

IMPORTANT!

*If you are married, or even separated,
Your spouse **MUST** complete and SIGN this section
IN FRONT OF A NOTARY or PLAN REPRESENTATIVE*

Spousal Consent of Loan

I, _____ (participant's spouse's name), hereby irrevocably consent to my spouse

_____ taking a loan from his/her 401(k) Plan. I grant this consent with

complete understanding of the following:

1. *Without this consent, I may be entitled to receive some or all of my spouse's benefits in the Plan, as described in the Plan Document and Summary Plan Description.*
2. *If my spouse defaults on the loan and, as a result, the benefits payable under the Plan are reduced, the benefits that I may have otherwise been entitled to receive may also be reduced.*
3. *I have read and understand this Application and will read the Loan Agreement and Disclosure Statement when it arrives with the loan check.*

X _____
Spouse's Signature

Date

State of _____

County of _____

On this _____ day of _____, 20____, before me came _____,
known to me to be the person who executed the foregoing statement and who acknowledged to me that he/she
executed the same.

Notary Public

OR

Signature of Designated Plan Representative

(Seal)

UFCW Local #1189 & St. Paul Food Employers Defined Contribution 401(k) Plan

Participant Agreement for ACH Loan Repayments

The Participant hereby authorizes (Milliman), to initiate debit entries (or corrective credit or debit entries in the event of an error) to his/her account at the depository financial institution named below and to debit the same to such account. These debits correspond to periodic loan payments to the above-named retirement plan. Account Owner acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law and that he/she agrees to comply with National Automated Clearing House Rules and Regulations about electronic transfers as they exist on the date of his/her signature on this form or as subsequently adopted or amended.

NOTE: The Account Owner MUST be the Participant in this plan

Account Owner: _____
(Please print)

Social Security Number: _____

- Select One: **Checking Account – You MUST attach voided check!**
 Savings Account – If you do not know the routing & account numbers, call your bank to obtain this information

Name of Financial Institution: _____

Routing Number: _____
(Must be nine (9) digits)

Account Number: _____

Participant Signature _____ **Date:** _____

This authorization will remain in effect until Milliman has received signed, written notification from the Account Owner of its termination, at least ten (10) business days prior to its effectiveness.

- Funds will be withdrawn from your account on the 20th day of each month
- Any **CHANGES** in the account number must be **RECEIVED** by Wilson-McShane at least 10 business days prior to the 20th.
- Milliman is not responsible for bank account charges, NSF or other bank fees or overdrafts caused by automatic transactions.