

# SUPERIOR COURT CLERKS' RETIREMENT FUND OF GEORGIA

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## REFUND REQUEST

Member Name: \_\_\_\_\_

Member #: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*

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

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

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

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' 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 percent 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 percent per annum.

Witnessed by: \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEMBER