JUDGES OF THE PROBATE COURTS RETIREMENT FUND OF GEORGIA

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PRE-RETIREMENT OPTION CHOICE FORM

Member:	Member #:	
Email Address	ess: Phone #:	
Mailing Addre	dress:	
	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.	
	Survivor Declaration	
Survivor Nam	ime: SSN:	
Date of Birth:	h: Age: Relationship to Member:	
Email Address	ess: Phone #:	
Mailing Addre		
J	Street, City, State and Zip Code	
	the blank to the left of the Option description you choose.	
INITIAL BELOW		
	OPTION 1: 50% JOINT LIFE FOR SPOUSE AT AGE 60	f:1 GA
	Should a member pass away prior to retirement without designating the 100% Joint Life be code section provides the SPOUSE of those members who die before retirement 50% of t	
	benefit provided by law. Such benefits will become effective upon the spouse reaching age	
	OPTION 2: 100% JOINT LIFE FOR SPOUSE -OR- SURVIVOR — NO AGE RESTRICTION FOR RECIPIE	
	The Fund allows members to <u>designate</u> a SPOUSE -OR- SURVIVOR to receive a benefit until the	_
	individual's passing. Under this option, the designated survivor will receive a monthly ber	•
	the actuarially reduced 100% Joint Life amount that the judge would have received at retire	
	determined by the judge's age and the designated recipient's age at the time of the judge's	
	this option, the designated recipient does NOT have to reach age 60 to begin receiving bene <u>Designated Survivor Definition</u> : The designated survivor shall be a person with whom the	
	familial relationship through blood, marriage or adoption. Should a married judge choose	
	survivor who is not their spouse, the spouse must consent by written agreement with notari	_
	Spousal Consent Oath (Required if judge is married and designated survivor is not spouse):	3
	I am the spouse of the named Probate Judge. I further acknowledge that I have received a fair a	
	disclosure of my spouse's property and financial obligations. I hereby give the account holder any int	
	the funds and consent to the above beneficiary designation. I assume full responsibility for	
	consequences that may result. Due to the important tax consequences of giving up my interest in t Fund, I have been advised to see a tax professional. No tax or legal advice was given to me by the customers.	
	Spouse Name:	
	Spouse Signature:	
	Notary Public:	
	Notary Signature:	
	My Commission Expires:	
Member Oath	th: By signature below, I indicate that I have read and understand my designation and that I ma	ade this
	y own free will. I also understand that I will be required to designate survivor benefits again at r	
•	Signature:	
	Date:	
	Notary Public:	
	Notary Signature: My Commission Expires:	
	IVIY COMMINISSION EXPINES.	