



**WinCo Holdings, Inc.
Beneficiary Form**

WinCo provides a base 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.

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%

In the case of an employee's death, WinCo needs to have a beneficiary form on file. In addition, if you have voluntary term life & AD&D and/or voluntary AD&D, you need beneficiaries for these benefits. (Please note this is separate from your ESOP and 401K beneficiaries. Those updates can be made online at www.newportgroup.com.)

If no beneficiary is designated:

When a beneficiary is not named, the benefit will be paid according to the following progression: legally married spouse, then natural born children, then natural parents, and then to an estate/executor of the estate.

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 have 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.

Completing this form:

All employees need to complete the Company Paid Life and AD&D Insurance section. The other sections should be completed based on your voluntary coverage enrollment.

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). Emails are not accepted. For assistance, please contact the Employee Benefits Department at benefits@wincofoods.com or 800-341-6543.



WinCo Holdings, Inc. Beneficiary Form

Employee Information – all fields required

Your Name (first, initial, last)	Employee ID #	Social Security Number	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
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Beneficiary Information – Company Paid Life and AD&D Insurance (Percent must equal 100%)

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

Beneficiary Information – Voluntary Term Life & AD&D Insurance (Percent must equal 100%)

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

Beneficiary Information – Voluntary AD&D Insurance (Percent must equal 100%)

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

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: _____

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 if I only complete the Company Paid Life and AD&D section, that the designations listed there will apply to any other benefits listed on this form that I am actively enrolled in as of the below date.

Signature: _____ Date: _____