



Acknowledgement of Optional Notification

(PRINT ALL ENTRIES IN INK, OR TYPE, EXCEPT FOR SIGNATURE)

NAME: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____ SEX: _____

NORMAL OR EARLY RETIREMENT DATE: _____

CHOOSE ONE OPTION AND SIGN BELOW:

These options are to provide the benefits selections that will be available to you after your application is processed. We are required to show benefits for you and your spouse. Please review the "Explanation of Pension Benefit Payment Options, Qualified Joint and Survivor Annuity Explanation" for information that will be provided in your Benefit Election Forms for optional forms of payment.

(Choose this option if you only want to see a benefit for yourself or yourself and spouse, if you are married.)

WAIVER OF OPTIONAL ELECTION. I definitely prefer to receive a pension payable during my lifetime only, and therefore, I hereby waive my right to elect a non-spousal Joint and Survivor Option.

(Choose this option to see a survivor benefit for anyone other than your spouse.)

REQUEST FOR OPTIONAL BENEFIT INFORMATION. I am undecided at this time as to which form of benefit payment I wish to select. To assist me in reaching a decision, I hereby request an estimate of the amount of reduced pension payable to me upon Normal or Early Retirement if I should decide to elect a Joint and Survivor Option under the Pension Plan for someone other than my spouse, as well as an estimate of the amount of my regular Pension. My request is for information purposes only and in no way commits me to an optional election. I hereby submit the following information with respect to my proposed Contingent Pensioner:

(PROOF OF AGE REQUIRED)

NAME: _____

RELATIONSHIP TO ME: _____ DATE OF BIRTH: _____ SEX: _____

SIGNATURE: _____ DATE: _____

UFCW CONSOLIDATED PENSION FUND
THE FUND OFFICE
1740 PHOENIX PARKWAY
ATLANTA, GEORGIA 30349