

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.

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

EXAMPLE:

Name <i>Mark Anderson</i>	Social Security Number <i>777-77-7777</i>	Gender <i>Male</i>	Date of Birth <i>08/31/68</i>	Payment % <i>100%</i>
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- ❸ 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 <i>Jane Q. Jones</i>	Social Security Number <i>999-99-9999</i>	Relationship <i>Spouse</i>	Gender <i>Female</i>	Date of Birth <i>04/06/68</i>	Payment % <i>70%</i>
Name <i>Ethel M. Smith</i>	Social Security Number <i>888-88-8888</i>	Relationship <i>Mother *</i>	Gender <i>Female</i>	Date of Birth <i>11/15/39</i>	Payment % <i>30%</i>

* Spouse's consent necessary.

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

- ❹ 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.

- ❺ **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.

- ❻ 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.

