



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

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 contributions (as provided in Georgia Code §47-17-83). I understand that I am waiving all benefits I may have had in the Peace Officers' Annuity and Benefit Fund of Georgia for myself and my beneficiaries.

I understand that I will forfeit any creditable service earned before the date the Fund issues the refund check. I also realize that I cannot be considered for membership in the Fund again for a period of at least six months. I recognize that if I rejoin, my membership will adhere to the rules and laws governing the Fund at the time of new membership.

Member Signature

Date

Notary Public (Printed Name)

Notary Public Signature

Commission Expiration Date