

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

**Distribution Election**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

I elect the following benefit payment option, payable:  immediately  at retirement date

**PLEASE CHOOSE ONE**

**Lump Sum Payment:** A single sum payment of my entire Plan benefit equal to \$ \_\_\_\_\_

**Partial Payment:** A single partial payment in the amount of: \$ \_\_\_\_\_

**MONTHLY ANNUITY – IMPORTANT INFORMATION**

When considering the benefit option of monthly annuity, there could be differences in total value between the options, because some benefit options may provide greater total payments to you and your beneficiary than other benefit options. However, the actual total value of the payments made under each benefit option will ultimately depend on your longevity and that of your beneficiary.

**Single Life Annuity\*:** An estimated monthly benefit of \$ \_\_\_\_\_ for my lifetime only, with no benefit payable to anyone upon my death

**Joint and 50% Survivor Annuity:** An estimated monthly benefit of \$ \_\_\_\_\_ for my lifetime with 50% of that benefit to my surviving spouse upon my death.

**Joint and 75% Survivor Annuity:** An estimated monthly benefit of \$ \_\_\_\_\_ for my lifetime with 75% of that benefit to my surviving spouse upon my death.

**Joint and 100% Survivor Annuity:** An estimated monthly benefit of \$ \_\_\_\_\_ for my lifetime with 100% of that benefit to my surviving spouse upon my death.

**CERTIFICATION AND SIGNATURE**

I certify that all information provided above is fully accurate and complete and that this form revokes all prior elections regarding the beneficiary for, and the form of, my retirement benefit under the Southern States Savings and Retirement Plan (the Plan). I further certify that I have received and read a copy of the **Special Tax Notice Regarding Plan Payment** from the Plan Administrator and I understand my rights concerning eligible rollover distributions. If I am electing to receive an early retirement benefit, I understand that I have the right to defer receipt of my benefit until my normal retirement date and that, if I do defer receipt, I may receive a larger monthly benefit accordingly. I hereby provide my written consent to receive payment of my Plan benefit at the indicated time.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

**Signature Must Be Witnessed By A Notary Public**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, the above personally appeared, know to me to be the person whose signature is subscribed to the foregoing Spouse Consent for Lump-Sum Withdrawal, who acknowledged that he/she executed the same for the purposes therein contained.

\_\_\_\_\_  
**Notary Public**

My Commission Expires: \_\_\_\_\_