United Supermarkets, L.L.C.
College Savings Plan
Change Funds Form

Please Type or Print

Name _____ Team Member # _____

Address _____ City _____

State _____ Zip _____ ( ) Area Code _____ Phone _____

☐ I wish to change the weekly amount I am contributing to the College Savings Plan. I wish to begin contributing this amount per pay period:

$_____

I understand that I must contribute a minimum of United's contribution to receive the United match.
(See plan details to learn what United will contribute to your account based on years of service.)

☐ I wish to withdraw the funds that I have contributed to the College Savings Plan. I understand that by withdrawing my funds, I am forfeiting any matching United funds and cancelling my enrollment in this Savings Plan. ****(You may not re-enroll for 150 days.)**

$ _____
Amount Requested:

☐ I wish to withdraw money from my account. I understand that the same amount of matching United funds will be forfeited. Further, I will remain enrolled in the College Saving Plan and my current deduction will remain the same.

$ _____
Amount Requested:

☐ I wish to withdraw money from my account. Enclosed is my tuition receipt and transcript. I understand that both my contribution and matching United funds will be dispursed. Further, I will remain enrolled in the College Savings Plan and my current deduction will remain.

$ _____
Amount Requested:

☐ I wish to withdraw money from my account. Enclosed is my tuition and transcript. I understand that both my contribution and matching United funds will be dispursed. Further, I wish to withdraw from the plan and STOP contributions.

$ _____
Amount Requested:

_____ _____
Signature Date

For Office Use Only

Date Received: _____

Date Entered: _____ Authorized by _____

Please mail or fax to:
United Supermarkets L.L.C.
Attn: College Savings Plan
7830 Orlando Ave.
Lubbock, TX 79423
fax: 806-791-6349