BENEFICIARY FORM INFORMATION AND INSTRUCTIONS

This form is a legal document that allows you to name the person(s) you wish to receive your vested plan benefits in the event of your death. It is your responsibility to notify the Plan Administrator of any change in your designation of beneficiary(ies). **Note**: If you designate your spouse as a beneficiary and your marriage to that spouse ends thereafter in a divorce, it is your responsibility to change your designated beneficiary(ies) after the divorce if you choose. If no change is made, the Plan Administrator will continue to recognize your designation of your former spouse unless you are survived by another spouse to whom you have been married for at least one year at the time of your death.

- Please make sure you complete your name, social security number, personnel number, date of birth and marital status.
- 2 Complete Section A to designate your spouse as the **SOLE PRIMARY** Beneficiary for this benefit.

EXAMPLE:

Name	Social Security Number	Gender	Date of Birth	Payment %
Mark Anderson	777-77-7777	Male	08/31/68	100%

© Complete Section B to designate one or more Primary Beneficiaries if you are single or if you are married and your spouse is not the sole Primary Beneficiary. If you have been married for at least one year and you name any Primary Beneficiary other than your spouse, your spouse must sign the Spousal Consent – Waiver of Benefits section (on back). Your spouse's signature must be witnessed by a notary public. If you designate a Primary Beneficiary other than your spouse under Section B and you do not include your spouse's consent, your designation of a Primary Beneficiary will only be effective until you have been married to that spouse for one year.

EXAMPLE:

_, , , , , ,,					
Name	Social Security Number	Relationship	Gender	Date of Birth	Payment %
Jane Q. Jones	999-99-9999	Spouse	Female	04/06/68	70%
Name	Social Security Number	Relationship	Gender	Date of Birth	Payment %
Ethel M. Smith	888-88-8888	Mother *	Female	11/15/39	30%

^{*} Spouse's consent necessary.

If you have more than four primary beneficiaries, please write additional beneficiaries on the back of the Beneficiary Designation Form.

Complete Section C to designate one or more Contingent Beneficiary(ies). If no Primary Beneficiary(ies) you have designated survives you, then your designated Contingent Beneficiary(ies) would receive your plan benefit.

If you have more than four contingent beneficiaries, please write additional beneficiaries on the back of the Beneficiary Designation Form.

6 Please complete the information, print, sign and date the form and return to:

Publix Super Markets, Inc. Retirement Department P.O. Box 32040 Lakeland, FL 33802-2040

This is a legal document. It must not contain any mark outs, erasures or correction fluid. It must be typed or printed in ink and you must sign and date the form. Fax copies cannot be accepted.

Your change in beneficiary designation is not valid under the Plan until the Retirement Department receives and processes the properly completed Beneficiary Designation Form.

6 If you have any questions, please contact the Retirement Department at 1-863-688-7407, ext. 52327, or outside the Lakeland calling area dial toll-free 1-800-741-4332.

Publix Super Markets, Inc. Employee Stock Ownership Plan & Trust (ESOP) BENEFICIARY DESIGNATION FORM

Personnel #	Social Security Number	r				
Your Name (Last, First, Middle Initia	al)	I	Date of Birth	Marit	tal Status	
SECTION A – If your spouse is	to be the sole primary beneficia	ry, complete this section.				
Name		Social S	Security Number	Gender	Date of Birth	Payment 9 100%
SECTION B – If you are single complete this section.	or if your spouse is not the sole	primary beneficiary,		he combined total just total 100%.	percentage of Section B	Total 0
Name		Social Security Number	Relationship	Gender	Date of Birth / /	Payment 9
Name		Social Security Number	Relationship	Gender	Date of Birth	Payment 9
Name		Social Security Number	Relationship	Gender	Date of Birth	Payment 9
Name		Social Security Number	Relationship	Gender	Date of Birth	Payment 9
Minor, Incapacitated or Not Le	gally Competent Beneficiary:	Publix Super Markets, Inc. cann	ot act as your legal counsel	with regard to assig	ning a minor (not of legal a	dge), an
individual who is incapable of giv you to seek legal advice before o a court order.	ing a valid release for payment	or an individual who is not legall	ly competent as a beneficiar	y. While you can as	sign such a person, Publix	encourages
SECTION C – If your primary b	eneficiary(ies) has died before y		onn nas not been		percentage of Section C	Total
changed by you, then the continuous	ngent beneficiary(ies) you name	in this section would receive yo Social Security Number	our plan benefit. Relationship	Gender	Date of Birth	Payment 9
Name		Ossiel Osserite Nershar	Deletionship	Condo	/ /	D
Name		Social Security Number	Relationship	Gender	Date of Birth / /	Payment 9
Name		Social Security Number	Relationship	Gender	Date of Birth	Payment 9
Name		Social Security Number	Relationship	Gender	Date of Birth	Payment 9
Thereby revoke any previous de Unless I otherwise indicate on the share of each deceased Primary of all Primary Beneficiary(ies) are f multiple Con ingent Beneficiarie surviving Contingent Beneficiarie	is form or on a signed attachme Beneficiary shall be allocated to deceased then the Contingent less are designated and if one or less are desi	nt hereto, if multiple Primary Be the surviving Primary Beneficia Beneficiary(ies) shall be my ben more such beneficiaries do not	eneficiaries are designated a uries in equal shares or all to neficiary(ies). Unless I other survive me, the share of eac neficiary.	and if one or more s the individual surviv wise indicate on this ch deceased Conting	uch beneficiaries do not si ving Primary Beneficiary. s form or on a signed attac	urvive me, th
Participant's Signature				ate		
		SPOUSAL CONSENT – W	_			
,(spouse's r		, spouse o	OT	(participan	t's name)	
consent to the beneficiary desi on this form, and that my spoi (unless this beneficiary design participant for at least one year Spouse's Signature						
State of	County of		The forego	ing instrument was	signed and acknowledge	ed before
me this day of	, 20, by			, who is pers	onally known to me or wh	10
produced Notary Public						
-						
				(Affix Notary S	Seal)	
Received by representative of	the Plan Administrator_		this day of		, 20	