

**SOUTHERN STATES SAVINGS AND RETIREMENT PLAN TRUST FUND**

1910 82<sup>nd</sup> Ave., Suite 103

Vero Beach, FL 32966

772-217-8426 888-922-3599

**Spousal Consent**

Name of Participant: \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

**Notice of Federal Income Tax Withholding Law Affecting Lump-Sum/Partial / 70 ½ Distributions  
SPOUSAL CONSENT TO PAYMENT AS OTHER THAN QUALIFIED JOINT AND SURVIVOR ANNUITY**

For Termination, Resignation, and 70 ½ benefits only. You, as the **spouse** of the Participant must certify that you agree to this payment being made in the form of a single lump sum, a partial withdrawal, and/or a roll over into a Rollover IRS, paid to your spouse, the Participant, with taxes withheld as prescribed by IRS Rules or paid in an optional form.

Rules regarding this distribution can be obtained by the Fund Office

**Spouse Consent for lump-sum or partial payment for a Termination, Resignation and 70 ½ withdrawal where lump-sum exceeds employer contribution amounts by \$5,000.00 or more.**

The Southern States Savings and Retirement Plan provide an employee who has been terminated or resigns or is age 70 ½ or more from the participating employer, a one-time lump-sum or partial withdrawal. Your spouse has requested a lump-sum or partial payment. Any one-time lump-sum payment releases you and your spouse of entitlement for further money from this fund.

I have read this form and acknowledge by my signature below that I am consenting to my spouse's request to withdraw a lump-sum payment or a partial 70 ½ withdrawal payment or another form different from the Qualified Joint and Survivor Annuity. I hereby knowingly and voluntarily consent to my spouse's election of an optional form of payment, as indicated. In giving my consent, I understand that if a lump-sum payment is paid out I will receive no benefit from the Plan upon the death of my spouse. I further understand that my consent and signature must be received by the Trustees of the Southern States Savings and Retirement Plan before any payment can be sent.

\_\_\_\_\_  
Signed by Spouse of Participant 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, known 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.

Witness my hand and seal.

Notary Public \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

Prepared by SSRP administrative office