



PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA

1210 Greenbelt Drive, Griffin, GA 30224
phone: 770-228-8461 | fax: 770-412-1236
www.poab.georgia.gov | email: poabf@rfga.us

REFUND REQUEST

Please return request by mail, email, or fax to above contact.

Instructions: Complete the information below and send it to the Fund for processing. 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 #: _____

Email Address: _____

Preferred Phone #: _____ Alternate #: _____

Mailing Address: _____

ACKNOWLEDGEMENT: 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 the Fund, my membership will adhere to the rules and laws governing the Fund at the time of new membership.

Witnessed on:

Member Signature

This _____ day of _____

Notary Name: _____

Notary Signature: _____

My commission expires: _____