

Publix Direct Deposit Authorization for PROFIT Plan Dividend

Instructions

Most PROFIT Plan participants can elect or manage direct deposit on Publix Stockholder Online from corporate.publix.com/stock. If you do not have access to Publix Stockholder Online, follow the steps below.

1. Complete the information below to have future PROFIT Plan dividends automatically deposited in a financial institution account of your choosing.
2. Attach a **voided check** or **signed letter** from your financial institution to verify your routing number and account number. A deposit slip is not accepted for verification.
3. Print, sign, date and return the form to: Publix stockholder services, P.O. Box 32040, Lakeland, Florida 33802-2040.

Note: Stockholder services must receive this form at least two weeks before a dividend record date to process it in time for that dividend payment. However, it will apply to any subsequent dividends.

PROFIT Plan Account

Participant's Name: _____

Publix Personnel Number or Social Security Number: _____

Financial Institution Account Information

Please specify the financial institution account where you want dividends to be direct deposited.

- The financial institution account **must be in the PROFIT Plan participant's name**
- Dividends cannot be deposited into a brokerage or mutual fund account, or a foreign bank account.

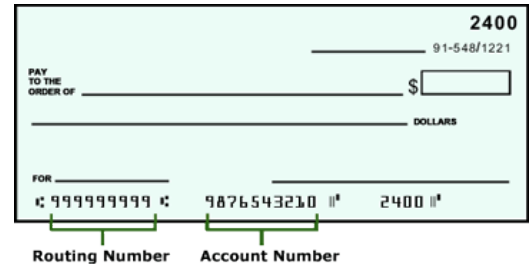
Financial Institution Name: _____

Routing Number: _____
(9-digit number)

Account Number: _____
(account numbers vary in length)

Account Type: Checking

Savings



A **voided check** or **signed letter** from your financial institution is required to verify the information.

Signatures and Acknowledgments

Your signature on this completed form provides your express authorization to update your PROFIT Plan account with the financial institution account information provided above. This form revokes any previous direct deposit termination request, previous opt-out election or previous direct deposit authorization that stockholder services may have on file for you. It is your responsibility to notify stockholder services of changes in financial institution information.

I hereby authorize Publix Super Markets, Inc. (Publix) to deposit any future PROFIT Plan dividend payment by electronic funds in the financial institution account elected above. I also authorize Publix to initiate corrections to my financial institution account credited in error, including any necessary debits to my account for the amount(s) not to exceed the original amount(s) of the credit(s), and I waive any claim, without limitation, against Publix or my financial institution with respect to the operation of this direct deposit service. This authority is to remain in effect until my written authorization to terminate direct deposit of my PROFIT Plan dividend is received in time to afford Publix reasonable opportunity to act on it. **When signing as attorney-in-fact, executor, administrator, trustee, guardian or other representative capacity, please give full title as such.**

My checking account verification information (a voided check or signed letter from my financial institution) is enclosed.

My savings account verification information (a signed letter from my financial institution) is enclosed.

Signature: _____ Date: _____

Daytime Telephone Number: _____