

SOUTHERN STATES SAVINGS AND RETIREMENT PLAN TRUST FUND

1910 82ND Ave., Suite 103
Vero Beach, FL. 32966
772-217-8426 / 888-922-3599

Beneficiary Withdrawal Request Form

Please fill in all personal information here to avoid delays in completing your request.
Participants Name: Participant SSN:
Participants Date of Birth: Participants Date of Death:
Beneficiary Name: Beneficiary SSN:
Beneficiary Telephone #: Beneficiary Date of Birth:
Address:
City State Zip Code

Please check the correct box and complete that section

I understand, as a beneficiary, I must provide a copy of the participants Death Certificate and any other document requested by the Fund Office

[] Lump Sum Withdrawal - I hereby request to withdraw all funds deposited by the participant and employer

Signature of Beneficiary Date

[] Partial/Share - I hereby request to withdraw partial/equal shares of funds entitled to me.

Office Use: Share: \$

Signature of Beneficiary Date

FEDERAL WITHHOLDING/DIRECT ROLLOVER

Please Choose One

- [] I understand that 20% of employer contribution & interest will be withheld for Federal Income Taxes
[] I choose to have 30% of employer contribution and interest to be withheld for Federal Income Taxes
[] I request to rollover my total funds

Rollover Information: Please provide the name and address of the Financial Institute

Name of Financial Institute:
Beneficiary's Name: FBO:
Financial Inst. Address:
Telephone #
Acct #

Signature must be witnessed by a Notary Public

State of
County of

Subscribed and Sworn to this day of, 20, before me the undersigned authority.

Notary Public

My Commission Expires