



Board of Commissioners of the Magistrates Retirement Fund of Georgia

1208 Greenbelt Drive, Griffin GA 30224
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REFUND REQUEST

Member Name: _____ Member #: _____

Phone #: _____ SSN: _____

Mailing Address: _____
Street

City, State and Zip Code

Email Address: _____

County Served: _____ Ending Date of Service: _____

By my signature below, I request the return of my contributed dues (as provided in Georgia Code 47-25-83).

I understand that I may withdraw all dues paid, together with 5 percent simple interest per annum from the end of the calendar year in which paid to the end of the calendar year next preceding the application for the refund. I understand that I am waiving any right to retirement benefits with the Magistrate Retirement Fund.

Witnessed by: _____
Notary Public

My Commission Expires: _____

Member Signature

Date