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

Refund Request

***Instructions**: Complete the information below and return it to the Fund for processing. The Fund will process the refund request upon receipt of this completed form (approximately 7-10 business days). The refund will be issued by ACH to the bank account indicated by the provided information.*

Member Information

Name: _____ Member #: _____

Phone #: _____ Social Security #: _____

Email Address: _____

Mailing Address: _____

County Served: _____ Ending Date of Service: _____

Banking Information

Bank Name: _____ Checking or Savings: _____

Routing #: _____ Account #: _____

***TO ENSURE ACCURACY* PLEASE ATTACH**

A VOIDED CHECK -OR- LETTER FROM FINANCIAL INSTITUTION

THAT VERIFIES ROUTING AND ACCOUNT NUMBERS

***ACKNOWLEDGEMENT**: By my signature below, I request the return of my contributed dues (as provided in Georgia Code 47-14-76). I understand that I am waiving all benefits I may have had in the Superior Court Clerks' Retirement Fund of Georgia for myself and beneficiaries.*

I understand that I may withdraw the total sum, without interest, which I have paid into the fund. I further understand that to become eligible to rejoin the fund and to receive any benefits under this chapter after such withdrawal, I must repay the entire amount which I withdrew, plus interest at 6% per annum and that I shall not receive credit for any service after such withdrawal unless I pays the dues which I would have paid had I been a member of the fund during such period of service, plus interest on such amounts at 6% per annum.

I authorize the Fund to send my refund for deposit to my account at the financial institution ('bank") designated above. This authorization is not an assignment of my right to receive a refund. I understand that the bank reserves the right to cancel this transaction by notifying me and the Fund; however, this authorization will remain in effect until cancelled by notice to the Fund from me or by the bank.

Witnessed on:

_____
Member Signature

This _____ day of _____

Notary Name: _____

Notary Signature: _____

My commission expires: _____