



Board of Commissioners of the Magistrates Retirement Fund of Georgia

P.O. Box 56, Griffin, Georgia 30224

Phone: (770) 228-8461 · Fax: (770) 412-1236

www.mrf.georgia.gov

Dear Judge:

Let me extend my congratulations to you for serving as Chief Magistrate of your county and offer greetings from the Board of Commissioners of the Magistrates Retirement Fund of Georgia.

The Chief Magistrate Judge of each county in the state of Georgia is invited to join the Magistrates Retirement Fund. You must apply within six (6) months after becoming eligible for membership. Monthly dues are determined per a base salary schedule and are due by the 10th of each month. Please contact our office at 770 228-8461 to determine the amount of dues for your county. For your convenience, a bank draft form is included in your application packet. If you choose this option, your account would be drafted on the 10th of each month. We have also included a payroll deduction form in case this option is offered by your county.

Please include a copy of your birth certificate and your oath of office with your application. These do not need to be certified copies.

Again, let me congratulate you as Chief Magistrate and hope we can welcome you as a member of our Fund. If at any time, you need help or have questions, please call this office.

Sincerely,

Robert W. Carter
Secretary/Treasurer

Enclosures



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APPLICATION FOR MEMBERSHIP

State of Georgia, County of _____

Name: _____
(Last) (First) (Middle)

Preferred Mailing Address: _____

Phone Number: _____ E-Mail: _____

Social Security Number: _____

Date of Birth: _____ Sex: _____

Name of Spouse: _____ Spouse's Date of Birth: _____

I was duly qualified and commenced serving as Chief Magistrate Judge of the Magistrate Court of _____
County, Georgia, on the _____ day of _____.

I hereby apply for membership in the Magistrate's Retirement Fund of Georgia, to be effective _____,
_____, under the provision of an act of the General Assembly of Georgia effective July 1, 2006, and abide by the terms of
law governing said retirement system.

**I DO SOLEMNLY SWEAR THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT,
SO HELP ME GOD.**

Sworn to and subscribed
before me, this the _____
day of _____
(Month) (Year)

Signature

Please Print Name Date

Notary Public



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BANK DRAFT AUTHORIZATION FORM

I authorize Magistrates Retirement Fund of Georgia to initiate debit entries to my bank account identified below at the depository named below and to debit the same in the amount of \$ _____ on the tenth day of each month. Said debit entries to be used solely to pay my monthly dues in the MAGISTRATES RETIREMENT FUND OF GEORGIA.

Depository (Bank) Name: _____

Bank Address:

Street: _____

City: _____ State: _____

Bank Routing No.: _____ Account No.: _____

(Please attach a voided check showing the routing and account numbers)

This authorization shall remain in full force and effect until the Magistrates Retirement Fund of Georgia has received written notification from me of termination. Such notification shall be received in the office of the Magistrates Retirement Fund of Georgia by the first day of the month before such termination is requested.

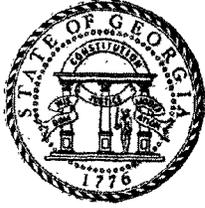
Member's Signature: _____ Date: _____

Print Member's Name: _____ SSN: _____

Mail Address: _____ Ph. No.: _____

City, State, Zip: _____

E-mail address: _____



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PAYROLL DEDUCTION AUTHORIZATION

Payroll Deduction: A number of counties offer payroll deduction as a convenience to their employees. If your county offers payroll deduction, you should complete the bottom of this form and turn it into your Personnel/Payroll Department to begin deductions from your paycheck.

DO NOT SEND THIS FORM BACK TO US

I hereby authorize and direct deduction from my salary in the amount of \$ _____ for the payment of monthly dues to the Magistrates Retirement Fund of Georgia. This authorization shall remain in effect as long as I am employed or until canceled by me in writing.

Employee Name (Please print)

County of Employer SSN

Employee Signature Date

Please contact the Magistrates Retirement Fund of Georgia if you have any questions.



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SURVIVAL BENEFICIARY FORM

I, _____ (print name) of _____ County designate
my spouse _____ (print name) to be Beneficiary of my Retirement
Benefits pursuant to the Magistrates Retirement Fund of Georgia.

(Signature)

Date: _____

Address of Beneficiary:

Date of Birth of Beneficiary

*Note: Please include apartment number and zip code

I, _____ (print name) of _____ County designate
_____ (print name) who is not my spouse but is allowed under Georgia
law to be the Beneficiary of my Retirement Benefits pursuant to the Magistrates Retirement Fund of Georgia. I
have attached either () the Affidavit of my spouse or () my Affidavit of the familial relationship through
blood, marriage, or adoption to Beneficiary.

(Signature)

Date: _____

Address of Beneficiary:

Date of Birth of Beneficiary

*Note: Please include apartment number and zip code