



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

**DEFERRED RETIREMENT OPTION PLAN (DROP)
BENEFICIARY DISTRIBUTION ELECTION FORM A**

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

I understand that 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 Individual Retirement Account (IRA), an Individual Retirement Annuity, or a qualified trust.

I understand that, to the extent permissible under federal tax laws, payment of a DROP benefit can be made in the following forms:

Please choose one of the following:

_____ LUMP SUM ROLLOVER. I choose to have my lump sum DROP account balance rolled over into an eligible qualified plan or IRA. No federal income tax will be withheld. A check will be mailed to the following on your behalf:

Name of IRA or Plan: _____

Account Number: _____

Physical Address (Street, City, State and Zip (PLEASE NO PO BOX #)):

_____ LUMP SUM DISTRIBUTION TO PARTICIPANT. I choose to have my lump sum made payable to me. Please withhold _____% for federal income tax and direct deposit the funds to the bank account on file.

DROP Participant'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.