

SUPERIOR COURT CLERKS' RETIREMENT FUND OF GEORGIA

1208 GREENBELT DRIVE, GRIFFIN, GA 30224
PHONE: (770) 228-8461 • FAX: (770) 412-1236
SCCRF@RFGA.US • WWW.SCC.GEORGIA.GOV

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 10th 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.

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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

Payment: SELF PAYMENT ACH
CHECK MONEY ORDER CASH
Check/ Money Order #: _____
Payment Amount: _____
Enrollment Date: _____
Paid Through: _____
Member #: _____

Applicant Information

Full Name: _____

Date of Birth: _____ SSN: _____

Preferred Phone#: _____ Alternate Phone #: _____

Email Address: _____

Mailing Address: _____

Street, City, State and Zip Code

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 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: _____

Street, City, State and Zip Code

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)

MY COMMISSION EXPIRES:

APPLICANT'S SIGNATURE

DATE

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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