

**United Supermarkets, LLC  
College Savings Plan  
Enrollment Form**

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Name Team Member #

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Address City State Zip Code

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Phone Number

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Store # Hire Date Position

I would like to participate in the College Savings Plan. I would like to deduct the following amount per paycheck:

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Deduction Amount  
*(Please note there is a \$5 minimum contribution amount with no maximum)*

United will provide a weekly contribution on the following schedule, provided that the Team Member gives a minimum of United's contribution:

- \$5 weekly match for Team Members with less than one year of service; not yet vested.
- \$5 weekly match for Team Members with at least one year of service; become fully vested.
- \$10 weekly match for Team Members with at least two years of service.
- \$15 weekly match for Team Members with at least three years of service.
- \$20 weekly match for Team Members with at least four years of service.

I authorize this deduction to be made from my paycheck.

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Signature Date

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**For Office Use Only:**

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Authorized by: \_\_\_\_\_