

UFCW Local 1189 and St. Paul Food Employers Defined Contribution Plan

Beneficiary Designation Form

Participant Full Name (please print)			
Social Security Number	Date of Birth	Phone Number	
Street Address	City	State	Zip
Employer			

I designate as my beneficiary:

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

Spouse's Full Name (please print)	
Social Security Number	Date of Birth

Non-Spouse or multiple beneficiaries: I designate the following person(s) to receive my account balance upon my death (percentages must total 100%).

Name (please print)	Relationship	Social Security Number	Percentage (%)

Spousal Consent – If you are married and did not designate your Spouse as your beneficiary this section must be completed by your Spouse.

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 Name _____ Signature of Spouse _____ Date _____

Subscribed and sworn to before me this day of _____, 20____

Notary Public

Participant Signature _____ Date _____

Please return completed form in the enclosed envelope to:

UFCW Local 1189 and St. Paul Food Employers Defined Contribution Plan
Attention: Ann Marie
3001 Metro Drive, Ste 500, Bloomington, MN 55425