



RETIREMENT PROCESS

STEP ONE | (512) 974-4100

Schedule an appointment with the Austin Fire Department Administrative Offices

They will provide you with the appropriate paperwork that will need to be completed, including the following:

- Resignation Form (for purposes of retirement)
- Final Check
- TCFP Form
- Exit Interview Form

Your termination date or last active day can be determined after meeting with an AFD administrator. We strongly recommend selecting a retirement date that aligns with a pay period end date to ensure that all your contributions to the Fund have been captured. Information provided to the Administrative Office will be forwarded to the AFRF pension office.

STEP TWO | (512) 454-9567

Schedule an appointment with Austin Firefighters Retirement Fund

Please schedule this appointment **30 days in advance** of your intended retirement date to minimize any potential delays in processing your retirement.

The following information will be required when applying for retirement:

- Copy of Driver's License, *and if applicable*:
 - Copy of spouse's Driver's License
 - Copy of dependent's Birth Certificate or Driver's License, if under age 22
- Copy of Marriage License, *if applicable*
- Social Security Numbers for self, spouse, and dependent children
- Voided check to enroll in Direct Deposit
- Personal contact information – phone number, address, email

STEP THREE | (512) 974-3284

Schedule an appointment with City of Austin Human Resources Benefits Division

They will assist you with enrollment in medical, dental and/or vision insurance.

FOR FUND USE ONLY

Processed By: _____

Audited By: _____


AFRF
 AUSTIN FIREFIGHTERS
 RETIREMENT FUND

FORM SLA RETIREMENT CHECKLIST

RETIREE INFORMATION

RETIREE NAME:	
ADDRESS:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
RETIREMENT DATE:	

CHECKLIST

<input type="checkbox"/>	Copy of Driver's License	<input type="checkbox"/>	Insurance Premium Form
<input type="checkbox"/>	Copy of Spouse's Driver's License	<input type="checkbox"/>	AFA Local 975 Form
<input type="checkbox"/>	Copy of Children's Birth Certificate or Driver's License if under age 22	<input type="checkbox"/>	Retiree Association Enrollment Form (ARFFA)
<input type="checkbox"/>	Copy of Marriage License, Declaration of Formal Marriage, and/or QDRO, if applicable		
<input type="checkbox"/>	Benefits Calculations	<input type="checkbox"/>	Retirement Process (Resource)
<input type="checkbox"/>	Single Life Annuity Form	<input type="checkbox"/>	Permission to Share Contact Information with other AFD Firefighters / Employees <ul style="list-style-type: none"> Phone Number Yes / No Email Address Yes / No Home Address Yes / No
<input type="checkbox"/>	DROP Application (including Rollover Form, if applicable)		
<input type="checkbox"/>	W-4P and W-4R Withholding Certificates, if applicable		
<input type="checkbox"/>	Direct Deposit		
<input type="checkbox"/>	City of Austin Medical Insurance		
<input type="checkbox"/>	City of Austin Dental Insurance		
<input type="checkbox"/>	City of Austin Vision Insurance		



FORM SLA SINGLE LIFE ANNUITY ELECTION

This form should be used only by firefighters who are electing the SINGLE LIFE ANNUITY form of retirement benefit. If you are electing the Normal Retirement Annuity benefit, you must use Form NRA. Please contact the Pension Office to request Form NRA.

GENERAL INFORMATION

As a member of the Austin Firefighters Retirement Fund (the "Fund"), you may elect to receive your retirement benefit under the Single Life Annuity form of benefit, instead of the Normal Retirement Annuity form of benefit, upon satisfying the eligibility requirements described below. The election of a Single Life Annuity is **optional**.

A Single Life Annuity will provide you with a monthly annuity benefit that is payable only during your lifetime based on your highest average compensation and years of credited service at retirement. Since the benefit is only payable during your lifetime and does not include a survivor benefit, the amount of the monthly annuity benefit will be actuarially adjusted to an amount that is greater than the monthly annuity benefit that you would receive under the standard Normal Retirement Annuity, which does include a survivor benefit. (Note: a limited survivor benefit is available under the Single Life Annuity benefit if you elect Option 2. See below for more details.)

By electing the Single Life Annuity form of benefit, you are waiving your right to the survivor benefit available under the Normal Retirement Annuity. Accordingly, if you are married, you must obtain your spouse's consent to elect a Single Life Annuity. The spousal consent form can be found on page 8 of this Form SLA. If you are not married, you must still certify your unmarried status to the Fund. This certification can be found on page 7 of this Form SLA.

You may also elect to participate in the Deferred Retirement Option Plan ("DROP") if you elect a Single Life Annuity. Your DROP balance will be based in part on an accumulation of your Normal Retirement Annuity benefit amount during the period that you participate in DROP. See the section entitled "DROP Participation" below for more information.

ELIGIBILITY

Standard Retirement: You are eligible to retire and receive a Single Life Annuity upon either (1) attaining the age of 50 years and accruing at least 10 years of credited service in the Fund or (2) accruing at least 25 years of credited service in the Fund, regardless of age.

Early Retirement: You may qualify for early retirement upon either (1) attaining the age of 45 years and accruing at least 10 years of credited service in the Fund or (2) accruing at least 20 years of credited service in the Fund, regardless of age. If you elect early retirement, your retirement benefit will be calculated the same as a Single Life Annuity under a standard retirement, but you will not be eligible for cost-of-living adjustments (COLAs), if any, until such time as you either attain age 50 or would have accrued 25 years of credited service in the Fund if you had remained in active service through such date.

Vested Termination Retirement: If you terminated employment with the Fire Department after accruing at least 10 years of credited service in the Fund and you left your accumulated contributions in the Fund after termination, you are eligible to begin receiving a monthly retirement benefit when you either attain the age of 50 or would have accumulated at least 25 years of credited service if you had not terminated employment and remained in active service through such date. It is your responsibility to contact the Fund if and when you are eligible and ready to commence your retirement benefit.

SINGLE LIFE ANNUITY---OPTION 1 OR OPTION 2

A retiring firefighter may elect Option 1 or Option 2 with respect to the Single Life Annuity form of benefit.

Single Life Annuity--Option 1: Under Option 1, a monthly annuity benefit will be payable to you for your lifetime. All benefit payments from the Fund will stop at your death. There is no survivor annuity benefit payable for your spouse, dependent children, or designated beneficiary.

Single Life Annuity--Option 2: Option 2 guarantees that someone will receive 100% of the monthly annuity benefit that you were receiving at your death for the 10-year period beginning on your retirement date from the Fire Department or your DROP retirement date, as applicable. The key features of Option 2 are as follows:

- Because of the guaranteed 10-year period, the amount of the monthly annuity benefit that you are entitled to receive under Option 2 will be actuarially reduced as compared to the amount of the benefit under Option 1.
- If you die during the 10-year period following your retirement date, your surviving spouse, dependent children, or designated beneficiary, as applicable, will receive 100% of the monthly annuity benefit that you were receiving for the remainder of the 10-year period. All payments will stop at the end of the 10-year period.
- If you die after the 10-year period following your retirement date, no survivor benefit will be available, and benefit payments will stop upon your death.
- Upon your death during the 10-year period following your retirement date, the guaranteed payments during the remainder of 10-year period that are equal to 100% of your monthly annuity benefit will be paid as follows:
 - If you are married at the time of your death, the payments will be made to your surviving spouse. If your spouse dies during the 10-year period after your retirement, any remaining payments will continue to your dependent children (if any).
 - If you are not married at the time of your death, but have dependent children, the payments will be made to your dependent children.
 - If you are not married and have no dependent children at the time of your death, the beneficiary that you designate in this election form will receive any remaining payments.

Note: Under either Option 1 or Option 2, if you were previously married and a qualified domestic relations order ("QDRO") was entered by the court as part of your divorce, your former spouse may be entitled to a portion of the monthly annuity benefit payable to you and your survivor, depending on the terms of the QDRO.

DROP PARTICIPATION

Your election to participate in DROP is separate from your retirement benefit election under this Form SLA. Your DROP balance will be based in part on your Single Life Annuity benefit amount under either Option 1 or Option 2 that you would have accumulated during the DROP period.

Please note that if you elect Option 2, the 10-year period of guaranteed payments will commence at your DROP retirement date and not your date of retirement from the Fire Department. For example, upon retiring from the Fire Department, if you select a "reverse" or "back" DROP for the maximum of 7 years, you will only have 3 years left in the guaranteed 10-year period after you terminate from active service.

If you are electing to participate in DROP, you must also complete the DROP Election and Application Form. Please contact the Pension Office for more information on DROP participation.

TAX INFORMATION

Your monthly retirement annuity benefits are taxable to you and will be reported on a Form 1099-R each year. In connection with your retirement application, you should submit a Form W-4P, *Withholding Certificate for Periodic Pension or Annuity Payments*, regarding the amount of federal income tax to be withheld from your annuity payments. If you do not complete and return the Form W-4P, the Fund will withhold federal income tax from your monthly payments as if your filing status is single with no adjustments. Please consult with your professional tax advisor if you have any questions about the tax impact of your benefit or the related withholding requirements.

Please complete the attached forms and send 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.



APPLICATION FOR SINGLE LIFE ANNUITY

MEMBER INFORMATION

Member Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____ E-mail: _____

Date of Birth: _____ TX FIR#: _____

My last day of employment with the Austin Fire Department will be / was: _____

Retirement Commencement Date: _____

(Your retirement commencement date cannot be earlier than your last day of employment or the date that you file this application).

SURVIVOR INFORMATION

Please answer the following questions before making your election:

1. I am: ☐ MARRIED ☐ SINGLE / NOT MARRIED

If Married, Spouse's Name and SSN: _____

Date of Marriage: _____

** If "Married," you must obtain your spouse's consent on page 8 for your election to be valid.*

** If "Single / Not Married", you must certify that you are not married on page 7 for your election to be valid.*

If you were previously married, is there a Qualified Domestic Relations Order (QDRO) that divides your retirement benefits between you and your former spouse? ☐ YES ☐ NO

2. I have at least one dependent child: ☐ YES ☐ NO

** A Dependent Child is a child who is not married and is under the age of 22.*

Dependent Children Names, Date of Birth, SSN: _____

RETIREMENT ANNUITY ELECTION

I HEREBY ELECT TO RECEIVE MY RETIREMENT BENEFIT IN THE FORM SPECIFIED BELOW:

Type of Retirement

☐

Standard Retirement

☐

Early Retirement

☐

Vested Termination Retirement

Form of Retirement Benefit

☐

Single Life Annuity--Option 1

☐

Single Life Annuity--Option 2

DROP Participation

☐

Yes

☐

No

I am electing to participate in DROP (if yes, please complete the DROP FORM)

ACKNOWLEDGEMENT AND SIGNATURE

BY SIGNING THIS ELECTION AND APPLICATION FORM, I ACKNOWLEDGE THE FOLLOWING:

- I certify to the Fund that the information stated above is true and correct. I understand it is my responsibility to notify the Fund if any of the information above changes after my retirement date, including, without limitation, my marital status or the existence of any dependent children.
- I understand that I am electing to receive a Single Life Annuity instead of the Normal Retirement Annuity form of benefit. I understand that the Single Life Annuity is an alternate form of benefit pursuant to the Fund's governing statute, Article 6243e.1, Vernon's Texas Civil Statutes (the "Act") and the Fund Rules.
- I understand that my election of a Single Life Annuity is irrevocable. It cannot later revert to a Normal Retirement Annuity.
- I have had the opportunity to meet with the Fund's administrative staff and ask them questions regarding the operation of a Single Life Annuity and the effect that my election of a Single Life Annuity will have on my benefits and any potential survivor benefit under the Fund.
- I understand that the administrative staff of the Fund cannot and has not rendered legal or tax advice to me regarding this election or any tax impact on me or my survivors as a result of a benefit payable under the Fund. I have had the opportunity to seek advice from a professional tax advisor of my choosing.
- I understand that by electing to have my benefit paid as a Single Life Annuity, the amount of my retirement annuity will be adjusted to the actuarial equivalent of the annuity provided under Section 5.04 and the survivor's benefits provided under Article 7 of the Act. I also understand that if I elect to have my Single Life Annuity paid under Option 2, the amount of my retirement annuity will be actuarially adjusted further to account for the guaranteed 10-year period.
- I understand that my Single Life Annuity benefit and my DROP benefit, if any, are subject to the provisions of Article 9.03 of the Act governing the Fund (the Internal Revenue Code Section 415 limitations).
- I understand that information may be provided by the Fund to assist me in my selection of retirement benefits, but that my retirement benefits are subject to the terms of the Act and the Fund Rules. If there is any conflict between information provided and the Act or the Fund Rules, the terms of the Act and the Fund Rules, as applicable, will govern.
- I understand that the final determination of my eligibility to receive a retirement benefit from the Fund and the amount of such benefit remains subject to approval by the Board and that any benefit estimates or communications from Fund staff about my retirement benefit are not binding on the Board. The Board's determination shall be final and binding.

Firefighter's Signature

Date

Firefighter's Printed Name



BENEFICIARY DESIGNATION FOR SINGLE LIFE ANNUITY OPTION 2

Do not complete this form if you selected Single Life Annuity – Option 1

BENEFICIARY INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		PHONE NUMBER
SOCIAL SECURITY NUMBER	GENDER	DATE OF BIRTH
RELATIONSHIP TO FIREFIGHTER		EMAIL ADDRESS

ACKNOWLEDGEMENT AND SIGNATURE

I wish to designate the above-named person to be my beneficiary for the benefit payable under Option 2 of the Single Life Annuity form of benefit. I acknowledge that if I am married or have a dependent child at the time of my death, my spouse or such dependent child(ren) will be entitled to the benefit payments under Option 2 and not this designated beneficiary.

Firefighter's Signature	Date
Firefighter's Printed Name	



CERTIFICATION OF UNMARRIED STATUS

Under the terms of the Fund, a firefighter may elect to receive his or her retirement benefit under the Single Life Annuity form of benefit. However, if the firefighter is married at retirement or at the time the firefighter terminates service with a vested benefit, the election of a Single Life Annuity will only be effective if consented to in writing by the firefighter's spouse.

Through this form, a firefighter may certify that the firefighter is not married such that no spousal consent is required. ***The certification will only be valid if the appropriate signature is acknowledged before a notary public***

MEMBER CERTIFICATION

I, _____ (Name of Firefighter), hereby certify to the Fund that I am **NOT MARRIED** at the time of electing the Single Life Annuity form of benefit under the Fund and understand that the Fund will act in reliance upon this representation.

Firefighter's Signature

Date

STATE OF _____

COUNTY OF _____

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this ____ day of _____
20____ by _____, who is personally known to me or who produced appropriate
identification.

Notary Public, State of _____



SPOUSAL CONSENT FORM – SINGLE LIFE ANNUITY

Under the terms of the Fund, a firefighter may elect to receive his or her retirement benefit under the Single Life Annuity form of benefit. However, if the firefighter is married at retirement or at the time the firefighter terminates service with a vested benefit, the election of a Single Life Annuity will only be effective if consented to in writing by the firefighter's spouse. In addition, the spousal consent must evidence understanding by the consenting spouse of the effect of such election and acknowledge that such consent and is irrevocable once benefits have commenced.

Through this form, you may obtain spousal consent that is acceptable to the Fund for purposes of the Single Life Annuity election. ***Your spouse may wish to consult a tax, financial, or legal advisor before signing this consent. Spousal consent will only be valid if the appropriate signature is acknowledged before a notary public.***

SPOUSAL CERTIFICATION AND SIGNATURE

I hereby certify that I, _____ (Name of Spouse), am the

spouse of _____ (Name of Firefighter) and voluntarily consent to my spouse's election to receive a Single Life Annuity form of benefit under the Austin Firefighters Retirement Fund (the "Fund"). I understand that all benefit payments from the Fund will cease upon my spouse's death under the Single Life Annuity form of benefit and that I will receive no survivor benefits unless my spouse has elected Option 2. I hereby acknowledge that I fully understand the consequences of my consent, which has the effect of forfeiting the rights that I may have to any retirement or survivor benefits that I would have been entitled to receive upon my spouse's death. I understand that my spouse's election for the Single Life Annuity form of benefit is irrevocable once benefits have commenced, and my consent to my spouse's election is irrevocable unless my spouse revokes his election prior to the commencement of benefits. I understand that I do not have to consent to my spouse's election of the Single Life Annuity form of benefit and acknowledge that I have been provided the opportunity to consult with my legal, tax, or financial advisor concerning this matter.

Spouse's Signature

Date

STATE OF _____

COUNTY OF _____

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this ____ day of _____
20____ by _____, who is personally known to me or who produced appropriate
identification.

Notary Public, State of _____



DEFERRED RETIREMENT OPTION PLAN (DROP) ELECTION AND APPLICATION

WHAT IS A DROP?

As a member of the Austin Firefighters Retirement Fund (the “Fund”), you may elect to participate in the Deferred Retirement Option Plan (“DROP”). The DROP is a form of benefit that a Member may elect once he or she is eligible for retirement. The purpose of the DROP is to provide greater financial planning flexibility to Members upon retirement by providing Members with a reduced monthly annuity benefit and a lump-sum benefit, as opposed to only a monthly annuity benefit.

DROP ELECTION AND PARTICIPATION

If you elect to participate in the DROP, you will select an effective date for DROP participation (“DROP Effective Date”). The DROP Effective Date cannot be more than seven (7) years prior to your actual date of termination of service from the Fire Department.

You may make a DROP election at the time of your termination of service (often referred to as a “reverse” or “back” DROP) or, if desired, prior to your termination of service (often referred to as a “forward” DROP).

- **Reverse/Back DROP:** You elect to enter the DROP in connection with your termination of service from the Fire Department (i.e., at retirement). You will select your DROP Effective Date which cannot be more than 7 years prior than your retirement date.
- **Forward DROP:** You elect to enter the DROP while you are still employed and continue to work for a period of time (up to 7 years). Your DROP Effective Date will be the date you elect to participate in the DROP. You will be considered retired as of such date solely for purposes of the Fund. You will continue to make contributions to the Fund throughout the DROP Period (as defined below). *Note, if you do not terminate your employment at the end of the DROP Period, you will be required to continue making contributions to the Fund until your final termination date, but you will earn no additional service credit with the Fund.*

Upon your participation in the DROP, an account will be established and maintained in the records of the Fund for your benefit (“DROP Account”). Once you have terminated service with the Fire Department, you will be entitled to access amounts that have been credited to your DROP Account. The amount credited to your DROP Account will be equal to (1) the monthly annuity benefit that you would have received if you had retired on the DROP Effective Date multiplied by the number of months between the DROP Effective Date and your date of termination of service (the “DROP Period”), (2) member contributions that you make or made to the Fund during the DROP Period, and (3) interest in accordance with the terms of the Fund. In addition, you will be eligible to receive any cost-of-living adjustments (“COLAs”) that are granted by the Board, if any, during your DROP Period. The COLA amount(s) will be applied to the monthly retirement annuity benefits that are being credited to your DROP account, as applicable.

Note that the amount of your monthly annuity benefit that will be credited to your DROP Account and that you are entitled to receive upon termination of service from the Fire Department will be calculated using your credited service and average monthly compensation as of your DROP Effective Date and not your service and compensation at the time of your

termination of service from the Fire Department. Additionally, if you elect an optional form of benefit instead of the Normal Retirement Annuity (such as the Single Life Annuity or "Option 2" under either the Normal Retirement Annuity or a Single Life Annuity), the monthly annuity benefit credited to your DROP Account will be based on your actuarially adjusted monthly annuity amount as determined under those forms of benefit.

DROP BENEFITS AND DISTRIBUTIONS

If you elect to participate in DROP, upon termination of service from the Fire Department and commencement of your retirement benefit under the Fund, you will be entitled to the following:

Monthly Annuity Benefit: A monthly annuity benefit will be payable to you for your lifetime calculated based on your credited service and average monthly compensation as of your DROP Effective Date and as adjusted for any optional forms of benefit that you elected. If you elected the Normal Retirement Annuity form of benefit, your survivor will be entitled to a survivor benefit at your death.

DROP Account: You are also entitled to the balance of your DROP Account. However, you cannot take a DROP distribution until you reach age fifty-nine and one-half (59½) unless either:

- you reached age fifty (50) during the year in which you terminated service with the Fire Department;
- you accrued at least twenty-five (25) years of credited service under the Fund, regardless of age; or
- the distribution is made in the form of a rollover to an individual retirement account ("IRA") or other eligible retirement plan.

Your DROP Account will continue to accrue interest while it remains in the Fund in accordance with and subject to the terms of the Fund. You may withdraw your DROP Account balance (1) in a single lump-sum payment or (2) in up to twelve (12) equal or unequal installment payments. You must withdraw your entire DROP Account balance no later than April 1 of the year after you reach age 70½.

All distributions from your DROP Account are subject to a mandatory twenty percent (20%) withholding for federal income tax unless the distribution is transferred directly to an Individual Retirement Account, an Individual Retirement Annuity, or an eligible retirement plan through a rollover. You may elect a higher rate of withholding by submitting Form W-4R, *Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions*. Please consult with your professional tax advisor if you have any questions about your specific situation.

Note: If you were previously married and a qualified domestic relations order ("QDRO") was entered by the court as part of your divorce, your former spouse may be entitled to a portion of your DROP Account, depending on the terms of the QDRO.

DROP BENEFICIARY

You may designate a beneficiary to receive any balance remaining in your DROP Account at your death. Your DROP Account is separate from your monthly retirement annuity benefit. Your spouse, dependent children, or the beneficiary you designated on Form 500A, Form 500R, or Form SLA to receive a survivor benefit are not automatically entitled to receive your DROP Account. To name a beneficiary to receive the balance of your DROP Account, please complete the DROP Beneficiary Designation included with this application.

If you are married, you may not designate a beneficiary other than your spouse unless your spouse gives his or her written consent. If you are not married and you do not designate a beneficiary for your DROP Account, any balance remaining in your DROP Account at your death will be distributed to your estate in a lump-sum payment.

Note that you may change your DROP beneficiary designation at any time without a reduction to your benefits by contacting the Pension Office. However, if you are married, you must obtain your spouse's consent each time you name a DROP beneficiary other than your spouse.

IMPORTANT NOTE REGARDING OPTION 2 ELECTION

If you elect Option 2 under either the Normal Retirement Annuity form of benefit or the Single Life Annuity form of benefit, the 10-year period of guaranteed payments will commence at your DROP Effective Date and not your date of retirement from the Fire Department. Thus, years during the DROP Period count against your 10-year period of guaranteed payments. For example, upon retiring from the Fire Department, if you select a "reverse" or "back" DROP for the maximum of 7 years, you will only have 3 years left in the guaranteed 10-year period after you terminate from active service.

Please complete the attached form and send 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.



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

APPLICATION FOR DEFERRED RETIREMENT OPTION PLAN (DROP)

MEMBER INFORMATION

Member Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____ E-mail: _____

Date of Birth: _____ TX FIR#: _____

I am: ☐ MARRIED ☐ SINGLE / NOT MARRIED

If Married, Spouse's Name and SSN: _____

Date of Marriage: _____

If you were previously married, is there a Qualified Domestic Relations Order (QDRO) that divides your retirement benefits between you and your former spouse? YES ☐ NO ☐

DROP EFFECTIVE DATE AND PARTICIPATION INFORMATION

TYPE OF DROP PARTICIPATION

☐ **Forward DROP:** I will remain employed by the Fire Department for up to 7 years after the date of this election.

☐ **Retro or Back DROP:** I am terminating employment with the Fire Department in connection with my election to participate in DROP and will select a DROP Effective Date that is no more than 7 years prior to my termination date.

MY PARTICIPATION IN THE DROP WILL BE EFFECTIVE ON: _____

[^]This date cannot be more than 7 years prior to your date of termination of service from the Fire Department

Fund Staff will provide you with details regarding your adjusted monthly annuity amount and your DROP balance in connection with this application.

ACKNOWLEDGEMENT AND SIGNATURE

BY SIGNING THIS ELECTION AND APPLICATION FORM, I ACKNOWLEDGE THE FOLLOWING:

- I certify to the Fund that the information stated above is true and correct. I understand it is my responsibility to notify the Fund if any of the information above changes after my retirement date, including, without limitation, my marital status.
- I understand that I am eligible to participate in the Deferred Retirement Option Plan (DROP) pursuant to the Fund's governing statute, Article 6243e.1, Vernon's Texas Civil Statutes (the "Act") and the Fund Rules. I am electing to participate in the DROP in accordance with the selections above, and I understand that my election to participate in the DROP is voluntary and irrevocable.
- I understand that if I elect to participate in the Forward DROP and do not terminate employment at the end of the DROP Period, I will be required to continue making contributions to the Fund until my final termination date from the Fire Department, but I will earn no additional service credit with the Fund.
- I have had the opportunity to meet with the Fund's administrative staff and ask them questions regarding the operation of DROP and the effect that my participation in the DROP will have on my benefits and any potential survivor benefit under the Fund.
- I understand that the administrative staff of the Fund cannot and has not rendered legal or tax advice to me regarding this election or any tax impact on me or my survivors as a result of a benefit payable under the Fund. I have had the opportunity to seek advice from a professional tax advisor of my choosing.
- I understand that my retirement annuity as calculated under the terms of the Act will be determined as of my DROP Effective Date. I also understand that as a consequence of my election to participate in DROP, I will forgo any otherwise applicable improvements in my retirement pension, including, but not limited to, improvements attributable to age, rank, increase in pay, or years of service with the Fire Department that occurred or accrued after my DROP Effective Date.
- I understand that my monthly annuity benefit and my DROP benefits are subject to the provisions of Article 9.03 of the Act governing the Fund (the Internal Revenue Code Section 415 limitations).
- I understand that it is my responsibility to pay any taxes or penalties in accordance with current tax law and guidance. I acknowledge that I have received the AFRF Special Tax Notice prior to signing this certification and waive the requirement of 30 days' notice.
- I understand that information may be provided by the Fund to assist me in my selection of retirement benefits, but that my retirement benefits are subject to the terms of the Act and the Fund Rules. If there is any conflict between information provided and the Act or the Fund Rules, the terms of the Act and the Fund Rules, as applicable, will govern.
- I understand that the final determination of my eligibility to receive a retirement benefit from the Fund, including my participation in DROP, and the amount of such benefit remains subject to approval by the Board and that any benefit estimates or communications from Fund staff about my retirement benefit are not binding on the Board. The Board's determination shall be final and binding.

Firefighter's Signature

Date

Firefighter's Printed Name



BENEFICIARY DESIGNATION FOR DROP

Under the terms of the Austin Firefighters Retirement Fund (the "Fund"), you may designate a beneficiary to receive the balance remaining in your DROP Account at death. However, if you are married, you may only designate a beneficiary other than your spouse if your spouse gives his or her written consent.

MEMBER INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS

PHONE NUMBER DATE OF BIRTH EMAIL ADDRESS

BENEFICIARY INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS PHONE NUMBER

SOCIAL SECURITY NUMBER GENDER DATE OF BIRTH

RELATIONSHIP TO FIREFIGHTER EMAIL ADDRESS

ACKNOWLEDGEMENT AND SIGNATURE

I wish to designate the above named person to be my beneficiary for my DROP Account. I acknowledge that if I am married, I must obtain my spouse's consent to name someone other than my spouse. I acknowledge that if I am married but I do not designate a beneficiary, my spouse will automatically be my beneficiary provided that my spouse survives me. I acknowledge that if I am not married and do not designate a beneficiary below, then my estate will be my beneficiary.

Firefighter's Signature Date

Firefighter's Printed Name



SPOUSAL CONSENT FORM – DROP

Under the terms of the Austin Firefighters Retirement Fund (the “Fund”), you may designate a beneficiary to receive the balance remaining in your DROP Account at death. However, if you are married, you may only designate a beneficiary other than your spouse unless your spouse gives his or her written consent. Through this form, you may obtain spousal consent that is acceptable to the Fund for purposes of naming a DROP beneficiary other than your spouse.

Your spouse may wish to consult a tax, financial, or legal advisor before signing this consent. Spousal consent will only be valid if the appropriate signature is acknowledged before a notary public.

SPOUSAL CERTIFICATION AND SIGNATURE

I hereby certify that I, _____ (Name of Spouse), am the spouse of _____ (Name of Firefighter) and voluntarily consent to my spouse’s DROP beneficiary designation under the Austin Firefighters Retirement Fund’s (the “Fund”) Deferred Retirement Option Plan (“DROP”) of someone other than myself. I hereby acknowledge that I fully understand the consequences of my consent, which has the effect of forfeiting the rights that I may have to any accumulated balance in my spouse’s DROP account that I would have been entitled to receive upon my spouse’s death. I understand that my spouse’s participation in the DROP is irrevocable, and my consent to my spouse’s beneficiary designation above is irrevocable. I understand that I do not have to consent to my spouse’s beneficiary designation and acknowledge that I have been provided the opportunity to consult with my legal, tax, or financial advisor concerning this matter.

Spouse’s Signature

Date

STATE OF _____

COUNTY OF _____

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this ____ day of _____ 20____ by _____, who is personally known to me or who produced appropriate identification.

Notary Public, State of _____



DROP DISTRIBUTION ELECTION FORM NEW PARTICIPANT

PARTICIPANT INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS

PHONE NUMBER DATE OF BIRTH EMAIL ADDRESS

TAX INFORMATION

All distributions from a DROP account (that have not been previously taxed) are subject to a mandatory minimum twenty percent (20%) withholding for federal income tax unless the withdrawal is transferred directly by the Fund to an eligible retirement plan or Individual Retirement Account (IRA).

To the extent permissible under federal tax laws, payment of a DROP benefit can be made to a retired member DROP participant in the following forms:

- a single-payment distribution made at a time selected by the DROP participant, but not later than April 1 of the year after the participant attains 70 ½ years of age; or
- in not more than **twelve (12) payments**, which may be equal or unequal (as the DROP participant may determine), all of which must occur no later than April 1 of the year after the DROP participant attains 70 ½ years of age, but not more than four (4) payments per calendar year.

ADDITIONAL DISTRIBUTIONS

To request additional distributions from your DROP Account (up to a **maximum of twelve (12) total distributions**), you must submit a new DROP Distribution Election Form (Retiree) to the Pension Office. The remainder of your DROP Account must be withdrawn in its entirety no later than April 1st of the calendar year after the calendar year in which you reach age 70½ if you have not already withdrawn the entire balance by such time.

DISTRIBUTION OPTIONS

Please indicate your distribution election below:

- _____ **FULL ROLLOVER.** I choose to have my entire DROP account balance rolled over into an eligible qualified plan or IRA. No federal income tax will be withheld. *(You must also complete the Lump Sum Distribution Rollover Form.)*
- _____ **PARTIAL ROLLOVER.** I choose to have a partial payment of \$_____ of my DROP Account balance rolled over into an eligible qualified plan or IRA. No federal income tax will be withheld from this portion. Except as otherwise elected on this form, any remaining balance of my DROP account will remain in the Fund until further instructions are given or such funds must be distributed in accordance with the terms of the Fund or applicable law. *(You must also complete the Lump Sum Distribution Rollover Form.)*
- _____ **FULL DIRECT DISTRIBUTION TO PARTICIPANT.** I choose to have my entire DROP Account balance (less required withholding) made payable to me and directly deposited into the bank account on file with the Fund. I understand that the Fund will withhold 20% from this distribution, unless I submit a Form W4-R electing a greater percentage of federal income tax withholding. *(You must also complete the Direct Deposit Form.)*
- _____ **PARTIAL DISTRIBUTION TO PARTICIPANT.** I choose to have a partial payment of \$_____ of my DROP Account balance made payable to me and directly deposited into the bank account on file with the Fund. I understand that the Fund will withhold 20% from this distribution, unless I submit a Form W4-R electing a greater percentage of federal income tax withholding. Except as otherwise elected on this form, any remaining balance of my DROP account will remain in the Fund until further instructions are given or such funds must be distributed in accordance with the terms of the Fund or applicable law. *(You must also complete the Direct Deposit Form.)*
- _____ **PARTIAL ROLLOVER / PARTIAL DISTRIBUTION.** I choose to have a partial payment of \$_____ of my DROP Account balance rolled over into an eligible qualified plan or IRA. No federal income tax will be withheld from this portion. The remaining balance of my DROP Account (less required withholding) will be made payable to me and directly deposited into the bank account on file with the Fund. I understand that the Fund will withhold 20% from this distribution, unless I submit a Form W4-R electing a greater percentage of federal income tax withholding. *(You must also complete the Lump Sum Distribution Rollover Form and Direct Deposit Form.)*

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 authorize and direct the Fund to make a distribution from my DROP Account in accordance with the election(s) above, if applicable.

I understand that a distribution from my DROP Account prior to the calendar year in which I attain age 50, or such point that I have accrued 25 years of service credit with the Fund, may be subject to an additional 10% early withdrawal penalty by the IRS, in addition to regular federal income tax. I understand that it is my responsibility to pay any taxes or penalties as a result of this distribution in accordance with current tax law and guidance. I acknowledge that I have received the AFRF Special Tax Notice prior to signing this form and waive the requirement of 30 days' notice.

Firefighter's Signature

Date

Firefighter's Printed Name

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.



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

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.

**Withholding Certificate for Nonperiodic Payments and
Eligible Rollover Distributions****Give Form W-4R to the payer of your retirement payments.**

OMB No. 1545-0074

2025

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.

- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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**Sign
Here****Your signature** (This form is not valid unless you sign it.)**Date****General Instructions**

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

*If married filing separately, use \$390,800 instead for this 37% rate.

General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Withholding Certificate
for Periodic Pension or Annuity Payments**

Give Form W-4P to the payer of your pension or annuity payments.

2025**Step 1:
Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

**Step 3:
Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 . . . \$

Add other credits, such as foreign tax credit and education tax credits \$

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . **3** \$**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** . **4(c)** \$

Step 5:**Sign
Here**

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you choose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

Specific Instructions *(continued)*

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$	
2	Enter: { • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately }	2	\$	
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$	
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • \$2,000 if you're single or head of household. • \$1,600 if you're married filing separately. • \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,200 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$	
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$	
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$	

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

DIRECT DEPOSIT FORM

NAME	
BANK / FINANCIAL INSTITUTION NAME	
ACCOUNT NUMBER	
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ROUTING NUMBER	

Please attach a voided blank check or other verification of bank account.

By signing below, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I authorize and direct the Fund to deposit any distribution payable to me from the Fund on or after the date below to the account listed above and update my information in the Fund's records accordingly.

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.



RETIREE HEALTH INSURANCE PREMIUM WITHHOLDING FORM

NAME	
SOCIAL SECURITY NUMBER	
ADDRESS	

HEALTH INSURANCE PREMIUM WITHHOLDING INFORMATION

Note: This form is to be used solely for authorizing the Austin Firefighters Retirement Fund to withhold amounts from your monthly pension payments as payment for health insurance premiums through the City of Austin's retiree benefits program. All elections or questions related to coverage are handled through the City of Austin and should be directed to the City of Austin Human Resources Department. The Fund cannot provide specific information as to the benefits offered or coverage provided through this program.

For purposes of this form, I hereby designate the medical and dental insurance providers, and the related coverages, that I have selected on my most recent City of Austin Retiree Benefits Enrollment Form as the "Health Insurance Provider(s)" to which this premium withholding form relates. In the event that I change a Health Insurance Provider or coverages by filing a new or amended form with the City of Austin, or the City of Austin or such Health Insurance Provider(s) make changes to such coverages, this designation will automatically be amended to reflect those changes and shall continue to apply without any further action.

1. I hereby authorize the Austin Firefighters Retirement Fund (the "Fund") to deduct the monthly premium for the coverage described above (as it may change from time to time) from my monthly pension annuity and pay to the City of Austin and/or the Health Insurance Provider(s), as applicable. The amount deducted will be determined in accordance with the premiums charged by the Health Insurance Provider(s) and/or the City of Austin and may change from time to time.
2. I understand that it is my responsibility, as the participant, to inform the Fund of any change related to my health insurance premium deduction including, but not limited to, coverage, insurance company, Health Insurance Provider(s), or premium changes. I freely accept this obligation to notify the Fund and agree that that Fund has no liability for such changes or any consequence thereof.
3. I understand that the Fund is not responsible for lapsed premiums or lapsed insurance policy coverage or any other coverage or benefit issues that may arise between the City of Austin and/or the Health Insurance Provider(s) and myself.
4. I take full responsibility for the accuracy and truth of all the information I have provided and certify that I am entitled to these benefits.

5. I understand that I may be eligible to decrease my federal taxable income as a result of this arrangement. This tax exclusion may not apply to state taxation. I understand that my eligibility for any federal tax exclusion and the reporting thereof is fully my responsibility and the Fund has no liability for providing advice regarding such exclusion or any tax consequences related to such exclusion.
6. I understand that I may not request additional tax-preferred treatment of the applicable exclusion amount (up to \$3,000.00 annually) from any other qualified retirement plans (i.e. Governmental defined benefit plans, 457 plans, or 403(b) plans).
7. I understand that the Fund must comply with federal law in connection with withholding insurance premiums from my pension benefits. In doing so, the Fund is only performing an administrative function and is only responsible for payment of premiums, as required by law.
8. I understand that the health insurance premium withholding may affect tax withholding from my monthly pension annuity.

IMPORTANT LEGAL NOTICE

The IRS has not provided guidance to date on the application of this specific program. As a condition of participation in this program, you accept all responsibility for truth of the information provided to the Fund and any information reported to the IRS. In addition, in consideration of participation, you agree that the Fund, its staff or advisors, and the City of Austin have no liability for any additional tax liability, including interest and penalties that may arise from participation. As this waiver involves my legal rights, I have been advised to seek competent legal advice prior to participating in the program. I understand and agree that I have had a full opportunity to have my questions answered and to seek outside advice.

ACKNOWLEDGEMENT AND WAIVER OF CLAIMS

By signing this form, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I authorize and direct the Fund to update my information in the Fund's records accordingly. I understand that any tax obligations or benefits I receive as a result of this program are my responsibility, and I agree that I will not make any legal claim of any kind against the Fund, its staff and advisors, or the City of Austin should my participation in this program result in unexpected tax liability to me, including interest and penalties, or due to a lapse in coverage. I understand that my ability to participate in this program is a valuable benefit for which I am willing to sign this waiver of all claims. I further release the Fund, its staff and advisors, and the City of Austin from any liability arising from the administration of payments to any insurer or Health Insurance Provider designated hereunder.

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.



AUSTIN FIREFIGHTERS' ASSOCIATION LOCAL 975

WITHHOLDING AUTHORIZATION FOR AFA LOCAL 975 MEMBERSHIP DUES/PAC CONTRIBUTIONS

NAME	
ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	

☐ I authorize and direct the Austin Firefighters Retirement Fund to withhold an amount from my monthly benefits for monthly membership dues to be paid to the Austin Firefighters' Association (Local 975). The membership dues amount will be determined in accordance with the constitution and bylaws of the AFA Local 975 and may change from time to time in accordance with such constitution and bylaws.

☐ I authorize and direct the Austin Firefighters Retirement Fund to withhold an additional amount from my monthly benefits as a PAC contribution to be paid to the Austin Firefighters' Association (Local 975) in the amount of:

\$ _____.

By signing below, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I authorize and direct the Fund to withhold such amounts from my monthly benefit payments and pay such amounts to the Austin Firefighters' Association (Local 975) accordingly. This authorization will remain in effect until I revoke it. I understand that I have the right to revoke this authorization at any time by notifying the Fund in writing.

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.

Austin Retired Firefighters' Association (ARFFA) Membership

MEMBERSHIP INFORMATION

DONATIONS

We hope you will choose to become a member of ARFFA.

Below is a membership form to be completed and returned to:
ARFFA, 1208 Green Valley Cove, Round Rock, TX 78664.

At this time there are no membership fees or dues.

Funding is accomplished through donations. Monthly payroll deductions can be arranged through the pension office if desired. Donations, payable to ARFFA, can be sent to the Treasurer, Gary Pounds, 8211 Appaloosa Run, Austin, TX 78737.

COMMUNICATION

It is important to provide us with an email address if you have one. Communication is done primarily via email. No "junk mail" will be sent, only that which pertains to ARFFA or may be of interest to our members, such as notice of meetings, retirement coffees, pension news, Benevolent Fund information, funeral notices, etc. If you contribute to the Austin Firefighters Association Benevolent Fund please be aware that we share your contact information with them, unless you request we not do so.

PENSION BOARD MEETINGS

Pension board meetings are conducted monthly and ARFFA meetings are conducted quarterly. Please attend these meetings when you can. For more information about ARFFA please visit our website at www.arffa.net or send us an email at arffaafd@yahoo.com

**PLEASE COMPLETE THE SECOND PAGE AND RETURN TO:
ARFFA**

**1208 Green Valley Cove
Round Rock, TX 78664**

Note that the Fund is providing this information to retired members of the Austin Fire Department on behalf of ARFFA, but ARFFA is a separate entity that operates independently from the Fund. If you have any questions about ARFFA membership or dues, please contact arffaafd@yahoo.com.



Austin Retired Firefighters Association

Welcome to the Austin Retired Fire Fighters Association. We are glad you decided to join us, become involved, and stay informed about issues affecting Austin firefighters. We are a resource for you by posting information about upcoming events. These include but are not limited to announcements of retirement coffee/celebrations, death, and funeral notices, AFD annual retirement party, along with other notices pertaining to Austin firefighters.

One of our main goals is to keep abreast of the Austin Firefighters Retirement Fund and help disseminate minutes of the pension fund meetings. ARFFA board meets three times a year on the second Tuesday of January, May, and September to discuss any issues pertaining to retirees. We hope this organization can provide you with a method of keeping up with current events.

Our primary method of correspondence is via email, so please remember to keep us informed of any changes to your contact information, especially your email. No junk mail will be sent through our contacts list and if you wish to keep your contact information private, please indicate your preference on your membership form.

Again, thanks for your interest in ARFFA!

You can contact ARFFA through our email at arffaafd@yahoo.com

ARFFA Membership Form

Please check one - Retiree ☐ Beneficiary ☐ Active w/10+yrs ☐

Date - ____/____/____

Name - _____

Mailing Address - _____

City - _____

State - _____ Zip Code - _____

Email Address - _____

Primary Phone Number - _____

Secondary Phone Number - _____

Date of Retirement - ____/____/____ Last assignment _____

Benevolent Fund Member – Yes ☐ No ☐

Information sharing - ☐ Ok to share with other AFD Firefighters

☐ Do not share with anyone