



500A FORM: DESIGNATION OF BENEFICIARY UNDER SECTION 7.09

PRINT LEGIBLY OR TYPE ALL INFORMATION REQUESTED. PLEASE COMPLETE AND SEND TO:

AUSTIN FIREFIGHTERS RETIREMENT FUND
4101 PARKSTONE HEIGHTS DRIVE #270
AUSTIN, TX 78746

FAX: 512-453-7197

EMAIL: Staff@AFRFund.org

LAST NAME			FIRST NAME			MIDDLE NAME		
ADDRESS			CITY			STATE & ZIP CODE		
PHONE #			SOCIAL SECURITY NUMBER			DATE OF BIRTH		
DATE OF EMPLOYMENT			DATE ENTERED FUND/ COMMISSION DATE			TXFIR#		
EMAIL ADDRESS								
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOW	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED			
<p>THE UNDERSIGNED, BEING A MEMBER OF THE FUND WHO EITHER HAS RETIRED OR IS ELIGIBLE FOR RETIREMENT BUT HAS NOT YET RETIRED, HEREBY DESIGNATES THE FOLLOWING BENEFICIARY TO RECEIVE ANY BENEFIT PAYABLE UNDER SECTION 7.09 OF THE ACT GOVERNING THE FUND (ARTICLE 6243E.1, V.T.C.S.).</p> <p>IN THE EVENT THAT NO BENEFIT IS PAYABLE TO A SURVIVING SPOUSE OR A CHILD OF THE UNDERSIGNED UNDER OTHER PROVISIONS OF THE ACT GOVERNING THE FUND.</p> <p><u>BY EXECUTING THIS FORM, I HEREBY REVOKE ANY AND ALL PREVIOUS BENEFICIARY DESIGNATIONS THAT I HAVE MADE UNDER SECTION 7.09</u></p>								
BENEFICIARY'S LAST NAME			FIRST NAME			MIDDLE NAME		
BENEFICIARY'S ADDRESS			CITY			STATE & ZIP CODE		
BENEFICIARY'S PHONE #			BENEFICIARY'S SOCIAL SECURITY #			BENEFICIARY'S DATE OF BIRTH		
BENEFICIARY'S GENDER			BENEFICIARY'S RELATION TO FIREFIGHTER					
FIREFIGHTER'S PRINTED NAME			SIGNATURE			DATE		