



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

FORM 500 – PERSONNEL RECORD

Member Information

LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	SOCIAL SECURITY NUMBER	GENDER	DATE OF BIRTH
DATE OF EMPLOYMENT	DATE ENTERED FUND/COMMISSION DATE	TXFIR #	

PERSONAL EMAIL ADDRESS – (Not austin texas.gov)

MARITAL STATUS: SINGLE _____ MARRIED _____ WIDOW _____ DIV _____ SEP _____

Spouse and Children Information

Please complete if Married (which includes Legal Separation):

SPOUSE'S LAST NAME	FIRST NAME	MIDDLE NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF MARRIAGE
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	EMAIL ADDRESS		

Please list below unmarried, legitimate/legally adopted children's full names, dates of birth, gender, and social security number:

CHILD'S NAME	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER
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Authorization for Electronic Disclosure

The Austin Firefighters Retirement Fund (the "Fund") would like to communicate important information related to your benefits electronically via the Fire Department intranet. This information may include: (i) general Fund information, (ii) your Annual Statements, (iii) Summary of Significant Changes to the Fund's governing statute or rules, (iv) Annual Report of the Fund, and (v) notices of trustee nomination periods, candidates, and election results. You may request a paper version of any communication delivered electronically free of charge from the Fund. You may also revoke your consent to electronic communication at any time by submitting your revocation in writing to the Pension Office. By signing below, I hereby authorize the Fund to communicate with me via the Fire Department intranet as described above.

FIREFIGHTER'S SIGNATURE: _____ DATE: _____

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.