



Board of Commissioners of the  
Magistrates Retirement Fund of Georgia

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

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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: \_\_\_\_\_

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Address of Beneficiary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth of Beneficiary  
\_\_\_\_\_

\*Note: Please include apartment number and zip code

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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: \_\_\_\_\_

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Address of Beneficiary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth of Beneficiary  
\_\_\_\_\_

\*Note: Please include apartment number and zip code