



Magistrates Retirement Fund of Georgia

1210 Greenbelt Drive, Griffin, GA 30224

phone: 770-228-8461 | fax: 770-412-1236

www.mrf.georgia.gov | email: mrf@rfga.us

Refund Request

Instructions: Complete the information below and return it to the Fund for processing. The Fund will process the refund request upon receipt of this completed form (approximately 7-10 business days). The refund will be issued by ACH to the bank account indicated by the provided information.

Member Information

Name: _____ Member #: _____

Phone #: _____ Social Security #: _____

Email Address: _____

Mailing Address: _____

County Served: _____ Ending Date of Service: _____

Banking Information

Bank Name: _____ Checking or Savings: _____

Routing #: _____ Account #: _____

TO ENSURE ACCURACY PLEASE ATTACH
A VOIDED CHECK -OR- LETTER FROM FINANCIAL INSTITUTION
THAT VERIFIES ROUTING AND ACCOUNT NUMBERS

ACKNOWLEDGEMENT: By signing below, I request the return of my contributions as provided in Georgia Code §47-25-83. I understand that I am waiving all benefits I may have had in the Magistrates Retirement Fund of Georgia for myself and my beneficiaries.

I further understand that I may receive a refund of all dues paid, together with simple interest at the rate of 5% per annum, calculated from the end of the calendar year in which each payment was made through the end of the calendar year immediately preceding my application for refund.

I authorize the Fund to send my refund for deposit to my account at the financial institution ("bank") designated above. This authorization is not an assignment of my right to receive a refund. I understand that the bank reserves the right to cancel this transaction by notifying me and the Fund; however, this authorization will remain in effect until cancelled by notice to the Fund from me or by the bank.

Witnessed on: _____ Member Signature

This _____ day of _____

Notary Name: _____

Notary Signature: _____

My commission expires: _____