

# JUDGES OF THE PROBATE COURTS RETIREMENT FUND OF GEORGIA

1208 GREENBELT DRIVE, GRIFFIN, GA 30224  
PHONE: (770) 228-8461 • FAX: (770) 412-1236  
JPC@RFGA.US • WWW.JPC.GEORGIA.GOV

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## *Information Regarding Your Membership Application*

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Greetings from the Board of Commissioners and Staff of the Judges of the Probate Courts Retirement Fund of Georgia! We hope to welcome you as a new member to this Fund.

The Probate Judge of each county in the state of Georgia is invited to join this Fund. Your membership in the Fund will begin the day you were sworn (first day of your term) or any month within the first 12 months of taking office. Dues are \$105.00 per month payable by the 20<sup>th</sup> of each month.

*Should you choose to join the Judges of the Probate Courts Retirement Fund of Georgia, please include the following items along with your Application for Membership:*

1. **Copy of Oath of Office**
2. **Copy of Birth Certificate**
3. **Pre-retirement Option Choice Form**—must be complete, signed, and notarized  
You have the option of pre-choosing your Survivor's retirement option choice. This would only go into effect if you were to die while in office and you have reached the vesting requirement. You may change this at any point before retirement. You will have the final opportunity to update your Retirement Option choice upon completion of your retirement package.
4. **Payment of dues** for each month claiming up to 12 months  
Please send a check or money order for the full amount  
-OR-  
Complete and return the Automatic Withdrawal Authorization Form (Our office will draft your account for your monthly dues payment on the 20<sup>th</sup> of each month)

*If a member ceases to act as the duly qualified Probate Judge, he or she may:*

1. Request retirement benefits if at least age 60.
2. Be placed in a Vested status to start services upon turning age 60.
3. Request a refund of dues if that Probate Judge has not vested.

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## Application for Membership

Membership application will not be considered unless accompanied by the following:

1. Copy of Oath of Office
2. Copy of Birth Certificate
3. Pre-Retirement Option Choice Form
4. \$105.00 per month claimed at effective date of membership

FOR OFFICE USE ONLY			
Payment:	SELF PAYMENT	ACH	
	CHECK	MONEY ORDER	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: \_\_\_\_\_  
Street, City, State and Zip Code

## Membership Pledge

I was qualified and commenced serving as Judge of the Probate Court of \_\_\_\_\_ County,  
Georgia, on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.  
Month Year

I hereby apply for membership in the Judges of the Probate Courts Retirement Fund of Georgia, to be effective  
\_\_\_\_\_, 20\_\_\_\_\_, under the provision of an act of the General Assembly  
Month and Day  
of Georgia approved March 21, 1958, (Ga. Laws 1958, p. 185), as amended, terms of law governing said  
retirement system.

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

Witnessed by: \_\_\_\_\_  
Notary Public

\_\_\_\_\_  
APPLICANT'S NAME (PLEASE PRINT)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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## PRE-RETIREMENT OPTION CHOICE FORM

Member: \_\_\_\_\_ Member #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, City, State and Zip Code

**IN ALL CASES, THE SURVIVOR BENEFITS WILL COMMENCE AT THE TIME THE JUDGE WOULD HAVE BEEN 60 YEARS OLD.  
 THIS DESIGNATION IS IN PLACE ONLY PRIOR TO RETIREMENT AND MAY BE CHANGED UP TO RETIREMENT.**

<b>SURVIVOR DECLARATION</b>
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Survivor Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street, City, State and Zip Code

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

INITIAL BELOW	DESCRIPTION OF OPTIONS
	<p><b>OPTION 1: 50% JOINT LIFE FOR SPOUSE AT AGE 60</b>                      Should a member pass away prior to retirement without designating the 100% Joint Life benefit, the GA code section provides the SPOUSE of those members who die before retirement 50% of the maximum benefit provided by law. Such benefits will become effective upon the spouse reaching age 60.</p>
	<p><b>OPTION 2: 100% JOINT LIFE FOR SPOUSE -OR- SURVIVOR – NO AGE RESTRICTION FOR RECIPIENT</b>                      The Fund allows members to <b>designate</b> a SPOUSE -OR- SURVIVOR to receive a benefit until the designated individual’s passing. Under this option, the designated survivor will receive a monthly benefit equal to the actuarially reduced 100% Joint Life amount that the judge would have received at retirement. This is determined by the judge’s age and the designated recipient’s age at the time of the judge’s death. Under this option, the designated recipient does NOT have to reach age 60 to begin receiving benefits.</p> <p style="text-align: center;"><i><b>Designated Survivor Definition:</b> 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.</i></p> <p><b>Spousal Consent Oath (Required if judge is married and designated survivor is not spouse):</b>                      I am the spouse of the named Probate Judge. I further 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.</p> <p>Spouse Name: _____                      Spouse Signature: _____</p> <p style="text-align: center;">Notary Public: _____                      Notary Signature: _____                      My Commission Expires: _____</p>

**Member Oath:** By signature below, I indicate that I have read and understand my designation and that I made this choice of my own free will. I also understand that I will be required to designate survivor benefits again at retirement.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_