



## ***Superior Court Clerks' Retirement Fund of Georgia***

1208 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. Your membership in the Fund will begin the day you were sworn (first day of your term) or any month within the first 6 months of taking office to avoid loss of any creditable service. However, application to join the Fund may be made and received at any time later with the risk of losing some prior creditable service. Dues are \$100.00 per month payable by the 10<sup>th</sup> 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 10<sup>th</sup> 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.



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## 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			
<b>Payment:</b>	<i>Self-payment</i>	<i>ACH</i>	
	<i>Check</i>	<i>Money Order</i>	<i>Cash</i>
<b>Check/ Money Order #:</b>	_____		
<b>Payment Amount:</b>	_____		
<b>Enrollment Date:</b>	_____		
<b>Paid Through:</b>	_____		
<b>Member #:</b>	_____		

## Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Preferred Phone#: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Service Information

Title of Office	Dates from:	Dates to:	County	Monthly Salary
<b>Superior Court Clerk</b>				
<b>Deputy Clerk</b>				

	Dates from:	Dates to:	Branch	Type of Conflict
<b>Military Service</b>				

## Beneficiary of Death Benefits Declaration

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

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

WITNESSED BY: \_\_\_\_\_  
NOTARY PUBLIC

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

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

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
DATE



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### **Automatic Withdrawal Authorization Form**

**TO ENSURE ACCURACY PLEASE ATTACH A  
VOIDED CHECK -OR- LETTER FROM YOUR BANK  
THAT VERIFIES ROUTING & ACCOUNT NUMBERS**

A. \_\_\_\_\_  
Member Name SSN

B. \_\_\_\_\_  
Phone Number Email Address

C. \_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

D. \_\_\_\_\_  
Name of Financial Institution

E. \_\_\_\_\_  
Checking / Savings Routing Number (Required) Account Number (Required)

*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.*

F. \_\_\_\_\_  
Signature Date

FOR OFFICE USE ONLY	
Date Processed:	_____
Recurring Start Month:	_____
Member #:	_____
Bank Change:	_____
System Change:	_____