



# Board of Commissioners of the Magistrates Retirement Fund of Georgia

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[www.mrf.georgia.gov](http://www.mrf.georgia.gov)

## REFUND REQUEST FORM

Check made payable to (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Note: Please include apartment number and zip code

Name: \_\_\_\_\_ County: \_\_\_\_\_

Reason for Refund:

Medical/Illness     Conflict     Other: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### For MRFOFG Use Only

Cancellation     Conflict     Other: \_\_\_\_\_

Approved     Denied     Amount of Refund: \$ \_\_\_\_\_

\_\_\_\_\_  
Representative of MRFOFG

\_\_\_\_\_  
Date