

Distribution of Benefits Form Instructions

You are entitled to receive a distribution from the UFCW Local One 401(k) Savings Fund ("Plan") in accordance with the terms of the Plan document. This distribution is made at your election and will be made in accordance with the forms of distribution available under the Plan provided you do not fall under the Plan's involuntary cash-out provisions if applicable.

It is important that you read the Participant Distribution Notice and Special Tax Notice Regarding Plan Payments explaining your payment options including applicable tax implications before completing this form.

Distribution Reason: Please mark the reason for the distribution from the selections provided.

Participant Information: Please enter the information requested. Please be aware that if the address provided on the distribution form is different from the address on record, we will use the address on record. You may update your address on record by logging onto your account.

Beneficiary Information (If Applicable): Complete this section if you are the beneficiary of a deceased participant. The law generally restricts the ability of a retirement plan to be used as a method of retaining money for purposes of the participant's death estate. There are regulations that are designed to ensure that death benefits are distributable to beneficiaries within certain time periods. There are generally different payout time periods provided for Eligible Designated Beneficiaries vs. other beneficiaries. Please refer to the Summary Plan Description for more information on the death benefit timing rules that apply. An Eligible Designated Beneficiary is defined as the deceased employee's spouse or minor child, a disabled person, a chronically ill person, or any person not more than 10 years younger than the employee.

Alternate Payee Information (If Applicable): Complete this section if you are the alternate payee of a Qualified Domestic Relations Order (QDRO).

Distribution Options: Please specify the amount and type of payment. Please refer to the Special Tax Notice for the tax implications regarding your payment election.

Plan Loan Balance: If you have an outstanding loan balance in your account that became due and payable upon your termination of employment under the terms of the Plan's Loan Policy and the loan balance is not paid off in accordance with your plan's loan provisions, it will automatically be paid by plan offset (deducted from your account balance). This is considered a taxable distribution and may also be subject to an additional 10% federal excise tax. Please contact the Fund Office if you wish to repay the outstanding loan balance prior to the time of the required loan offset under the plan's loan provisions. If you have an outstanding loan balance in your account at the time we receive your complete distribution paperwork, the entire outstanding balance of the loan will be paid by plan offset unless you have made arrangements for rollover of the loan into another employer qualified plan.

Delivery Options: Choose only one option depending on whether you elected a lump sum or rollover distribution to indicate how you would like to receive your payment. If you elect to have your distribution check delivered by overnight next business day delivery, an overnight processing fee will be deducted from your account. The overnight option applies to the delivery method only. The distribution will be processed as soon as administratively feasible upon receipt of this completed Form.

Tax Withholding: Lump-Sum Cash distributions from the Plan are subject to Federal and in some cases State income tax withholding. If you are electing a Lump-Sum Cash Distribution and would like to withhold more than the mandatory Federal income tax, please specify. Some States require the custodian to withhold State income tax; however, if you reside in a State that allows you to waive or modify the State income tax withholding amount, please specify.

Acknowledgment: You must authorize this distribution by signing and dating this Form. Please refer to your Summary Plan Description for the involuntary cash-out and Participant consent provisions applicable under the Plan that may apply to you.

Plan Administrator's Authorization: The distribution must be authorized by your Plan Administrator.

Processing: a \$50.00 distribution fee will be charged by American Trust and deducted from your Account.

RETURN YOUR COMPLETED FORM TO THE UFCW FUND OFFICE FOR APPROVAL.

Please return all pages of your completed form to:

Email

UFCW Fund Office
5911 Airport Road
Oriskany, New York 13424

Fax

315-797-0223

If you have any questions, please contact the UFCW Fund Office toll free 1.800.697.8329, M-F 8:30am-4:30pm ET

Distribution of Benefits Form

The distribution will be processed as soon as administratively feasible and in accordance with the terms of your Plan document.

Distribution Reason

- Termination of Employment QDRO (Attach domestic relations order) Other (consult with Fund Office): _____
- Retirement Death (Attach Death Certificate)
- Disability (must be terminated) In-Service Withdrawal (active employees age 59 ½ or older)

1. Participant Information (Please Print)

Plan Name ("Plan")

Social Security # (Last four digits required)

Date of Birth

Marital Status

- Married
 Unmarried
 Legally Separated

Participant Name (First Name, Middle Initial, Last Name)

Address

City

State

Zip Code

Home Phone

Mobile Phone

Email Address

Beneficiary Information (Death Benefit Requests Only)

Date of Death

Beneficiary Name

Beneficiary Social Security

Beneficiary Address

Beneficiary Date of Birth

Relationship to Decedent

Check this box if the beneficiary is a disabled or chronically ill person as defined by law.

* Attach a copy of the death certificate if not already on file.

Alternate Payee Information (QDRO Requests Only)

Alternate Payee Name

Alternate Payee Phone

Alternate Payee Address

* Attach a copy of the QDRO paperwork if not already on file.

2. Distribution Options (Must be completed)

Please refer to your Summary Plan Description for the involuntary cash-out and Participant consent provisions applicable under the Plan that may apply to you.

A. Lump Sum Cash Distribution: Your entire account will be paid in a lump sum distribution. Continue to Section 4 of this form.

B. Partial Lump Sum Cash Distribution: Can be elected only if available under the Plan and may be subject to other limitations.

Note: terminated participants are restricted to full lump sum distributions but can be split between cash and rollover distributions.

Please pay out only a portion of my account as indicated: \$ _____ or _____ %

Check this box if you want your actual check amount to equal the \$ amount you indicated above. If this box is checked, we will gross up your distribution for the mandatory Federal and State income tax withholding plus any additional tax withholding as elected on this Form. For example, if you request a \$1,000 check and 20% Federal plus 5% State income tax withholding applies to you, your total distribution amount will be \$1,333.33 with \$333.33 withheld in income taxes for a net check of \$1,000.00. We will only gross up your distribution for income tax withholding by the amount available in your account balance to cover the gross up.

C. Rollover: All or a portion of your account will be rolled over as indicated in section 3 below. It will be your responsibility to provide the Fund Office with any additional information needed to facilitate the direct rollover of your distribution to an IRA or employer retirement plan. Attach additional instructions if needed. Complete section 3 below.

D. Election to Delay Distribution You may delay the distribution of your vested account unless a distribution is required to be made under the Plan's Involuntary cash-out provisions, the required minimum distribution requirements, or otherwise as required under the terms of the Plan. Your vested balance will remain in the Plan. You may request a distribution at a later date. Please see the Plan's SPD for more information.

3. Rollover Instructions (Complete if option C is elected above)

Check here if your rollover includes an outstanding loan balance that you want directly rolled into your current employer's retirement plan. You must submit a letter of acceptance with this distribution form stating the new plan will accept the loan rollover.

Pre-tax Accounts

Total Direct Rollover of 100% of Pre-Tax account

Partial Direct Rollover of \$ _____ or _____ %

Rollover to:

Traditional IRA

Roth IRA*

current employer's retirement plan

Inherited Traditional IRA

Inherited Roth IRA*

*If pre-tax amounts are being rolled into a Roth IRA, see the Tax Withholding section

Trustee/Custodian

Account Number

Attention (If Applicable)

Address

City

State

Zip Code

Telephone Number (Include extension)

3. Rollover Instructions Continued (Complete if option C is elected above)

Roth Accounts

Total Direct Rollover of 100% of Pre-Tax account

Partial Direct Rollover of \$ _____ or _____ %

Rollover to:

Roth IRA

Inherited Roth IRA

Designated Roth Account under current employer's retirement plan

Trustee/Custodian

Account Number

Attention (If Applicable)

Address

City

State

Zip Code

Telephone Number (Include extension)

After-Tax Accounts

This rollover election will apply only to your after-tax contributions made. Any earnings on your after-tax contributions are considered taxable income. Please use the Pre-tax Accounts section above to elect how earnings on your after-tax contributions should be distributed.

A. Lump Sum Cash Distribution: Your entire After-tax account balance will be paid in a lump sum distribution. Earnings in the account will be taxable. Continue to Section 4 of this form.

B. Partial Lump Sum Cash Distribution: Can be elected only if available under the Plan and may be subject to other limitations. Note: terminated participants are restricted to full lump sum distributions but these can be split between cash and rollover distributions.

A portion of your After-tax account will be paid as indicated: \$ _____ or _____ %
This means that the distribution will consist of an after-tax portion as well as earnings (a taxable portion).

Check this box if you want your actual check amount to equal the \$ amount you indicated above. If this box is checked, we will gross up the taxable portion of your distribution for the mandatory Federal and State income tax withholding plus any additional tax withholding as elected on this Form.
Please refer to Section 2 for an example of the tax calculation methodology.

C. Distribution of Contributions: (after-tax basis) and Rollover of earnings.

Rollover to:

Roth IRA

Traditional IRA

Designated After-Tax Account under current employer's retirement plan

Inherited Roth IRA

Inherited Traditional IRA

Trustee/Custodian

Account Number

Attention (If Applicable)

Address

City

State

Zip Code

Telephone Number (Include extension)

4. Delivery Options

Note, additional fees may apply depending on the delivery method elected below. Please refer to the Plan's fee disclosure for further information. If no election is made, a check will be mailed directly to your address on file. Your Plan may require overnight delivery for checks over a certain amount. In such case, the overnight processing fee will apply.

For Lump Sum Elections Only (Select one delivery option below)

Direct Deposit to my: Checking Account Savings Account

Routing Number (first 9 digits on bottom of your check)

Account Number

By choosing Direct Deposit I authorize my account to be debited for any overpayment made in error or any deposit made after my death. I acknowledge that a deposit made after my death or overpayment made to my account is a liability to my estate or to me personally. If the direct deposit is rejected due to incorrect or illegible information, a check will be mailed to my address on file instead.

- Mail Check to me via USPS First Class to the address on file.** Allow an additional 7-10 business days for mail delivery.
- Mail Check overnight via FedEx to the address on file.** This does not reduce the processing time. An additional overnight processing fee will be deducted from your account. Not available for delivery to P.O. Boxes.

For Rollover Elections Only (Select one delivery option below)

- Wire directly to Trustee/Custodian. Please include Wiring instructions for the receiving financial institution.**
- Mail check to Trustee/Custodian**
- Mail check to Me.** Note: Check will be made payable to the receiving financial institution as directed above.

5. Tax Withholding

Federal Income Tax Withholding

For U.S. Persons, the minimum federal mandatory withholding rate of 20% will apply for eligible rollover amounts not directly rolled over. For non-resident aliens, the minimum federal mandatory withholding rate of 30% will apply, unless the prevailing tax treaty rate applies because you have a valid IRS Form W-8BEN on file with us. It is your responsibility to let us know if you are a nonresident alien. The distribution may also be subject to a 10% early withdrawal penalty. You should consult your tax advisor regarding the tax consequences of a withdrawal. Please refer to your "Special Tax Notice Regarding Plan Payments" for further information. If your taxable distribution is less than \$200, income tax will not be withheld.

If you want a different amount withheld in federal taxes other than the mandatory amount, please indicate below.

Percentage: _____%

Dollars: \$_____

State Income Tax Withholding

State income tax will be withheld according to your State of residence withholding requirements. If your State allows you to elect no tax withholding or allows you to modify the State tax withholding amount, please specify below.

Percentage: _____%

Dollars: \$_____

6. Acknowledgment

Please sign to acknowledge that you have read and understand this information.

- I hereby acknowledge that I have received and understand the "Special Tax Notice Regarding Plan Payments", "Participant Distribution Notice", and the "Summary Plan Description".
- I understand the Plan may charge a reasonable fee for the processing of the distribution.
- If I have not elected to delay distribution, I consent to the distribution of the elected portion of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan. If within 180 days following this distribution it is determined that I am eligible for an additional allocation of employer contributions, earnings or forfeitures, I hereby give my consent to have the additional distribution processed according to the instructions provided on this form. If more than one year has passed since I signed this form, I will be required to complete another form electing the distribution of any additional funds.
- I further acknowledge that by choosing to rollover my vested account balance to an IRA or other eligible retirement plan, if applicable, the Plan's investment options may not be available under the receiving retirement arrangement and the fees may differ from those charged to me if my balance remained in the Plan. (Note: Complete information concerning available investment options and fees currently charged by the Plan is available from the Fund Office. Consult your financial advisor for a description of investments available outside of the Plan and any applicable fees associated with them.)
- If I have elected a direct rollover to another employer retirement plan, I certify that the plan to which I am having my benefits transferred is a plan eligible to receive the direct rollover and that the trustee/custodian of that plan has agreed to accept the direct rollover. I understand that it is my responsibility to provide the Fund Office and Trustee with any additional information necessary to facilitate the direct rollover to the above referenced IRA or employer retirement plan.
- By submitting this application, I am authorizing the Plan's custodian to liquidate the available funds in my account, if necessary, to process my distribution according to the elections I have made in this application. I further understand that if I fail to complete all the instructions explained in this application, my distribution may be placed on hold delaying the processing of my distribution.
- I acknowledge that if I select a method where two or more withdrawals apply, each withdrawal may be paid on a different business day and that the market value will be determined on the day of the withdrawal.
- I certify that no part of this distribution is subject to a Qualified Domestic Relations Order unless I am the alternate payee recipient. I further agree to return any amounts to the Plan that are determined to have been paid improperly or contrary to the terms of the Plan.
- I understand this distribution is subject to the Fund's approval and if I have changed my address recently, I may be contacted to confirm my address before the distribution can be processed.

Signature of Participant, Beneficiary, or Alternate Payee

Current Date (MM/DD/YYYY)

Submit your completed form to UFCW Fund Office per the instructions on page 1.

7. Plan Administrator's Authorization

Date of Termination/Retirement

(Required only if applicable)

Last Payroll Deduction or Final Contribution Date (if applicable)

(Required only if final contribution has not been deposited, a residual distribution processing fee may apply)

Check here if the address provided on the participant's form is an updated address that has already been verified.

I certify that this decision has been rendered in a consistent and uniform manner to all like requests in accordance with the Plan document.

Signature of Authorized Plan Administrator

Date (MM/DD/YYYY)

Name of Plan Administrator (Please Print)