

SOUTHERN STATES SAVINGS & RETIREMENT PLAN TRUST FUND

MEMBER INFORMATION

ENROLLMENT CARD

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

ADDRESS

SEX

MALE
FEMALE

MARITAL
STATUS

SINGLE
MARRIED

DIVORCED

CITY, STATE, ZIP CODE

\$

SALARY

DATE OF BIRTH

EMPLOYER

DATE OF HIRE

LOCAL UNION NO.

BENEFICIARY INFORMATION

NAME

RELATIONSHIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

VOLUNTARY CONTRIBUTION INFORMATION

Under the rules of the Southern States Savings & Retirement Plan Trust you are entitled to make voluntary contributions equal to 25%, 50%, 75%, or 100% of the employer contributions made on your behalf. If you wish to make voluntary contributions, please check the appropriate box below.

25%

50%

75%

100%

Effective Date of Voluntary Contributions _____.

This authorization may be cancelled or amended upon thirty (30) days notice to the employer and the Trustees in accordance with the Retirement Plan Rules.

DATE SIGNED _____

Employee Signature _____

White/Fund Office

Canary/Employee