

PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GA

P.O. BOX 56, GRIFFIN, GA 30224
P: 770-228-8461 • F: 770-412-1236
poabf@rfga.us

REFUND REQUEST for OVERPAYMENT OF DUES

Member Name: _____ Member #: _____

Mailing Address: _____
Street

City, State and Zip Code

Preferred Phone #: _____ Alternate Phone #: _____

Email Address: _____

By my signature below, I request for the return of my contributed dues made to the Peace Officer's Annuity and Benefit Fund **over** the required amount to keep my membership current.

Witnessed by: _____
Notary Public

My Commission Expires: _____

SIGNATURE OF MEMBER

You may submit this request by using the following methods:

- **Email:** poabf@rfga.us
- **Fax:** 770-412-1236
- **Mail:** P.O. Box 56, Griffin, GA 30224

For Office Use Only

Refund Issue Date: _____