

BENEFICIARY FORM INFORMATION AND INSTRUCTIONS

This form is a legal document that allows you to name the person(s) you wish to receive your vested plan benefits in the event of your death. It is your responsibility to notify the Plan Administrator of any change in your designation of beneficiary(ies). **Note:** If you designate your spouse as a beneficiary and your marriage to that spouse ends thereafter in a divorce, it is your responsibility to change your designated beneficiary(ies) after the divorce if you choose. If no change is made, the Plan Administrator will continue to recognize your designation of your former spouse unless you are survived by another spouse to whom you have been married for at least one year at the time of your death.

This is a legal document. It should not contain any mark outs, erasures or correction fluid. Fill out and print this online form or print and complete the form using blue or black ink. The form must have a written SIGNATURE and DATE. Fax copies cannot be accepted.

- ① Please make sure you complete your name, social security number, personnel number, date of birth and marital status.
- ② Complete Section A to designate your spouse as the **SOLE PRIMARY** Beneficiary for this benefit.

EXAMPLE:

Name <i>Mark Anderson</i>	Social Security Number <i>777-77-7777</i>	Gender <i>Male</i>	Date of Birth <i>08/31/68</i>	Payment % <i>100%</i>
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- ③ Complete Section B to designate one or more Primary Beneficiaries if you are single or if you are married and your spouse is not the sole Primary Beneficiary. If you have been married for at least one year and you name any Primary Beneficiary other than your spouse, your spouse must sign the Spousal Consent – Waiver of Benefits section (on back). **Your spouse's signature must be witnessed by a notary public.** If you designate a Primary Beneficiary other than your spouse under Section B and you do not include your spouse's consent, your designation of a Primary Beneficiary will only be effective until you have been married to that spouse for one year.

EXAMPLE:

Name <i>Jane Q. Jones</i>	Social Security Number <i>999-99-9999</i>	Relationship <i>Spouse</i>	Gender <i>Female</i>	Date of Birth <i>04/06/68</i>	Payment % <i>70%</i>
Name <i>Ethel M. Smith</i>	Social Security Number <i>888-88-8888</i>	Relationship <i>Mother *</i>	Gender <i>Female</i>	Date of Birth <i>11/15/39</i>	Payment % <i>30%</i>

* Spouse's consent necessary.

If you have more than four primary beneficiaries, please write additional beneficiaries on the back of the Beneficiary Designation Form.

- ④ Complete Section C to designate one or more Contingent Beneficiary(ies). If no Primary Beneficiary(ies) you have designated survives you, then your designated Contingent Beneficiary(ies) would receive your plan benefit.

If you have more than four contingent beneficiaries, please write additional beneficiaries on the back of the Beneficiary Designation Form.

- ⑤ **Please complete the information, print, sign and date the form and return to:**

Publix Super Markets, Inc.
Retirement Department
P.O. Box 32040
Lakeland, FL 33802-2040

Your change in beneficiary designation is not valid under the Plan until the Retirement Department receives and processes the properly completed Beneficiary Designation Form.

- ⑥ If you have any questions, please contact the Retirement Department at 1-863-688-7407, ext. 52327, or outside the Lakeland calling area dial toll-free 1-800-741-4332.

Publix Super Markets, Inc. Employee Stock Ownership Plan & Trust (ESOP) BENEFICIARY DESIGNATION FORM

Personnel #	Social Security Number
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Your Name (Last, First, Middle Initial)	Date of Birth	Marital Status
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SECTION A – If your spouse is to be the sole primary beneficiary, complete this section.

Name	Social Security Number	Gender	Date of Birth	Payment % 100%
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SECTION B – If you are single or if your spouse is not the sole primary beneficiary, complete this section.

The combined total percentage of Section B must total 100%.

Total %

Name	Social Security Number	Relationship	Gender	Date of Birth	Payment %
					%
					%
					%
					%

Minor, Incapacitated or Not Legally Competent Beneficiary: Publix Super Markets, Inc. cannot act as your legal counsel with regard to assigning a minor (not of legal age), an individual who is incapable of giving a valid release for payment or an individual who is not legally competent as a beneficiary. While you can assign such a person, Publix encourages you to seek legal advice before doing so. If there is insufficient legal documentation, it may be necessary for distribution to be made to the individual's legal guardian, as documented by a court order.

SECTION C – If your primary beneficiary(ies) has died before you and the primary beneficiary form has not been changed by you, then the contingent beneficiary(ies) you name in this section would receive your plan benefit.

The combined total percentage of Section C must total 100%.

Total %

Name	Social Security Number	Relationship	Gender	Date of Birth	Payment %
					%
					%
					%
					%

I hereby revoke any previous designation, and I hereby designate the person(s) named above to be my Primary and Contingent Beneficiaries under the Plan in the event of my death. Unless I otherwise indicate on this form or on a signed attachment hereto, if multiple Primary Beneficiaries are designated and if one or more such beneficiaries do not survive me, the share of each deceased Primary Beneficiary shall be allocated to the surviving Primary Beneficiaries in equal shares or all to the individual surviving Primary Beneficiary.

If all Primary Beneficiary(ies) are deceased then the Contingent Beneficiary(ies) shall be my beneficiary(ies). Unless I otherwise indicate on this form or on a signed attachment hereto, if multiple Contingent Beneficiaries are designated and if one or more such beneficiaries do not survive me, the share of each deceased Contingent Beneficiary shall be allocated to the surviving Contingent Beneficiaries in equal shares or all to the individual surviving Contingent Beneficiary.

Participant's Signature _____ **Date** _____

SPOUSAL CONSENT – WAIVER OF BENEFITS

I, _____, spouse of _____
(spouse's name) (participant's name)

consent to the beneficiary designation on this form. I understand that my consent is a "restricted consent," which is limited to the specific beneficiary or beneficiaries named on this form, and that my spouse may not change the beneficiary designation without my consent. I further understand that I **will not** receive any benefits from the Plan (unless this beneficiary designation form indicates otherwise) in the event of my spouse's death because of this consent. On the other hand, if I have been married to the participant for at least one year and if I **do not** sign this spousal consent, the entire death benefit would be paid to me by the Plan in the event of my spouse's death.

Spouse's Signature _____ Date _____

State of _____ County of _____. The foregoing instrument was signed and acknowledged before

me this ____ day of _____, 20____, by _____, who is personally known to me or who

(spouse's name)

produced _____ as identification and who did (did not) take an oath.

Notary Public _____ My Commission Expires _____

(Affix Notary Seal)

Received by representative of the Plan Administrator _____ this ____ day of _____, 20____