unified trust

BENEFICIARY FORM

UFCW Local One 401(k) Savings Fund

YOUR INFORMATION

Full Name: **Social Security #:**

Marital Status: ☐ Unmarried ☐ Married ☐ Divorced or Legally Separated per court order

Spouse Name: **Spouse Social Security #:**

Spouse Birth Date / / **Date of Marriage:** / /

BENEFICIARIES

I understand that if I am married, my spouse is automatically my designated primary beneficiary, unless my spouse signs a notarized consent allowing me to designate another as my primary designated beneficiary. I can designate a contingent beneficiary without my spouse's consent, if I am married. A contingent beneficiary takes my account if my primary beneficiary(ies) dies before me. I hereby designate the following primary and contingent beneficiaries in the following percentages for each. The percentages separately added for the primary and contingent beneficiaries must each be 100%.

PRIMARY BENEFICIARIES

Percent	Beneficiary Name (First, Last)	Relationship	Social Security Number	Date of Birth
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /

CONTINGENT BENEFICIARIES

Percent	Beneficiary Name (First, Last)	Relationship	Social Security Number	Date of Birth
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /
		☐ Spouse ☐ Non-Spouse ☐ Child ☐ Trust		/ /

YOUR SIGNATURE

If I fail to designate a beneficiary, the default beneficiary under the plan will receive my account. If I affirmatively designated my spouse as the primary beneficiary and divorce before I die, my former spouse remains my designated beneficiary unless I designate a new primary beneficiary. If I marry after designating a primary beneficiary, that designation will be automatically void, unless my spouse signs a notarized consent.

Signature of Participant Date (MM/DD/YYYY)

SPOUSAL CONSENT

I, the undersigned, am the lawful spouse of the above named Employee, who is a participant in the plan. I voluntarily and knowingly consent to the primary beneficiary(ies) designated by my spouse and I understand that if this consent is in effect at the time of my spouse's death I will not have any right to a payment from the account under the plan. I understand this consent is irrevocable unless my spouse revokes the primary beneficiary designation in this instrument.

Signature of Spouse Date (MM/DD/YYYY)

Signature of Plan Representative or Notary Public My Commission Expires (If Applicable) Sworn Before Me On (MM/DD/YYYY)