**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

# *Information Regarding Your Membership Application*

Greetings from the Board of Commissioners and Staff of the Magistrates Retirement Fund of Georgia! We look forward to welcoming you as a member of the Fund.

Membership is available to every Chief Magistrate Judge in the State of Georgia. Eligible judges may enroll upon taking office and must submit their application within the first six (6) months of their term.

## *Required Documents*

Please submit the following documents with your Application for Membership:

1. **Copy of Oath of Office**
2. **Copy of Birth Certificate**
3. **Pre-retirement Option Choice Form**
    a. Must be completed, signed, and notarized.
    b. This option applies only if you pass away while in office after meeting vesting requirements.
    c. You will have the opportunity to make your final Retirement Option election when completing your retirement package.
4. **Salary Affidavit** *(if applicable)*
    a. Part-time Chief Magistrate Judges.
    b. Judges serving in dual roles, such as Chief Magistrate and Probate Judge. Only compensation attributable to Magistrate duties should be reported.
5. **Initial Dues Payment (up to 6 months)**

## *Dues Payment Information*

***To confirm your monthly amount and any dues owed at enrollment, please contact the Fund office at (770) 228-8461.***

***Full-Time Chief Magistrate Judges:*** Monthly dues are calculated using the applicable Board-approved salary cap established for your county's population.

***Part-Time and Dual-Role Chief Magistrate Judges:*** Monthly dues are calculated using your actual annual Magistrate salary, not to exceed the applicable salary cap for a full-time Chief Magistrate Judge in a county with the same population.

***Payment Options:*** You may submit your dues using either of the following methods:

1. **Check or Money Order:** Submit payment for the full amount of dues owed.
2. **Automatic Withdrawal:** Complete the Automatic Withdrawal Authorization Form. Monthly withdrawals occur on the 10th of each month.

## *Separation of Office*

If you cease serving as the duly qualified Chief Magistrate Judge, your available options depend on your vesting status and age.

1. **Vested and age 60 or older:** You may apply to begin receiving retirement benefits.
2. **Vested and under age 60:** You may retain your vested membership and apply for retirement benefits upon reaching age 60. Monthly dues are no longer required once you leave office.
3. **Not Vested:** You may request a refund of dues paid to the Fund.

***For questions regarding your membership application, dues, or retirement eligibility, please contact the Fund office at (770) 228-8461.***

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# Application for Membership

**INSTRUCTIONS:** Membership application will not be considered unless accompanied by the following (for more information, please visit our website or call the office).

1. Copy of Oath of Office
2. Copy of Birth Certificate
3. Pre-Retirement Option Choice Form
4. Salary Affidavit—required if Part-time Chief Magistrate Judge or also serves as Probate Judge
5. Dues per month claimed at effective date of membership up to 6 months. ***Please call the Fund office for your specific dues amount.***

| *For Office Use Only* | |
|---|---|
| **Payment Type:** | *SELF PAYMENT CHECK MONEY ORDER ACH CASH* |
| **Check/ Money Order #:** | |
| **Payment Amount:** | |
| **Enrollment Date:** | |
| **Paid Through:** | |
| **Member #:** | |

## Applicant Information

Full Name: _____ SSN: _____

Date of Birth: _____ Preferred Phone #: _____

Email Address: _____

Mailing Address: _____

## Service Information

Employment Status: ☐ Full-time Chief Magistrate Judge

☐ Part-time Chief Magistrate Judge ] ☐ Salary Affidavit included with Application *Required*

☐ Both Chief Magistrate & Probate Judge ] ☐ Salary Affidavit for Magistrate supplement included with Application *Required*

## Membership Pledge

*I was qualified and commenced serving as Chief Judge of the Magistrate Court of* _____ (County)

*County, Georgia, on* _____ *day of* _____ (Month), _____ (Year). *I hereby apply for membership in the*

*Magistrates Retirement Fund of Georgia, to be effective on* _____ (Effective Date) *under the provision*

*under the provision of an act of the General Assembly of Georgia beginning July 1, 2006, [O.C.G.A. 47-25-20 (b)], as amended, term of law governing said retirement fund.*

***I further understand that a judge who is arrested for or has been charged by way of indictment, information, or complaint with a "public employment related crime" (as defined in O.C.G.A. § 47-1-20), shall inform the Secretary of the Magistrates Retirement Fund of Georgia in writing within five days of being arrested or being charged.***

**I DO SOLEMNLY SWEAR THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT, SO HELP ME GOD.**

Member Signature: _____

Notary Signature: _____ (Notary Seal)

My Commission Expires: _____

Acknowledged before me on this day: _____

by (Name of Signer): _____

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# *Pre-retirement Option Choice*

Member: _____ SSN #: _____

Email Address: _____ Phone #: _____

Mailing Address: _____

**THIS DESIGNATION IS IN PLACE ONLY PRIOR TO RETIREMENT AND MAY BE CHANGED UNTIL RETIREMENT.**

## *Survivor Information and Option Selection*

Survivor Name: _____ SSN: _____

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

Email Address: _____ Preferred Phone #: _____

Mailing Address: _____

**INSTRUCTIONS**: Please review and indicate your selection by initialing the blank to the left of the Option you choose.
**IMPORTANT:** If no option is selected and no survivor is designated, benefits will be paid under Option 1 **(Statutory Default)** as required by law, which may provide limited survivor protection. **In all cases, survivor benefits begin at the time the member would have reached age 60**.

| *Initial Below* | *Description of Options* |
|---|---|
| _____ | ***Option 1: 50% Joint Life with Age Restriction – Statutory Default:*** *At the death of the member, the designated survivor will receive* ***one-half of the member's eligible benefit****, payable when the survivor reaches age 60. This option applies automatically if no selection is made and provides limited, delayed benefits.* |
| _____ | ***Option 2: 100% Joint Life Annuity – No Age Restriction – Most Comprehensive Protection:*** *The designated survivor will receive a monthly benefit equal to* ***100% of the member's actuarially reduced eligible benefit****. No age requirement.* ***Advantage****: Provides the highest level of protection for the survivor.* |
| _____ | ***Option 3: 50% Joint Life Annuity – No Age Restriction.*** *The designated survivor will receive* ***50% of the member's actuarially reduced benefit.*** *No age restriction.* ***Key Consideration:*** *This option provides earlier access than Option 1, but only half the eligible benefit.* |

***Designated Survivor Definition:*** *Per O.C.G.A.§47-25-82 (d), the designated survivor shall be a person with whom the member has a familial relationship through blood, marriage or adoption. Should a married judge choose to designate a survivor who is not their spouse, the spouse must consent by written agreement with notarized signature.*

***Spousal Consent*** *(Required only if the designated survivor is not spouse):*
**Jurat:** *I am the spouse of the above-named Chief Magistrate. I acknowledge receipt of a fair disclosure of my spouse's property and financial obligations. I hereby relinquish any interest I have in the funds to the account holder and consent to the above beneficiary designation. I accept full responsibility for any adverse consequences. I understand the important tax consequences of surrendering my interest in the Magistrates Retirement Fund and and acknowledge that the custodian has not provided tax or legal advice.*

Spouse Name: _____

Signature: _____

State of: _____ County of: _____

Notary Signature: _____ (Notary Seal)

My Commission Expires: _____

Sworn to and subscribed before me this day: _____

by (Name of Signer): _____

## *Member Acknowledgement*

**JURAT**: 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.

Member Signature: _____

State of: _____ County of: _____

Notary Signature: _____ (Notary Seal)

My Commission Expires: _____

Sworn to and subscribed before me this day: _____

by (Name of Signer): _____

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State of Georgia
County of _____

Due annually by May 1st.

# SALARY AFFIDAVIT

## Reflecting total salary received at year-end: _____

Now comes _____
NAME

after being duly sworn, states that he/she is serving as Chief Magistrate Judge of _____
COUNTY NAME

County and received an annual Magistrate Judge gross salary in the amount of $ _____
SALARY AMOUNT

during the calendar year _____.

This _____ day of _____ 20 _____ .

Signature: _____

Printed Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone #: _____

Personal Email: _____

Notary Signature: _____

My commission expires: _____