

AUSTIN FIRE FIGHTERS RELIEF AND RETIREMENT FUND

FORM 500A – ACTIVE FIRE FIGHTER DESIGNATION OF BENEFICIARY UNDER SECTION 7.09 FOR NORMAL RETIREMENT ANNUITY PARTICIPANTS

This form should be used only by ACTIVE fire fighters or members who have not commenced a benefit. If you are a retired fire fighter who is receiving a benefit and want to change your beneficiary designation, you must use Form 500R. Please go to the Fund’s website or contact the Pension Office to request Form 500R.

As a member of the Austin Fire Fighters Relief and Retirement Fund (the “Fund”), a benefit may be payable to your survivor if you die in active service after 10 years. Additionally, if you elect the Normal Retirement Annuity benefit at retirement, your survivor will be entitled to a reduced monthly annuity benefit upon your death. If you are married or have a dependent child (unmarried child under age 22), your spouse or such child will automatically be entitled to the survivor benefit. However, if you have no spouse or dependent child(ren), you are entitled to select a beneficiary to receive the survivor benefit. Your beneficiary may be any living person.

Do not complete this form if:

- You are a retired fire fighter who is currently receiving a retirement benefit. Use Form 500R.
- You are married or have a dependent child. Your spouse or dependent child(ren) will automatically receive your survivor benefit. Any beneficiary designation form filled out while you have a spouse or dependent child(ren) is invalid.

Important Information to Know Before Making a Beneficiary Designation:

- Until you begin receiving your retirement benefit, you are permitted to designate a beneficiary at any time and change beneficiaries as often as you would like by submitting a new Form 500A to the Fund. The addition or change to your beneficiary while you are an active fire fighter or before you begin receiving a retirement benefit has no effect on your benefit.
- After making this beneficiary designation, if you marry or have a child, this beneficiary designation will automatically become null and void. Your new spouse or dependent child(ren) will automatically be entitled to the survivor benefit. Once null and void, this beneficiary designation will not be reinstated, even if you no longer are married or have dependent children. You may contact the Pension Office to complete the appropriate form to designate a beneficiary if you later become eligible to designate a beneficiary.
- If you designate a beneficiary that is more than 10 years younger than you at the time of your death, the survivor annuity benefit payable to that beneficiary will be reduced according to the table below.

<i>If your designated beneficiary is:</i>	<i>The percentage of your retirement annuity payable to your designated beneficiary for life after you die is:</i>
Less than 10 years younger than you	75%
At least 10, but less than 15 years younger than you	45%
At least 15, but less than 20 years younger than you	40%
At least 20, but less than 35 years younger than you	35%
At least 35 years younger than you	30%

Please consult the “Guide to Completing a Beneficiary Designation” available Online at the Fund’s website or at your Pension Office for more information.

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Print or type all information in a legible manner. This designation is only valid once received by the Pension Office. Please email your completed form to Linda@afrs.org, fax to 512.453.7197, or send via regular USPS mail to the Pension Office at 4101 Parkstone Heights Drive, Suite 270, Austin, TX 78746.

MEMBER INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY	STATE & ZIP
TELEPHONE NUMBER	TXFIR #	DATE OF BIRTH

BENEFICIARY INFORMATION:

BENEFICIARY'S LAST NAME	FIRST NAME	MIDDLE NAME
BENEFICIARY'S ADDRESS	PHONE NUMBER	
BENEFICIARY'S SOCIAL SECURITY NUMBER	BENEFICIARY'S DATE OF BIRTH	

ACKNOWLEDGEMENT

THE ABOVE MEMBER, BEING A MEMBER OF THE FUND WHO IS AN ACTIVE FIRE FIGHTER OR WHO HAS NOT COMMENCED RECEIVING A RETIREMENT BENEFIT, HEREBY DESIGNATES THE NAMED BENEFICIARY TO RECEIVE ANY BENEFIT PAYABLE UNDER SECTION 7.09 OF THE ACT GOVERNING THE FUND (ARTICLE 6243E.1, V.T.C.S) IN THE EVENT THAT NO BENEFIT IS PAYABLE TO A SURVIVING SPOUSE OR A DEPENDENT CHILD OF THE MEMBER UNDER OTHER PROVISIONS OF THE ACT GOVERNING THE FUND. I ATTEST THAT I DO NOT HAVE A SPOUSE OR DEPENDENT CHILD ON THE DATE SET FORTH BELOW.

BY EXECUTING THIS FORM, I HEREBY REVOKE ANY AND ALL PREVIOUS BENEFICIARY DESIGNATIONS THAT I HAVE MADE UNDER SECTION 7.09.

FIRE FIGHTER'S SIGNATURE	DATE
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FIRE FIGHTER'S PRINTED NAME

For Fund Administrative Use Only:

Date Received: _____

Received By: _____