

UFCW Local Union #1189 & St. Paul Food Employers Defined Contribution Plan (WF536032)  
 3001 Metro Drive, Suite 500  
 Bloomington, MN 55425  
 Phone: (952) 854-0795 or (800) 535-6373

## Designation of Beneficiary

### Personal Information

Last Name	First Name	M.I.	Social Security Number	
Street Address		City	State	Zip Code

#### Instructions:

Using black ink only, complete this Designation of Beneficiary Form, make a copy for your records, and then file the original with your employer.

This Designation includes and is subject to the General Provisions on the reverse side, which should be read carefully before completing this form.

Upon filing of the form in accordance with the instructions noted above, I, the participant named above, hereby revoke any beneficiary designation I may previously have made under the above plan and designate the following as my beneficiary(ies) under the plan. I understand that if I am married and name someone other than my spouse as a primary beneficiary, my spouse must consent by signing on the back of this form and have that signature witnessed by either a plan representative of my employer or a notary public; otherwise my beneficiary designation will be invalid and my spouse will be my sole beneficiary if we have been married for at least one year prior to my death.

**Beneficiary Designations (All fields required)** The form has space to name up to three primary and contingent beneficiaries. If you want to name more than three Beneficiaries, attach a separate listing of your beneficiaries, with all required Beneficiary information noted on the form (certain fields are inapplicable to non-individual beneficiaries, such as an estate, trust, or charity).

#### Primary Beneficiary(ies):

Name	Share %	Relationship	Social Security Number or TIN	Current Address	Date of Birth
1.					
2.					
3.					

100%

#### Contingent Beneficiary(ies):

Name	Share %	Relationship	Social Security Number or TIN	Current Address	Date of Birth
1.					
2.					
3.					

100%

### Current Marital Status (check one)

For married participants, federal law requires the spouse to sign this form when the participant designates a primary beneficiary other than the spouse. Failure to do so will invalidate the non-spouse beneficiary designation and result in the automatic designation of the spouse as the beneficiary if the participant and spouse were married for at least one year prior to the participant's death.

**Unmarried Plan Participant**

I am not married. I understand if I become married in the future and have been married for at least one year prior to my death, my spouse is automatically my beneficiary unless a new Designation of Beneficiary Form is filed with the spousal consent completed on the reverse side of the Form.

**Married Plan Participant**

I am married. If my spouse is not the sole primary beneficiary, my spouse has signed the consent on the reverse of this form. (If consent of your spouse cannot be obtained, e.g. cannot be located or is incapacitated, contact your employer for information about possible alternatives.)

Participant Signature*	Date*
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Your form is not complete unless signed and dated.  
**Confidential once Completed and Returned**

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## Consent by Spouse

I certify I am the spouse of the participant named on the front of this form, and understand that I have the right to all (or a portion if the plan is subject to QJSA/QPSA rules) of my spouse's vested account in the Plan after my spouse dies if I have been married to my spouse for at least one year prior to my spouse's death. I agree to give up my right to the account and allow my spouse to designate the named beneficiary(ies) to receive such benefits. I am aware that if I do not sign this consent, then I will receive my spouse's vested account balance under the Plan when my spouse dies. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I, in writing witnessed by a notary public or plan representative, hereby consent to and acknowledge the effect of this beneficiary designation.

Spouse Signature _____	Date _____
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## Signature witnessed by Notary Public or Plan Representative:

State of \_\_\_\_\_ {  
County of \_\_\_\_\_ { ss.

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above Consent by Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal (if any) on \_\_\_\_\_.

SEAL (if any) \_\_\_\_\_ Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(If witnessed by a plan representative, the plan representative should complete the above in a similar fashion as a notary, but change the wording accordingly)

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## General Provisions

1. A separate account will be set up for each beneficiary upon the participant's death, as evidenced by a certified copy of a death certificate or other proof of death acceptable to the plan administrator.
2. Unless otherwise expressly provided on the face of this Designation of Beneficiary Form, and subject to the terms of the plan, all sums payable under the plan by reason of the death of the participant shall be paid as follows:
  - a) The entire death benefit shall be paid in equal shares to the primary beneficiaries who survive the participant.
  - b) If no primary beneficiary survives the participant, the entire death benefit shall be paid in equal shares to the contingent beneficiaries who survive the participant. A contingent beneficiary will only receive a benefit if ALL primary beneficiaries predecease the participant.
  - c) If no primary or contingent beneficiary survives the participant, the entire death benefit shall be paid according to the terms of the plan.
  - d) If a beneficiary is alive and otherwise eligible to receive a benefit on the date of the participant's death but dies before actually receiving payment of the entire benefit, the remaining benefit shall be paid to the deceased beneficiary's estate unless the deceased beneficiary designated his or her own beneficiary.
  - e) If a primary or contingent beneficiary does not survive the participant, such beneficiary's interest shall lapse, and the percentage of any remaining primary or contingent beneficiaries shall be increased on a pro rata basis.
3. The Participant may change this Designation of Beneficiary Form at any time without the consent of any person designated as a Beneficiary (other than any required consent by spouse).
4. Neither this Designation of Beneficiary Form nor any future change to it will be effective for any purpose unless filed with Wells Fargo in accordance with the instructions noted on the front and prior to the death of the participant.
5. This Designation of Beneficiary Form is subject to the terms of the Plan, as it may be amended from time to time. All rights of the participant, the designated beneficiaries, and any other person who benefits under the Plan are governed by the terms of the plan. The employer has the right to amend the plan in any manner that may affect this Form without notice to, or consent of, any participant or beneficiary.
6. This Designation of Beneficiary Form only applies to the plan named in the top left corner on the front of the Form. It does not affect the beneficiary designations you have made for any other of your other employee benefit plans or life insurance benefits.

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## For Employer Use Only

Spouse Signature _____	Date _____
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