

Southern States Savings & Retirement Trust Fund
1910 82nd Ave., Suite 103
Vero Beach, FL 32966
772-217-8426 888-922-3599

DESIGNATION OF BENEFICIARY

Please indicate the name of your primary and alternate beneficiary (ies). If you are married, your spouse is automatically your primary beneficiary, although you may name someone other than your spouse as your primary beneficiary if your spouse consents. In the event of your death, any benefits payable under the Fund as a result of your death will be paid to your primary beneficiary. However, should your primary beneficiary die before you, then your alternate beneficiary would receive the benefit.

MEMBER INFORMATION (please print clearly)

Name: _____ Social Security Number: _____

Date of Birth: _____ Telephone # _____

Address: _____

Employer: _____

PRIMARY BENEFICIARY (ies) (Spouse, if applicable)

Name: _____ Relationship _____ DOB: _____ SSN _____

Name: _____ Relationship _____ DOB: _____ SSN _____

Name: _____ Relationship _____ DOB: _____ SSN _____

ALTERNATE BENEFICIARY (ies)

Name: _____ Relationship _____ DOB: _____ SSN _____

Name: _____ Relationship _____ DOB: _____ SSN _____

Name: _____ Relationship _____ DOB: _____ SSN _____

SPOUSAL CONSENT (Member signature & spouse's signature must be notarized)

I, _____ understand that, since I am legally married to a member of the Southern State Savings & Retirement Plan, I will be considered to be the primary beneficiary with respect to the benefit provided under the Plan in the event of my spouse's death unless I consent to let my spouse name someone other than myself as the primary beneficiary,

By signing this form, I give my spouse my consent to name the person(s) listed in PRIMARY BENEFICIARY and ALTERNATE BENEFICIARY (ies) with respect to the benefit provided under the Fund.

Signature of Member's Spouse

Signature of Member

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public