

TERMINATION DISTRIBUTION REQUEST FORM

Complete All Sections (This form is only used when spousal consent is required)

Spousal Consent Participants Only

A. PARTICIPANT INFORMATION

Name _____
FIRST MIDDLE INITIAL LAST

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number ____ - ____ - _____ or Employee ID _____ Daytime Phone Number () _____

B. TERMINATION OPTION (CHOOSE ONE)

☐ **Lump Sum**

Lump sum payment in cash

Partial Lump Sum: \$ _____ or % _____

☐ **Direct Rollover**

Direct rollover to an Individual Retirement Account (IRA), annuity or to an eligible retirement plan of another employer, as indicated in Section C. *Please check the box below and indicate amount to be rolled over.*

☐ Rollover 100%

☐ Rollover the following portion of Stock in-kind: \$ _____ or % _____

☐ **Partial Rollover**

Partial payment made to you and the remaining portion rolled over to an IRA, annuity or to an eligible retirement plan of another employer.

Transfer the portion of my 401(k) eligible retirement distribution, as indicated below, to the qualified plan or Individual Retirement Account (IRA) as indicated in section C and have the remaining balance paid directly to me.

Pay to the qualified plan or IRA: \$ _____ or % _____

I understand that 20% of the taxable portion paid to me will be immediately withheld for Federal Income Taxes and after-tax contributions not eligible for rollover will be paid directly to me.

☐ **Installments**

Option 1: ☐ \$ _____ each End Date _____ ☐ Monthly ☐ Quarterly ☐ Annually

Please note: An end date must be entered or the form will be returned to you.

Option 2: ☐ Please pay balance over _____ years. ☐ Monthly ☐ Quarterly ☐ Annually

Note: If installments are over a period of less than 10 years, each installment is an eligible rollover distribution subject to 20% withholding unless directly rolled over.

If you are unmarried and wish to receive your benefit as a Life Annuity or you are married and wish to receive your benefit as a Qualified Joint and Survivor Annuity, please call the Information Line at 1-888-STAR-088. All of the optional distribution forms available under the plan have approximately the same actuarial value.

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons with a residential mailing address outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

(continued)





STAR 401(k) PLAN

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C. ROLLOVER OPTION

Please provide the following account information:

○ **Individual Retirement Account (IRA)**

○ **Qualified Plan**

Name of Financial Institution or Qualified Plan: _____

For the Benefit of (Your Name): _____

Account Number: _____

The check will be mailed to the participant's address above to be forwarded to the recipient IRA or Qualified Plan.

D. TAX WITHHOLDING

• A Federal Income Tax rate of 20% will be automatically withheld from your distribution.

Or

• You can elect to increase the Federal Income Tax rate being withheld from your distribution.

Please take the following Federal Income Tax rate from my distribution % _____

• If you are under age 59½, you may owe a penalty tax equal to 10% of the taxable portion of the distribution paid to you. Please note that this tax is in addition to any income taxes owed on the distribution. You will be responsible for the payment of the penalty tax when you file your annual tax return. Please see the Special Tax Notice for additional information.

E. SPOUSAL CONSENT AND 30-DAY WAIVER NOTICE

○ **Waiver for Single Participants**

I AM SINGLE. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT AND THAT ANY AMOUNTS REQUESTED FOR DIRECT ROLLOVER ARE FOR DEPOSIT TO AN ELIGIBLE RETIREMENT PLAN. I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE SPECIAL TAX NOTICE AND RIGHT TO DEFER NOTICE AND AWARE OF THE POSSIBLE TAX CONSEQUENCES OF THIS DISTRIBUTION.

Participant Signature: _____ Date: ____/____/____

○ **Waiver for Married Participants**

I UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE PAYMENT OF MY VESTED ACCOUNT BALANCE IN THE FORM OF A JOINT AND SURVIVOR ANNUITY, OR OTHER OPTIONAL FORMS OF BENEFIT OFFERED TO ME UNDER THE PLAN. I ACKNOWLEDGE THAT I HAVE RECEIVED THE SPECIAL TAX NOTICE, WHICH EXPLAINS THE TERMS OF THE JOINT AND SURVIVOR ANNUITY. I AFFIRMATIVELY ELECT TO RECEIVE THE DISTRIBUTION INDICATED IN THE TERMINATION OPTION SECTION OF THIS FORM. I WAIVE THE UNEXPIRED PORTION OF THE MINIMUM 30-DAY PERIOD FOR THE SPECIAL TAX NOTICE DURING WHICH I MAY CONSENT TO A DISTRIBUTION FROM THE PLAN, AND ELECT TO RECEIVE THIS WITHDRAWAL AT LEAST SEVEN DAYS AFTER THE SPECIAL TAX NOTICE WAS PROVIDED TO ME. I HEREBY CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE, ACCURATE AND COMPLETE. I FURTHER UNDERSTAND THE TAX IMPLICATIONS. I UNDERSTAND THAT AN INCOMPLETE TERMINATION APPLICATION WILL BE RETURNED TO ME. I AM MARRIED AND HEREBY ELECT TO WAIVE THE QUALIFIED JOINT & SURVIVOR ANNUITY FORM OF PAYMENT. I UNDERSTAND THAT SPOUSAL CONSENT MUST BE GIVEN BELOW.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT AND THAT ANY AMOUNTS REQUESTED FOR DIRECT ROLLOVER ARE FOR DEPOSIT TO AN ELIGIBLE RETIREMENT PLAN. I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE SPECIAL TAX NOTICE AND RIGHT TO DEFER NOTICE AND I AM AWARE OF THE POSSIBLE TAX CONSEQUENCES OF THIS DISTRIBUTION.

Participant Signature: _____ Date: ____/____/____

For Your Spouse

AS THE SPOUSE OF A PLAN PARTICIPANT, YOU HAVE CERTAIN RIGHTS UNDER THIS PLAN. YOU SHOULD READ THE DESCRIPTION OF BENEFITS FOR MARRIED PARTICIPANTS TO UNDERSTAND THE QUALIFIED JOINT AND SURVIVOR ANNUITY. THIS FORM OF BENEFIT IS AUTOMATICALLY PAYABLE TO YOUR SPOUSE, AND THEN TO YOU, IF YOU LIVE LONGER THAN YOUR SPOUSE. YOUR CONSENT IS NEEDED IF HE OR SHE WAIVES THIS BENEFIT OPTION. YOU DO NOT HAVE TO GIVE YOUR CONSENT UNLESS YOU ARE ENTIRELY SATISFIED WITH YOUR SPOUSE'S BENEFIT ELECTION.



STAR 401(k) PLAN

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Spousal Consent

I, _____, SPOUSE OF _____
(EMPLOYEE'S NAME)

HAVE READ ALL OF THE INFORMATION PROVIDED ON MY RIGHTS UNDER THE PLAN, AND I CONSENT TO THE ABOVE ELECTION FOR BENEFITS UNDER THE PLAN. I ALSO UNDERSTAND THAT BY GIVING THIS APPROVAL, I AM FORFEITING A LIFETIME BENEFIT WHICH WOULD OTHERWISE BE PAID TO ME IF I LIVE LONGER THAN MY SPOUSE.

Spouse's Signature: _____ Date: ____/____/____

F. NOTARIZATION/WITNESS REQUIRED FOR MARRIED PARTICIPANT

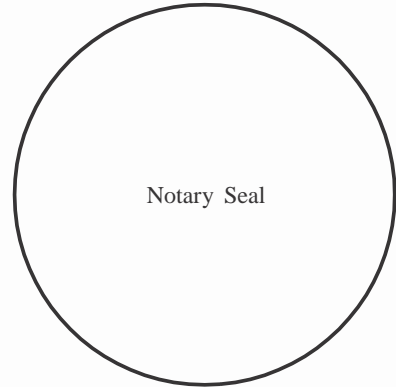
Notary Public Acknowledgment

_____, SEAL
State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

My commission expires (Date) _____



Please return this Form to the following address (and keep a copy for your records):

REGULAR MAIL

Voya Financial
SUPERVALU STAR 401(k) PLAN
Plan Administration Unit
P.O. Box 24747
Jacksonville, FL 32241-4747

OVERNIGHT MAIL

Voya Financial
SUPERVALU STAR 401(k) PLAN
Plan Administration Unit
8900 Prominence Parkway
Jacksonville, FL 32256-8264

If you have any questions, you may call the SUPERVALU STAR 401(k) PLAN Information Line at 1-888-STAR-088 or to obtain additional plan or account information, please access your account at www.supervalustar401k.com. Customer Service Representatives are available Monday through Friday, 7:00 a.m. to 8:00 p.m. Central Time (exclusive of stock market holidays).