WinCo Holdings, Inc.
Life Insurance Beneficiary Form

WinCo provides a company-paid basic life insurance and accidental death & dismemberment (AD&D) policy for ALL active employees. This is 100% paid by WinCo and is provided at no cost to the employee. To learn more about WinCo's basic life insurance, please visit the Plan Documents page located at http://benefits.wincofoods.com, and scroll to ***Company Paid Life and Accidental Death & Dismemberment Insurance***.

Company Paid Life and Accidental Death & Dismemberment (AD&D) Insurance
Description of Eligible Classes and Amount of Coverage, effective 1/1/19

Class 1 - All eligible executives, district managers, directors, and store managers	$15,000
Class 2 - All other eligible employees	$12,500

The amount of accidental death and dismemberment (AD&D) insurance is equal to the amount of life insurance.

As the employee grows older, the amount of life and AD&D insurance for will be reduced according to the following schedule:

At the age of:	The original amount of insurance will reduce to:
70	50%
75	30%
80	20%

This form allows you to elect who receives payment should you die while actively employed at WinCo. **Elections on this form apply to both basic and voluntary life/AD&D policies**, unless otherwise directed in writing (see form for more instructions). IMPORTANT NOTE: This form does not designate ESOP and 401K beneficiaries; contact information for the current 401(k) administrator is located at https://benefits.wincofoods.com/payroll-retirement/.

Primary and Contingent Beneficiaries:
Unless you designate a percentage, benefits are paid to the primary surviving beneficiaries in equal shares. Benefits are paid to secondary beneficiaries only when there are no surviving primary beneficiaries. If you designate secondary beneficiaries and do not designate percentages, benefits are paid to the surviving secondary beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or secondary).

Items of note:
- The beneficiary can be a trust. Write the name of the trust and the date of the trust agreement.
- Any minor child beneficiary designation should list a custodian (i.e. bank, adult, trustee) followed by the words "as custodian for (minor child's name) under the (child's residential state) uniform transfers to minor act." This may help avoid a court appointed guardianship for the payment of the benefit.

If no beneficiary is designated:
When a beneficiary is not named, the benefit will be paid according to the following progression:
- For basic life insurance: Legally married spouse; then surviving child or children; then surviving parent(s); then surviving siblings; then to an estate/executor of the estate.
- For voluntary life insurance: estate.

Please return by fax 208-672-2025 or by U.S mail to WinCo Holdings, Attn: Benefits, PO Box 5756, Boise, ID 83705 (certified if you desire proof of delivery). ***E-mailed forms are not accepted.*** For assistance, please contact the Benefits Team at benefits@wincofoods.com or 800-341-6543.

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Employee Information – all fields required			
Your Name (last, first middle)	Employee ID #	Social Security Number	Marital Status ❑ Single ❑ Married ❑ Divorced

Beneficiary Information – Company Paid Life and AD&D Insurance (Percent must equal 100%)
If you have Voluntary Term Life & AD&D Insurance and/or Voluntary AD&D Insurance and want to designate different beneficiaries, please add additional sheet(s) for a separate designation.

Primary Beneficiary(ies)	Social Security Number	Date of Birth	Phone Number	Percent	Relation
Secondary Beneficiary(ies)	**Social Security Number**	**Date of Birth**	**Phone Number**	**Percent**	**Relation**

Married but not naming your spouse as your beneficiary? Read this section:

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs this form.

If you are not naming your spouse as beneficiary, please have your spouse sign here:

Spouse Signature:_____ Date:_____
DO NOT TYPE SIGNATURE – Please sign by hand

Signature

- I understand that this designation of beneficiaries shall apply to the benefits I have at the time this form is signed and submitted.
- I understand that the designations listed above will apply to Company Paid Life Insurance and AD&D Insurance, and if enrolled, will apply to Voluntary Term Life & AD&D Insurance and/or Voluntary AD&D Insurance to Voluntary Term Life, unless a separate designation is submitted, as of the below date.

Signature:_____ Date:_____
DO NOT TYPE SIGNATURE – Please sign by hand

10/24/19

Return beneficiary form by fax (208-672-2025) or mail to:
WinCo Holdings, Attn: Benefits, PO Box 5756, Boise, ID 83705