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. A beneficiary may be an individual or a trust. However, if you are married, your designation of a beneficiary other than your spouse is valid only if your spouse consents in writing on this form.

PARTICIPANT INFORMATION

LAST NAME | FIRST NAME | MIDDLE NAME

ADDRESS

PHONE NUMBER | DATE OF BIRTH | EMAIL ADDRESS

BENEFICIARY INFORMATION (Select one option)

☐ ***To designate an individual:***

LAST NAME | FIRST NAME | MIDDLE NAME

ADDRESS | PHONE NUMBER

SOCIAL SECURITY NUMBER | GENDER | DATE OF BIRTH

RELATIONSHIP TO FIREFIGHTER | EMAIL ADDRESS

☐ ***To designate a trust:***

NAME OF TRUST | TRUST TAX ID NUMBER*

NAME OF TRUSTEE | TRUSTEE PHONE NUMBER

TRUSTEE ADDRESS | TRUSTEE EMAIL ADDRESS

NAME OF SUCCESSOR TRUSTEE (IF ANY) | SUCCESSOR TRUSTEE PHONE NUMBER

SUCCESSOR TRUSTEE ADDRESS | SUCCESSOR TRUSTEE EMAIL ADDRESS

*This may be the grantor's Social Security Number or the trust's EIN, as applicable.

ACKNOWLEDGEMENT AND SIGNATURE

I wish to designate the above-named individual or trust as the beneficiary of my DROP Account. I acknowledge that if I am married, I must obtain my spouse's consent to name an individual other than my spouse, or to name a trust. I acknowledge that if I am married and 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, 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 an individual or a trust to receive the balance remaining in your DROP Account at death. However, if you are married, your designation of a beneficiary other than your spouse is valid only if your spouse consents in writing on this form. Through this form, you may obtain spousal consent that is acceptable to the Fund for purposes of naming a 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 an individual other than myself or a trust. 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 _____