



LUMP SUM DISTRIBUTION ROLLOVER FORM

MEMBER / BENEFICIARY INFORMATION

Name: _____

Social Security Number: _____

ROLLOVER INFORMATION

Type of Rollover: Accumulated Contributions DROP Account Other: _____

Amount of Rollover: \$ _____

Type of Account

Governmental 457(b)

Traditional IRA

Other Qualified Plan

SIMPLE IRA

Other: _____ *(Please describe type of account)*

Account Information

Name of Financial Institution / IRA / Plan: _____

Address of Financial Institution (No P.O. Box): _____

Account Number: _____

ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I certify that the account/plan listed above is eligible to receive a rollover of funds from the Fund and understand that the Fund has no obligation to determine whether such plan is an eligible retirement plan for purposes of a rollover. I understand that no taxes will be withheld from this transfer. I authorize and direct the Fund to rollover the amount indicated above from the Fund to the named Financial Institution. I understand that, although they may provide general information, the administrative staff of the Fund cannot and has not rendered tax advice to me regarding this election, and I confirm that I have had the opportunity to seek advice from a professional tax advisor prior to making this election.

Signature

Date Signed

Please send completed form to:

Austin Firefighters Retirement Fund

4101 Parkstone Heights Drive, Suite 270, Austin TX 78746

Or email staff@AFRFund.org to request a secure digital submission link.