participant in the UFCW Local 1262 and Employers Pension Fund (the "Fund");

Pursuant to § 6.1b of the UFCW Local 1262 and Employers Pension Plan (the "Plan"), I have requested that the Fund permit me to waive the Joint and Survivor benefit and receive my pension benefit from the Fund in another form. I have been unable to locate my spouse and have executed a notarized affidavit, which is attached hereto, attesting to this and to my diligent efforts in attempting to locate him/her.

In consideration for the waiver of the Joint and Survivor benefit, I agree to indemnify the Fund and hold it harmless against any and all disputes, suits, actions, claims, assessments, demands, judgment, liabilities, damages and obligations (including, without limitation, attorneys' fees and costs) incurred, sustained or required to be paid by the Fund in connection with (i) the inaccuracy of any of the representations set forth in this Agreement; or (ii) any judicial or administrative proceeding, judgment or pronouncement resulting from the waiver of the Joint and Survivor benefit.

Dated: _____

Signature of Participant _____

Sworn to before me this _____ day of _____, _____

Signature of Notary Public _____

Expiration Date of Commission _____