

UFCW LOCAL ONE  
401K SAVINGS PLAN

EMPLOYER \_\_\_\_\_

**BENEFICIARY DESIGNATION FORM**

**I. PARTICIPANT DATA**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**II. PARTICIPANT MARITAL STATUS**

<input type="checkbox"/> I am married -	If married, you must elect your spouse as the sole primary beneficiary unless he/she completes and signs Section V below (Spousal Consent).
<input type="checkbox"/> I am not married -	I hereby certify that I am not now married and I understand that if I should become married in the future my spouse would automatically become my Primary Beneficiary, unless he or she consents to another beneficiary.
_____	_____
Participant Signature	Date

**III. PRIMARY BENEFICIARY (IES)**

I understand that my Primary Beneficiary(ies) is eligible to receive my benefits from the Plan upon my death.

Name	Relationship	Social Security #	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IV. ALTERNATE BENEFICIARY (IES)**

I understand that my Alternate Beneficiary(ies) is eligible to receive my benefits from the Plan if my primary beneficiary(ies) predeceases me.

Name	Relationship	Social Security #	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. SPOUSAL CONSENT**

**(This Section MUST be completed if you are married and your spouse is not designated as your Primary Beneficiary)**

I am the legal spouse of the Participant named above. I understand that the law requires my consent before my spouse can name someone other than myself to be the primary beneficiary of his/her benefits under the Plan. I consent to the Beneficiary designation adopted by my spouse under Sections III and IV above. I understand that this eliminates all or a portion of the benefits otherwise payable to me from the Plan if my spouse dies. I further understand that my spouse may not change the Beneficiary designation without first obtaining my written consent.

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

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

Notary Public: \_\_\_\_\_

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

**This consent is valid only if the spouse's signature is acknowledged before a notary public**

Participant Signature: \_\_\_\_\_

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