



**FORM 500 - PERSONNEL RECORD**

**Print or type all information in a legible manner.** This data is being requested to maintain current records at your pension office.

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 austintexas.gov)**

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOW \_\_\_\_\_ DIV \_\_\_\_\_ SEP \_\_\_\_\_

If Married (which includes Legal Separation):

SPOUSE'S LAST NAME	FIRST NAME	MIDDLE NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF MARRIAGE

Please list below unmarried, legitimate/legally adopted (per plan provisions) children's full names, date of birth, and social security number:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>	<u>SOCIAL SECURITY NO.</u>

**Authorization for Electronic Disclosure:**

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 can always 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 Fund Office.

By signing below, I hereby authorize the Austin Firefighters Retirement Fund to communicate with me via the Fire Department intranet as described above.

FIREFIGHTER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE COMPLETE & SEND ALL REQUESTED INFORMATION TO:  
AUSTIN FIREFIGHTERS RETIREMENT FUND  
4101 PARKSTONE HEIGHTS DRIVE, SUITE 270, AUSTIN, TX 78746**

**FAX 512.453.7197 or e-mail Staff@AFRFund.org**