

Incoming Direct Rollover Election

UFCW LO. 1776 & PART. EMPLOYERS RETIREMENT AND SAVINGS PLAN

525079-01

Participant Information

<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">Last Name</div> <div style="width: 33%;">First Name</div> <div style="width: 33%;">MI</div> </div> <p><i>(The name provided MUST match the name on file with Service Provider.)</i></p> <hr/> <div style="text-align: center;">Address - Number & Street</div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">City</div> <div style="width: 33%;">State</div> <div style="width: 33%;">Zip Code</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">()</div> <div style="width: 33%;">Daytime Phone</div> <div style="width: 33%;"></div> </div>	<hr/> <div style="text-align: center;">Social Security Number</div> <hr/> <div style="text-align: center;">E-Mail Address</div> <hr/> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Mo</div> <div style="text-align: center;">Day</div> <div style="text-align: center;">Year</div> </div> <hr/> <div style="text-align: center;">Date of Birth</div>
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Payroll Information

Payroll Center Name	Payroll Center Number
Division Name	Division Number

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.
 Previous Plan Administrator must sign this form if Designated Roth Account is being directly rolled over.
 I am choosing a:

- ☐ Direct rollover from a:
 - ☐ Qualified 401(a) plan (Profit Sharing, ESOP or Money Purchase)
 - ☐ Qualified 401(k) plan
 - ☐ Non-Roth: \$_____ (all contributions and earnings, excluding Roth contributions and earnings)
 - ☐ Roth: \$_____ (employee contributions and earnings)

Previous Provider Information:

Company Name	Account Number
Mailing Address	
City/State/Zip Code	() Phone Number

Incoming Direct Rollover Election

Last Name

First Name

MI

Social Security Number

Previous provider must complete:

Employer/employee before-tax contributions and earnings: \$ _____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date: _____

Roth contributions (no earnings): \$ _____ Roth earnings: \$ _____

Previous Plan Authorized Plan Administrator/Trustee Signature Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Amount of Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

Investment Option Information - Please refer to your marketing communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

☐ I wish to allocate this rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar-cost averaging, access our Web site after funds have been received.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
American Funds 2010 Trgt Date Retire R6.....	RFTTX	RFTTX	_____	Delaware Small Cap Core R6.....	DCZRX	DCZRX	_____
American Funds 2020 Trgt Date Retire R6.....	RRCTX	RRCTX	_____	Vanguard Small Cap Index Adm.....	VSMAX	VSMAX	_____
American Funds 2030 Trgt Date Retire R6.....	RFETX	RFETX	_____	Vanguard Mid Cap Index Fund - Admiral.....	VIMAX	VIMAX	_____
American Funds 2040 Trgt Date Retire R6.....	RFGTX	RFGTX	_____	Harbor Large Cap Value Retirement.....	HNLVX	HNLVX	_____
American Funds 2050 Trgt Date Retire R6.....	RFITX	RFITX	_____	T. Rowe Price Growth Stock I.....	PRUFEX	PRUFEX	_____
American Funds 2060 Trgt Date Retire R6.....	RFUTX	RFUTX	_____	Vanguard Institutional Index Instl.....	VINIX	VINIX	_____
Day One IncomeFlex Target Balanced.....	N/A	D1351A	_____	Dodge & Cox Balanced - I.....	DODBX	DODBX	_____
Harding Loevner International Eq Instl.....	HLMIX	HLMIX	_____	PGIM Total Return Bond R6.....	PTRQX	PTRQX	_____
Vanguard Total Intl Stock Index Admiral.....	VTIAX	VTIAX	_____	Guaranteed Income Fund.....	N/A	D1863A	_____
Vanguard Real Estate Index Admiral.....	VGSLX	VGSLX	_____	MUST INDICATE WHOLE PERCENTAGES			=100%

IncomeFlex - I should carefully read the applicable IncomeFlex Important Considerations document or Prospectus and the Investment Options at a Glance for IncomeFlex fund or portfolio performance, if I am considering investing in an IncomeFlex fund or portfolio. To obtain a copy of the disclosure, call 1-800-338-4015 or access the participant website and click on the "Investment Options" page.

Participant Acknowledgements

General Information - I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling over are in fact eligible for such treatment.

I authorize these funds to be rolled over into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option

Incoming Direct Rollover Election

Last Name

First Name

MI

Social Security Number

selected by my Plan (if I do not have an account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Provider receives this Incoming Direct Rollover Election form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call 1-800-338-4015 or access the Web site in order to make changes or transfer monies from the default investment option. The funds will be invested on the day this completed form and the funds are received, so long as they were received prior to the close of the New York Stock Exchange. If this form and the funds are received after close of the New York Stock Exchange, I understand that my request will be processed on the next business day. I understand that this completed form must be received by Service Provider at the address below.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Outstanding Loan Balance - An outstanding loan balance cannot be included in the rollover. However, you may pay off the outstanding loan balance *before* this rollover is submitted. After the loan is paid off, you may submit this rollover request. If you do not pay off the outstanding loan balance, you may rollover only the cash value (not including the loan) from the Plan that has the outstanding loan.

Payment Instructions

Make check payable to:
Empower Trust Company, LLC

Include the following information on the check:
Participant Name, Individual ID (*found on account statement*), Plan Number, Plan Name

Wire instructions:
Account of: Empower Trust Company, LLC
Bank: PNC Bank
Account no: 1092207475

Routing transit no: 043000096

Attention: Financial Control

Reference: Participant Name, Social Security Number, Plan Number, Plan Name

Regular mail address for the check and form (if mailed together):
Empower Trust Company, LLC
PO BOX 826011
PHILADELPHIA, PA 19182-6011

Overnight mail address for the check and form (if mailed together):
PNC Bank
525 Fellowship Rd Suite 330
Lockbox # 826011
Mt Laurel, NJ 08054-3415
Contact: Empower
Phone: 1-800-338-4015

If sending the "form" only, please upload electronically to empowermyretirement.com (Click Upload Documents to submit) or follow mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form. We will not accept hand delivered forms at Express Mail addresses.

Incoming Direct Rollover Election

Last Name	First Name	MI	Social Security Number
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Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover Election form. I affirm that all information provided is true and correct.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts under this Incoming Direct Rollover Election form.

Authorized Plan Administrator Signature
For Current Employer's Plan

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

Participant forward to Plan Administrator
Plan Administrator forward as shown above in
the Payment Instructions section

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Empower Financial Services, Inc., (EFSI). Both are Empower companies and each organization is solely responsible for its financial condition and contractual obligations. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.

Incoming Direct Rollover Election

Last Name	First Name	MI	Social Security Number
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Payroll Center Information

- 1 LOCAL 1776 Weekly payroll 000001
- 2 EMPIRE KOSHER GROUP Weekly payroll 000002
- 3 Mental Health Consultants Weekly payroll 000003

Division Information

- 1 LOCAL 1776 - 000001
- 2 EMPIRE KOSHER GROUP - 000002

Payroll Center Information

- 9998 FORFEITURE
- 9999 UNASSIGNED

Division Information

- 3 Mental Health Consultants - 000003
- 9999 UNASSIGNED