

# JUDGES OF THE PROBATE COURTS RETIREMENT FUND OF GEORGIA

P.O. BOX 56, 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

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

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

DATE

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## Pre-Retirement Option Choice

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

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
_____	<b>Option 1: 50% Joint Life with Age Restriction.</b> The Probate Judge will receive the maximum benefits provided by law. At the death of the member, the designated survivor will receive <u>one-half</u> of the amount the member was to receive. Such benefits will become effective upon the designated survivor attaining 60 years of age.
_____	<b>Option 2: 100% Joint Life Annuity – No Age Restriction.</b> The Probate Judge will receive a monthly retirement benefit based on the judge's age and the age of the judge's designated survivor at the time of retirement. Upon the death of the member, the designated survivor will receive the same amount in benefits that was calculated to be paid to the member. Under this option, <b>the designated survivor does NOT have to attain the age 60.</b>
_____	<b>Option 3: 50% Joint Life Annuity – No Age Restriction.</b> The Probate Judge will receive a monthly retirement benefit based on the judge's age and the age of the judge's designated survivor at the time of retirement. Upon the death of the member, the designated survivor will receive the same amount in benefits that was calculated to be paid to the member. Under this option, <b>the designated survivor does NOT have to attain the age 60.</b>

**\*\*The designated survivor shall be a person with whom the member has a familial relationship through blood, marriage or adoption. (Section 47-11-71 (b)(1) Official Code of Georgia). 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 Probate 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: \_\_\_\_\_