

ENROLLMENT FORM

United Supermarkets, LLC
401(k) Retirement and Savings Plan

Plan Number: 555529

Participant Information

Name (first, middle initial, last)		Social Security Number	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		Date of Birth (mm/dd/yyyy)	Date of Hire (mm/dd/yyyy)	
City/Town	State	Zip Code		

Contribution Rate Information

- Yes, I request that my employer defer my compensation by ____%.
- No, I waive my right to defer any portion of my compensation at this time.

Fund Selection

I have received and reviewed the ING participant disclosure booklet, prospectuses and/or investment option summaries describing the investment options. A maximum of 20 investment options may be selected.

ING Solution Portfolios		ING Oppenheimer Global Portfolio - I	(432) ____%
ING Solution 2045 Portfolio - Adv	(763) ____%	Total	<u>100</u> %
ING Solution 2035 Portfolio - Adv	(760) ____%		
ING Solution 2025 Portfolio - Adv	(749) ____%		
ING Solution 2015 Port - Adv Class	(745) ____%		
ING Solution Income Portfolio - Adv	(766) ____%		
Stability of Principal			
ING Fixed Account	(xxx) ____%		
Bonds			
ING Intermediate Bond Fund - A	(497) ____%		
Pioneer High Yield Fund - A	(948) ____%		
Balanced			
American Balanced Fund - R-3	(341) ____%		
Large Cap Value			
Pioneer Fund - A	(923) ____%		
Vanguard VIF Diversified Value	(412) ____%		
Large Cap Growth			
Fidelity VIP Contrafund Port - Init	(133) ____%		
The Growth Fund of America - R3	(487) ____%		
Small/Mid/Specialty			
Baron Asset Fund	(921) ____%		
CRIM Mid Cap Value Fund - Investor Sh	(457) ____%		
Franklin Sm Cap Val Sec Fd - 2	(073) ____%		
ING JPMorgan Mid Cap Val Port - Init	(429) ____%		
ING Van Kampen Real Est Port-Svc	(1019) ____%		
Vanguard VIF Small Company Growth	(413) ____%		
Global / International			
EuroPacific Growth Fund - R3	(496) ____%		

Complete the contribution percentages, in whole numbers, to total 100%.
You must initial any erasures, strikeouts or corrections.

Enrollment Form (continued)

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Name (first, middle initial, last)

Social Security Number

Fund Selection (continued)

Acknowledgements and Signatures

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. I understand that my employer's plan offers multiple investment options under a group annuity contract issues by ING Life Insurance and Annuity Company.

Participant Signature _____ Date _____

Rollovers

Consider ROLLING over your other eligible retirement plan assets! Tell us when and how we can reach you, and we'll help you consolidate.

- Yes! Tell me how ING can help me benefit from rolling over my retirement investments. Please call me at () to discuss my options. The best time to call is _____ a.m. or _____ p.m. My estimated rollover balance is \$_____. If I want to learn about rollover opportunities now, I will call ING at 866-579-2324.