

# Southern States Saving and Retirement Plan Trust Fund

1910 82<sup>nd</sup> Ave., Suite 103  
Vero Beach, FL 32966  
772-217-8426 888-922-3599

## Federal Withholding/Direct Rollover Form

Please Fill In All Personal Information Here To Avoid Delays In Completing Your Request  
**PLEASE PRINT CLEARLY**

<b>Name</b>	<b>Date of Birth</b>
<b>Address</b>	<b>Social Security #</b>
<b>Employer:</b>	
<b>Local Union:</b>	
<b>Telephone #:</b>	<b>Marital Status – Choose One</b> <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W

### Federal Income Tax Withholding Rule:

If you have your Plan benefits paid directly to you, we are required to withhold 20% of your employer contributions and interest for Federal Income Tax. If you are not retirement age, 59 1/2, and your funds are paid directly to you the IRS may assess a 10% penalty for early withdrawal. You may choose to have this taken from your payment at this time.

#### Please Choose One

- I understand that 20% of employer contribution and 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.

#### ***Please Check The Correct Box And Complete That Section***

- I request direct payment to me of \_\_\_ ALL funds or \_\_\_ PARTIAL funds in the amount of \$\_\_\_\_\_.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

#### Payment Options

- Please mail a check directly to the address provided  
 Please make a direct deposit into my checking account (**A voided check must be provided with your name and address printed on the check**)

#### Rollover

**Direct Rollover Rule:** You can rollover your funds to an IRA or another qualified plan only if the amount you rollover is greater than \$600. You can have part of your benefits paid directly to you and the remainder, greater than \$600, can be rolled over. No Federal Income Tax will be withheld on a complete rollover.

- I request direct payment to me in the amount of \$\_\_\_\_\_ and request to rollover the balance.  
(Complete Rollover Information Below)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

- I request to rollover my total funds. (Complete Rollover Information Below)

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name of Financial Institute: \_\_\_\_\_

Participant's Name: FBO: \_\_\_\_\_

Financial Inst. Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Acct # \_\_\_\_\_

- Please mail rollover check to me for delivery to new plan  
 Please mail rollover directly to plan

**Reverse Side (Over)**