



STAR 401(k) PLAN

TERMINATION DISTRIBUTION REQUEST FORM / Spousal Consent Participants Only

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

TERMINATION DISTRIBUTION REQUEST FORM / Spousal Consent Participants Only

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

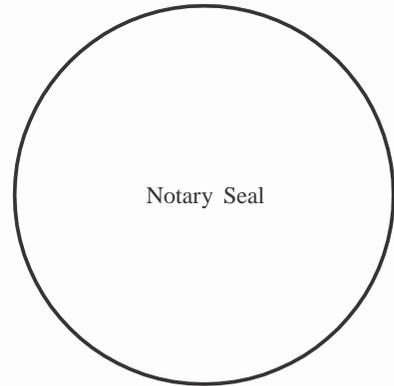
Notary Public Acknowledgment

_____ 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 OVERNIGHT MAIL
Voya Financial Voya Financial
SUPERVALU STAR 401(k) PLAN SUPERVALU STAR 401(k) PLAN
Plan Administration Unit Plan Administration Unit
P.O. Box 24747 8900 Prominence Parkway
Jacksonville, FL 32241-4747 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).