

SOUTHERN STATES SAVINGS AND RETIREMENT PLAN TRUST FUND

576 Sigman Road, Suite 800
 Conyers, GA 30013
 770-922-3599 / 888-922-3599

Please fill in all personal information here to avoid delays in completing your request.

Name	Date of Birth
Address	Social Security #
	Employer
Telephone #	Local Union
Date of Termination/Retirement	Marital Status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W
I am the: <input type="checkbox"/> Participant <input type="checkbox"/> Beneficiary	Spouse Date of Birth

Withdrawal Request Form

Please check the correct box and complete that section

I understand that first 8 weeks of the employer contributions were allocated to administrative expense and I am not entitled to these funds

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.

Signed _____ Date _____

Termination/Resignation Withdrawal Request
 This is to notify you I have terminated my employment 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 send you a copy of my termination or resignation letter.

Signed _____ Date _____

Retirement, Disability or Deceased Withdrawal Request
 This is to notify you I have retired or become disabled effective _____ or Participant death on _____
 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 send you a copy of my termination or resignation letter.
In the death of a participant the Beneficiary understands that a copy of a Death Certificate must be provided.

Signed _____ 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.

Signed _____ Date _____

Suspend Employer Contributions
 This is to notify you that I wish to stop employee contributions. I understand I must notify my employer as well.

Signed _____ Date _____

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 _____

Southern States Savings and Retirement Plan Trust Fund

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	Employer
	Local Union
Telephone #	Marital Status - check one <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W

Federal Withholding/Direct Rollover Form

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.

Direct Rollover Rule:

You can rollover your funds to an IRA or another qualified plan only if the amount you rollover is greater than \$500. You can have part of your benefits paid directly to you and the remainder, greater than \$500, can be rolled over. No Federal income tax will be withheld on a complete rollover.

Please check the correct box and complete that section

I request direct payment to me. I understand 20% of employer contributions and interest will be withheld for Federal income taxes.

Signed _____

Date _____

I request direct payment to me. I request 30% be withheld for Federal income taxes and early withdrawal penalty.

Signed _____

Date _____

I request to rollover my total funds. (Complete rollover information below)

Signed _____

Date _____

I request direct payment to me in the amount of \$ _____ and request to rollover \$ _____
I understand 20% will be withheld for Federal income taxes from the portion payable to me.
(Complete rollover information below)

Rollover Information

Name of IRA or qualified plan _____

Account # _____

Address _____

Telephone # _____

Please mail rollover check to me for delivery to new plan.

Please mail rollover directly to plan.

Prepared by SSRP administrative office