



STAR 401(k) PLAN

HARDSHIP WITHDRAWAL FORM

Spousal Consent Required

INSTRUCTIONS

Attached please find an application for the hardship withdrawal from your SUPERVALU STAR 401(k) PLAN.

- Review the application and review the Hardship Withdrawal Instructions.
- Sign and date the application form, include your phone number in the space provided.
- Voya Financial™ will mail an IRS Form 1099R to you early next year, if your application is approved.
- Mail your Hardship application and supporting documentation to the following address:

REGULAR MAIL
 Voya Institutional Plan Services
 SUPERVALU STAR 401(k) PLAN
 Plan Administration Unit
 P.O. Box 24747
 Jacksonville, FL 32241-4747

OVERNIGHT MAIL
 Voya Institutional Plan Services
 SUPERVALU STAR 401(k) PLAN
 Plan Administration Unit
 8900 Freedom Commerce Parkway
 Jacksonville, FL 32256-8264

Hardship withdrawal applicants must send supporting documentation such as eviction notice, copies of medical bills with an explanation of benefits, college tuition bills, or executed contract of sale. Please see attached Hardship Withdrawal Instructions for more details.

Voya will process the application if received in a timely manner and the application is determined to be in good order. Voya will process the transaction and send the check directly to you. Voya will inform payroll to suspend contributions to your SUPERVALU STAR 401(k) PLAN for the next 6 months. If disapproved because of missing documentation or ineligible hardship reasons, you will be notified in writing.

Please note: Documentation must be complete and in good order to process your request. An incomplete application will cause a delay in receiving your check.

PART I - PARTICIPANT INFORMATION

Name _____

FIRST

MIDDLE INITIAL

LAST

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number ___ - ___ - _____ or Employee ID _____ Birth Date _____

Daytime Phone () _____ Evening Phone: () _____

(continued)



PART 2 - HARDSHIP WITHDRAWAL ELECTION

The Plan allows hardship distributions only under the following Internal Revenue Code Safe Harbor Regulations for immediate and heavy financial needs. *Please choose the one applicable to your circumstance:*

REASON	REQUIRED DOCUMENTATION	INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION
<input type="checkbox"/> Unreimbursed medical expenses for medical care described in IRC section 213(d) previously incurred or necessary to obtain medical care described in section 213(d) for: ___ You, or ___ Your spouse, or ___ Your dependents (as defined in section 152)*	<ul style="list-style-type: none"> • Explanation of Benefits (EOB) - Must be dated within past 2 years and reflect amount paid by the insurance company • Corresponding bill from the provider 	<ul style="list-style-type: none"> • EOB • Must be dated within the past 2 years, and • Must reflect the amount paid by the insurance company, and • Must reflect the amount owed by the insured • Corresponding bill <ul style="list-style-type: none"> - Must be dated within the past 90 days, and - Must indicate the amount still due by the insured
<input type="checkbox"/> Tuition, related educational fees, room, and board for the next semester or quarter of post-secondary education for: ___ You, or ___ Your spouse, or ___ Your children, or ___ Your dependents (as defined in section 152)*	<ul style="list-style-type: none"> • Itemized tuition bill, and/or Room and board statement provided by the school 	<ul style="list-style-type: none"> • Must be dated within 4 months of the beginning of the quarter or semester.
<input type="checkbox"/> Purchase of your principal residence	<ul style="list-style-type: none"> • Signed purchase contract, or • Intent-to-purchase agreement, or • If building, copy of builder's contract 	<ul style="list-style-type: none"> • Must be dated within last 30 days, and • Must reflect your name as the buyer, and • Must reflect the address of the residence being purchased, and • Must reflect the purchase price, and • Must reflect the amount of the down payment, and • Must reflect a closing date no more than 6 months in the future, and • Must reflect signatures of both buyer and seller
<input type="checkbox"/> Repair of principal residence that would qualify as a casualty deduction such as a fire or storm	<ul style="list-style-type: none"> • Billing statement • Letter from insurance company stating what is not covered from the casualty loss 	<ul style="list-style-type: none"> • Must be dated within last 4 months, and • Must reflect the amount necessary to repair principal residence
<input type="checkbox"/> Prevention of mortgage foreclosure or eviction from your principal residence	<ul style="list-style-type: none"> • Bank/mortgage statement, or • Letter from bank/mortgage company, or • Letter from landlord, or • Copy of the court document substantiating the eviction or foreclosure legal proceedings 	<ul style="list-style-type: none"> • Must be dated within last 4 months, and • Must reflect the amount necessary to prevent foreclosure or eviction, and • If statement or letter, must threaten eviction or foreclosure and • Document must contain eviction/foreclosure date. This date must be in the future • Letter of instruction detailing the time period of missed payments
<input type="checkbox"/> Funeral/Burial expenses for: ___ You, or ___ Your spouse, or ___ Your children, or ___ Your dependents (as defined in section 152)*	<ul style="list-style-type: none"> • Funeral/burial billing statement 	<ul style="list-style-type: none"> • Must reflect name of deceased, and • Must reflect date of services provided within the past 90 days, and • Must reflect your name as individual billed; and • Must include itemized funeral/burial expenses

*Without regard to the gross income exclusion of section 152 (d)(1)(B). (Generally those who you claim as dependents on your federal tax return)



In addition:

- The distribution cannot exceed the amount of your immediate and heavy financial need. The amount of your immediate and heavy financial need may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution.
- You will be prohibited from making any elective contributions to the plan for 6 months after receipt of the hardship distribution.
- You must have exhausted all other loan and withdrawal options available to you under the Plan.
- You can not remit multiple hardship requests for a time period that was previously submitted.

If you complete and return this form, you are certifying that you acknowledge and meet the Plan requirements.

Amount of Withdrawal: \$ _____

If you would like all or a portion of your Company Stock in-kind, please enclose a letter of direction along with this application.

Federal and State Withholding* Election

Elect only one option.

- I elect 10% federal income tax withholding and any applicable state tax withholding. (or)
- I elect to have no federal income tax or applicable state tax withheld. (or)
- I elect _____% (enter percentage desired) federal income tax withholding and _____% (enter percentage desired) state tax withholding (if applicable). (or).
- I elect \$ _____ (enter specific dollar amount) of federal income tax withholding and \$ _____ (enter specific dollar amount) state tax withholding (if applicable).

If no election is indicated above, 10% federal income tax and applicable state tax will be withheld.

Note: Notwithstanding the above election, state income tax will be withheld if required.

Company Stock Fund - Dividend Option

In order to receive a hardship distribution, your dividend option on the Company Stock Fund must be set up as a direct payment. As a result, if your hardship is approved and you are not currently set up to receive your Company Stock dividend in cash, this election will automatically be set up on your account.

PART 3 - 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: ___/___/___

How would you like to receive your withdrawal?

- First Class Mail at no additional charge.
- Overnight Delivery. I understand I will pay a non refundable fee of \$20 which will be deducted from my account.
- ACH Note: You must already have banking information on file with the Plan for at least 7 days in order for this payment to be directly deposited to your bank via automated clearing house.

(continued)

***Withholding Tax Notice**

Please review carefully since taxes withheld are remitted to the internal Revenue Service as soon as a distribution occurs and cannot be returned.

I understand that the hardship withdrawal is not eligible to be rolled over and that unless I elect not to have taxes withheld, 10% of the taxable portion of my distribution will be withheld and remitted to the internal Revenue Service (IRS). Depending upon my tax status, I may owe additional taxes on this distribution.

I understand that I may defer my distribution at least thirty (30) days after receipt of Special Tax Notice. By electing to take a distribution or initiating a direct rollover now, I am waiving this 30-day period.

I understand that my distribution may also be subject to state income tax and that I may elect not to have state income withholding apply to my withdrawal. If I do not elect to have state income taxes withheld, I may be responsible for payment of an estimated state income tax.

A portion of this distribution may also be subject to the 10% penalty tax under the Internal Revenue Code for early withdrawals. This penalty tax is in addition to federal and state income taxes.



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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. 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.

PART 4 - 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: ___/___/___

Notarization/Witness Required for Married Participant

State of _____ County of _____ SEAL

PART 5 - PARTICIPANT AUTHORIZATION

I hereby authorize SUPERVALU and Voya to contact any person or business to confirm the facts and conditions contained in this application, including all attachments. I certify that all the information contained in this application is true and correct.

Participant Signature _____ Date: ___/___/___

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 Associates are available Monday through Friday, 7:00 a.m. to 8:00 p.m. Central Time (exclusive of stock market holidays).