



Board of Commissioners of the Magistrates Retirement Fund of Georgia

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www.mrf.georgia.gov

FOR OFFICE USE ONLY

Member #: _____

Pre-Retirement Option Choice

Member Name: _____ SSN: _____

Email Address: _____ Phone #: _____

Mailing Address: _____
Street, City, State and Zip Code

Survivor Declaration

Survivor Name: _____ SSN: _____

Date of Birth: _____ Age: _____ Relationship to Member: _____

Email Address: _____ Preferred Phone #: _____

Mailing Address: _____
Street, City, State and Zip Code

Please initial the blank to the left of the description of the Option you choose.

INITIAL BELOW	DESCRIPTION OF OPTIONS
_____	Option 1: 50% Joint Life with Age Restriction: At the death of the member, the designated survivor will receive <u>one-half</u> of the amount the member is eligible to receive. Such benefits will become effective upon the designated survivor attaining 60 years of age.
_____	Option 2: 100% Joint Life Annuity – No Age Restriction. The designated survivor will receive an actuarially reduced monthly retirement benefit based on the judge's age and the age of the judge's designated survivor at the time of death equal to the amount the member would have received at retirement. Under this option, the designated survivor does NOT have to attain the age 60.
_____	Option 3: 50% Joint Life Annuity – No Age Restriction. The designated survivor will receive <u>one-half</u> of an actuarially reduced monthly retirement benefit based on the judge's age and the age of the judge's designated survivor at the time of death. Under this option, the designated survivor does NOT have to attain the age 60.

**In all cases, the survivor benefits will commence at the time the Judge would have been 60 years of old.*

****The designated survivor shall be a person with whom the member has a familial relationship through blood, marriage or adoption (O.C.G.A. 47-25-82 (d)). If the member is married and designates someone other than the spouse as the sole beneficiary, the spouse must consent in the presence of a notary.**

Spousal Consent (Required only if the designated survivor is not spouse) OATH: I am the spouse of the above named Magistrate Judge. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I hereby give the account holder any interest I have in the funds and consent to the above beneficiary designation. I assume full responsibility for any adverse consequences that may result. Due to the important tax consequences of giving up my interest in the Retirement Fund, I have been advised to see a tax professional. No tax or legal advice was given to me by the custodian.

Spouse Name: _____ Spouse Signature: _____

Date: _____

OATH: By signature below, I indicate that I have read and understand the Option Choices and that I made this choice of my own free will. I understand that I will be required to choose the option again at retirement.

Notary Public: _____ Member Signature: _____

My Commission Expires: _____ Date: _____