

SUPERIOR COURT CLERKS' RETIREMENT FUND OF GEORGIA

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REQUEST TO CHANGE BENEFICIARY OF DEATH BENEFITS

*The death benefit will be paid to the designated individual below
only if the Superior Court Clerk dies **while in office.***

Member Name: _____ SSN: _____

Mailing Address: _____

Street

City

State

Zip Code

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

I hereby request that the beneficiary to receive the amount payable under the above member number, upon receipt of due proof of undersigned's death be changed as follows:

From:

Name and Relationship

To:

Name and Relationship

Address of New Beneficiary

Phone Number of New Beneficiary

Email Address of New Beneficiary

If said beneficiary is not living at the time of my death, then all benefits under the above numbered certificate shall be paid to the Executor or Administrator of my estate.

EFFECTIVE DATE OF CHANGE: THIS AND ANY SUBSEQUENT CHANGE OF BENEFICIARY SHALL TAKE EFFECT AS OF THE DATE OF SIGNING UPON ACCEPTANCE AND RECORDING AT THE HOME OFFICE OF THE SCCRF OF GA OFFICE IN GRIFFIN, GA, SUBJECT TO ANY PAYMENT MADE BY THE SCCRF OF GA, OR ACTION TAKEN BY IT, BEFORE RECEIPT OF THE CHANGE OF BENEFICIARY REQUEST AT THE HOME OFFICE.

STATE OF _____

COUNTY OF _____

SIGNATURE OF MEMBER

Witnessed by: _____
Notary Public