





# Peace Officers' Annuity & Benefit Fund of GA

2026 GRIFFIN, GA 30224  
PHONE: (770) 228-8461 . FAX: (770) 412-1 236  
POABF@RFGA.US : WWW.POAB.GEORGIA.GOV

### FOR OFFICE USE ONLY

Payment:	Check	Money Order	Cash
Check/ Money Order #:	_____		
Payment Amount:	_____		
Enrollment Date:	_____		
Paid Through:	_____		
OPG #:	PG	NPG	ACH
Member #:	_____		

## Application for Membership

Membership application will not be considered unless accompanied by the following:

1. Signed and Notarized Certification by Employing Agency form
2. \$50.00 Application Fee that includes the first month's dues payment. (Either a completed Automatic Withdrawal Authorization Form – OR—A check or money order).

### Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_

*Street/ Rural Route/ P.O. Box*

*City, State and Zip Code*

Have you been a member of this Fund before? \_\_\_\_\_ If yes, what is your member #: \_\_\_\_\_  
*Yes or No*

### Employment Information

Current Employing Agency: \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have the legal power and authority to make arrests? \_\_\_\_\_  
*Yes or No*

Does your position require P.O.S.T. Certification? \_\_\_\_\_ Certification #: \_\_\_\_\_  
*Yes or No*

### Beneficiary of Death Benefits Declaration

*Notice: [The Beneficiary of Death Benefits is separate from the retirement benefit and is made payable to whomever you choose.](#)*

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street/ Rural Route/ P.O. Box*

*City, State and Zip Code*

**Oath:** *I, the undersigned applicant, hereby certify that all information furnished on this application for membership in the Peace Officers' Annuity and Benefit Fund of Georgia is true and correct and that I am employed as a Peace Officer as defined for purposes of membership in this Fund by the State of Georgia, or one of the political subdivisions thereof, as listed above. I further certify that in the event there is any change in my employment, job description, job title, duties or mailing address, I shall immediately notify the Fund of each of said changes during the time I maintain membership in said retirement fund. I understand that failure to notify the Fund of any of the above mention changes may endanger my membership in the Fund.*

### Authorization to Release Information

By signature below, the applicant does hereby authorize any present, prior, or future employer to release to the PEACE OFFICERS' ANNUITY AND BENEFIT FUND OF GEORGIA such information concerning my employment with said employers as the FUND may require for processing my application for Membership or Benefits. This includes date of employment (for determining service credit) and work description (for determining eligibility for membership).

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

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

\_\_\_\_\_  
APPLICANT'S NAME (PLEASE PRINT)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

