



PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA

1208 Greenbelt Drive, Griffin, GA 30224

phone: 770-228-8461 | fax: 770-412-1236

www.poab.georgia.gov | email: poabf@rfga.us

OVERPAYMENT REFUND REQUEST

Instructions: Complete the information below and submit it to the Fund for processing (contact information listed in letterhead.). The Fund will process the refund request upon receipt of this completed form (approximately 7-10 business days). The refund check will be mailed to the address provided on this form.

Name: _____

Social Security #: _____ Member #: _____

Mailing Address: _____

Street

City, State and Zip Code

Preferred Phone #: _____ Alternate #: _____

Email Address: _____

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

Member Signature

Date

Notary Public (Printed Name)

Notary Public Signature

Commission Expiration Date