Superior Court Clerks' Retirement Fund of Georgia
1210 Greenbelt Drive, Griffin, GA 30224
phone: 770-228-8461 | fax: 770-412-1236
www.scc.georgia.gov | email: scc@rfga.us

Information Regarding Your Membership Application

Greetings from the Board of Commissioners and Staff of the Superior Court Clerks' Retirement Fund of Georgia! We hope to welcome you as a new member to this Fund.

The Superior Court Clerk of each county in the state of Georgia is invited to join this Fund. Membership becomes effective upon receipt of the application and dues. At the time of joining, a Clerk may also claim up to six months of eligible service as an active Superior Court Clerk by paying the regular monthly dues for those months. If no additional months are claimed, membership will begin upon receipt. If eligible service is claimed and dues are paid, the membership effective date will correspond to the earliest month claimed. Dues are $100.00 per month and are payable by the 12th of each month.

Should you choose to join the Superior Court Clerks' Retirement Fund of Georgia, please include the following items along with your Application for Membership:

1. **Payment of dues** for each month claiming up to 6 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 the amount to cover the total months claimed at start of membership and for your monthly dues payment on the 10th of each month)
2. **Copy of Birth Certificate**
3. **Service Verification—**Please provide a copy of ***one*** of the following**:**
   - Commission as Clerk of Superior or State Court
   - Secretary of State Certificate showing you were elected or appointed as the Clerk of Superior or State Court
   - Oath of office **AND** Order appointing you Clerk of Superior or State Court
4. **Additional Service Verification—**If claiming additional service credit please provide a copy of:
   - **Oath of Office AND Order** appointing you Chief Deputy Clerk of Superior or State Court
   - **Military Discharge** for service during armed conflict—if applicable

Possible Additional Service Credit:
Under limited conditions, there are credits available toward your retirement benefits. If you served as a Chief Deputy Clerk or as the Chief Deputy Clerk of State Court (up to 8 years), there are credits available upon request at an actuarial cost of service. Credits are also available if you served in the military during an armed conflict (up to 4 years). Military service credits are available upon request at the cost of the current dues rate per month of service. New members of the SCC Retirement Fund must purchase this service at the time of application. Please contact our office if this applies to you.

If a member ceases to act as the duly qualified Superior Court Clerk, he or she may:
1. Request retirement benefits if at least age 55.
2. Be placed in a Vested status to start services upon turning age 55.
3. Request a refund of dues if that Superior Court Clerk has not vested.

1208 Greenbelt Drive, Griffin, GA 30224
phone: 770-228-8461 | fax: 770-412-1236
www.scc.georgia.gov | email: scc@rfga.us

Application for Membership

Membership application will not be considered unless accompanied by the following (for more information regarding these requirements, please see the Information Regarding Your Membership Application Page included with the application packet or visit our website):

1. *Payment of dues for each month claiming up to 6 months*
2. *Copy of Birth Certificate*
3. *Copy of Service Verification*
4. *Copy of Additional Service Verification (if applicable)*

FOR OFFICE USE ONLY

Payment Type: *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: _____

Service Information

Title of Office	Dates from:	Dates to:	County	Monthly Salary
Superior Court Clerk				
Deputy Clerk				

	Dates from:	Dates to:	Branch	Type of Conflict
Military Service				

Beneficiary of Death Benefit

Notice: The Beneficiary of Death Benefits is entitled to death benefit if the member dies while in office. After retirement, this benefit is void.

Beneficiary Name: _____ Relationship: _____

Email Address: _____ Phone #: _____

Mailing Address:

Membership Pledge

OATH: I do hereby certify that the information furnished above is true and correct to the best of my knowledge.

Member Signature: _____

Notary Signature: _____

My Commission Expires: _____ (Notary Seal)

Acknowledged before me on this day: _____

by (Name of Signer): _____

Superior Court Clerks' Retirement Fund of Georgia
1210 Greenbelt Drive, Griffin, GA 30224
phone: 770-228-8461 | fax: 770-412-1236
www.scc.georgia.gov | email: scc@rfga.us

Automatic Withdrawal Authorization

FOR DUES PAYMENT – RECURRING MONTHLY ON THE 12TH

For Office Use Only

New Member Processed:	
Recurring Start Month:	

***To Ensure Accuracy* Please Attach a Voided Check**
-Or-
Letter From Financial Institution That Verifies Routing and Account Numbers

Name: _____ SSN: _____

Phone #: _____

Email Address: _____

Mailing Address: _____

Financial Institution: _____

Account Type: ☐ Checking Routing #: _____

☐ Savings Account #: _____

I the undersigned, authorize the Superior Court Clerks' Retirement Fund of Georgia (SCC) to initiate debit entries to my bank account identified above at the depository named above for the purpose of membership in the SCC Retirement Fund. This authorization is to remain in full force and effect until the SCC Retirement Fund has received written notification from me of its termination. Such notification is to be received in the office of the SCC Retirement Fund in Griffin, GA by the first day of the month before such termination is desired.

Signature **Date**