

Participant Enrollment 401(k) Plan

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

525079-01

Participant Information

<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Last Name First Name MI </div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: small;">(The name provided MUST match the name on file with Service Provider.)</div>			<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Social Security Number</div>		
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Mailing Address</div>			<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">E-Mail Address</div>		
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Mo Day Year </div>		<input type="checkbox"/> Female <input type="checkbox"/> Male	
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> () () </div> <div style="display: flex; justify-content: space-between;"> Home Phone Work Phone </div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">Date of Birth</div>		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	

Do you have a retirement savings account with a previous employer or an IRA? ☐ Yes ☐ No

Would you like help consolidating your other retirement accounts into your account with Empower?* ☐ Yes, I would like a representative to call me at phone # _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). *Rollovers are subject to your Plan's provisions.

Payroll Information

- ☐ I elect to contribute \$ _____ or _____% (do not complete both) (up to \$23,000.00 or 1% - 20%) per pay period of my compensation as Before-Tax contributions to the 401(k) Plan until such time as I revoke or amend my election.
- ☐ I elect to contribute \$ _____ or _____% (do not complete both) (up to \$23,000.00 or 1% - 20%) per pay period of my compensation as Roth Election contributions to the 401(k) Plan until such time as I revoke or amend my election.

Note: The total of your before-tax deferrals cannot exceed \$23,000.00. If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

- ☐ I decline to make contributions to the Plan at this time.

Payroll Effective Date:

Mo
Day
Year

Date of Hire:

Mo
Day
Year

To be completed by Human Resources

Payroll Center Name

Payroll Center Number

Division Name

Division Number

Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions.

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.

See below for Participation Agreement and Required Signature

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

Participation Agreement

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.

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

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. 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.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call 1-800-338-4015 or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

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 be only processed from the date of notification forward and not on a retroactive basis.

Required Signature(s) - I have completed, understand and agree to all pages of this Participant Enrollment form.

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.

Participant forward to Service Provider at:

Empower

PO Box 56025

Boston, MA 02205-6025

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1-800-338-4015**This form can be uploaded electronically to:**

Login to account at

empowermyretirement.comClick on *Upload Documents* to submit

We will not accept hand delivered forms at Express Mail addresses.

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Prudential Investment Management Services, LLC (PIMS). Each organization is solely responsible for its financial condition and contractual obligations. PIMS is not affiliated with Empower Retirement, LLC. 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.