

**United Food and Commercial Workers Local Union #1189 and
St. Paul Food Employers Defined Contribution Plan**

Beneficiary Designation

Participant Information

Last Name	First Name	MI

Check either box 1 or 2.

1. Spouse Primary Beneficiary: I designate my spouse to receive my entire account balance upon my death.

Spouse's Name: _____

Spouse's Birth Date: _____ Social Security # _____

2. Non-Spouse or Multiple Primary Beneficiaries: I designate the following person (s) to receive my account balance upon my death: (If division is other than equal shares, write in whole percentages totaling 100%.)

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

Spousal Consent (If you are married and did not elect "Spouse Primary Beneficiary," please have your spouse provide consent): I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive this right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

Spouse's Signature

Date

Notary Public Signature

Date Commission Expires

Signatures

Participant _____

Date _____

**Please Return Completed Form To The Fund Office
UFCW Local # 1189 Attn: Ann Marie 3001 Metro Drive, Suite 500
Bloomington, MN 55425**