

SOUTHERN STATES SAVINGS AND RETIREMENT PLAN TRUST FUND

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

Withdrawal Request Form

Please fill in all personal information here to avoid delays in completing your request. PLEASE PRINT CLEARLY
Name Date of Birth
Address Social Security #
City Employer
State Zip Code Local Union
Telephone # Marital Status M S D W
Date of Termination/Retirement Spouse Date of Birth

Please check the correct box and complete that section

Withdrawal Employee Contributions
I hereby request to withdraw ALL OR \$ from my employee contributions.
I understand I cannot make further withdrawals for one year from the date of this request.

Sign: Date:

Termination / Resignation Withdrawal Request / 72 Withdrawal

I hereby request to withdraw all funds deposited by the participant and/or employer and close this account
I hereby request to make a partial withdrawal in the amount of \$
I understand I must provide a Separation Letter from the company stating my last date of employment

Sign: Date:

Retirement / Disability

This is to notify you I have retired or become disabled effective
I hereby request to withdraw all funds deposited by the participant and employer and close this account.
I hereby request to make a partial withdrawal in the amount of \$
I understand I must provide a Separation Letter from my company stating my last date of employment

Sign: Date:

Plan Terminated by Employer

This is to notify you that my employer no longer participates in your retirement plan effective
I hereby request to withdraw ALL funds OR PARTIAL in the amount of \$ deposited by the participant and employer and close this account.

Sign: Date:

Payment Option

- 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)

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