



RETIREMENT PROCESS

STEP ONE

Make an appointment with the Austin Fire Department's Administrative Offices
(512) 974-4100

They will provide you with the appropriate paperwork that needs to be completed, including:

- Resignation Form (for purposes of retirement)
- Final Check
- Texas Commission on Fire Protection (TCFP) Form
- Exit Interview Form

Your retirement date or last active day can be determined after meeting with the Administrative Offices, and that information will be forwarded to the Pension Office.

STEP TWO

Make an appointment with City of Austin Human Resources
(512) 974-3284

They will help you to enroll in City of Austin Medical, Dental and/or Vision Insurance.

STEP THREE

Make an appointment with the AFRF Pension Office
(512) 454-9567 or email Staff@AFRFund.org

The following information will be necessary when applying for retirement:

- Copy of Driver's License
- Copy of Marriage License - *if applicable*
- Copy of Qualified Domestic Relations Order (QDRO), if divorced – *if applicable*
- Copy of Birth Certificate or Driver's License of Beneficiary - *if applicable*
- Voided Check to enroll in Direct Deposit - *if available*
- Contact Information - Phone Number, Address, Email

FOR FUND USE ONLY

Processed By: _____

Audited By: _____



AFRF
 AUSTIN FIREFIGHTERS
 RETIREMENT FUND

FORM NRA RETIREMENT CHECKLIST

RETIREE INFORMATION

RETIREE NAME:	
ADDRESS:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
RETIREMENT DATE:	

CHECKLIST

<input type="checkbox"/>	Copy of Driver's License	<input type="checkbox"/>	Insurance Premium Form
<input type="checkbox"/>	Copy of Spouse's Driver's License	<input type="checkbox"/>	AFA Local 975 Form
<input type="checkbox"/>	Copy of Children's Birth Certificate or Driver's License if under age 22	<input type="checkbox"/>	Retiree Association Enrollment Form (ARFFA)
<input type="checkbox"/>	Copy of Marriage License, Declaration of Formal Marriage, and/or QDRO, if applicable		
<input type="checkbox"/>	Benefits Calculations	<input type="checkbox"/>	Permission to Share Contact Information with other AFD Firefighters / Employees <ul style="list-style-type: none"> • Phone Number Yes No • Email Address Yes No • Home Address Yes No
<input type="checkbox"/>	Normal Retirement Annuity Form		
<input type="checkbox"/>	Form 500A Beneficiary Form		
<input type="checkbox"/>	DROP Application (including Rollover Form, if applicable)		
<input type="checkbox"/>	W-4P and W-4R Withholding Certificates, if applicable		
<input type="checkbox"/>	Direct Deposit Form		
<input type="checkbox"/>	City of Austin Medical Insurance		
<input type="checkbox"/>	City of Austin Dental Insurance		
<input type="checkbox"/>	City of Austin Vision Insurance		



FORM NRA NORMAL RETIREMENT ANNUITY ELECTION

This form should be used only by firefighters who are electing the NORMAL RETIREMENT ANNUITY form of retirement benefit. If you are electing the Single Life Annuity benefit, you must use Form SLA. Please contact the Pension Office to request Form SLA.

GENERAL INFORMATION

As a member of the Austin Firefighters Retirement Fund (the "Fund"), you may elect to receive your retirement benefit under the Normal Retirement Annuity form of benefit upon satisfying the eligibility requirements described below.

The Normal Retirement Annuity is the standard form of retirement under the Fund and provides for a Joint and Survivor (75%) benefit. The Normal Retirement Annuity will provide you with a monthly annuity benefit that is payable during your lifetime based on your highest average compensation and years of credited service at retirement. At your death, your survivor is entitled to a reduced monthly annuity benefit.

If you are married or have dependent children (unmarried children under age 22), your spouse or such children will automatically be entitled to receive the survivor benefit. However, if you have no spouse or dependent children, you may be eligible to designate a beneficiary to receive the survivor benefit for life pursuant to Section 7.09 of the Fund's governing statute. Please contact the Pension Office or check the Fund's website for information about designating a beneficiary and the applicable form.

You may also elect to participate in the Deferred Retirement Option Plan ("DROP") if you elect a Normal Retirement Annuity. Your DROP balance will be based in part on an accumulation of your Normal Retirement Annuity benefit amount during the period that you participate in DROP. See the section entitled "DROP Participation" below for more information.

ELIGIBILITY

Standard Retirement: You are eligible to retire and receive a Normal Retirement Annuity upon either (1) attaining the age of 50 years and accruing at least 10 years of credited service in the Fund or (2) accruing at least 25 years of credited service in the Fund, regardless of age.

Early Retirement: You may qualify for early retirement upon either (1) attaining the age of 45 years and accruing at least 10 years of credited service in the Fund or (2) accruing at least 20 years of credited service in the Fund, regardless of age. If you elect early retirement, your retirement benefit will be calculated the same as a Normal Retirement Annuity under a standard retirement, but you will not be eligible for cost-of-living adjustments (COLAs), if any, until such time as you either attain age 50 or would have accrued 25 years of credited service in the Fund if you had remained in active service through such date.

Vested Termination Retirement: If you terminated employment with the Fire Department after accruing at least 10 years of credited service in the Fund and you left your accumulated contributions in the Fund after termination, you are eligible to begin receiving a monthly retirement benefit when you either attain the age of 50 or would have accumulated at least 25 years of credited service if you had not terminated employment and remained in active service through such date. It is your responsibility to contact the Fund if and when you are eligible and ready to commence your retirement benefit.

NORMAL RETIREMENT ANNUITY---OPTION 1 OR OPTION 2

A retiring firefighter may elect Option 1 or Option 2 with respect to the Normal Retirement Annuity form of benefit.

Normal Retirement Annuity--Option 1: Under Option 1, a monthly annuity benefit will be payable to you for your lifetime. After your death, a reduced survivor annuity benefit is payable to your spouse, dependent children, or designated beneficiary, as applicable. The survivor benefit payable upon your death is as follows:

- Upon your death, if you are married, your surviving spouse will automatically receive a survivor benefit equal to 75% of the benefit that you were receiving before your death for his or her lifetime.
- If you are not married, but have dependent children, your dependent children will receive a benefit in total equal to 75% of the benefit that you were receiving before your death. If you have more than one dependent child, the benefit will be divided equally among the children. The survivor benefit is payable to your dependent children until they reach age 22 or marry, whichever comes first. (Note that a 15% survivor benefit may be payable to your dependent children even if you are married at the time of your death. Please contact the Pension Office for more information on benefits for dependent children.)
- If you are not married and have no dependent children, you may be eligible to designate a beneficiary at retirement to receive the survivor benefit on a Form 500A. Please check the Fund's website or contact the Pension Office to request Form 500A. The survivor benefit for a designated beneficiary is payable for the designated beneficiary's life and is typically equal to 75% of the benefit that you were receiving before your death. However, the survivor benefit payable to a designated beneficiary may be reduced to less than 75% of your benefit if your designated beneficiary is more than 10 years younger than you at the time of death. Benefit amounts will also change if you change your beneficiary after retirement. Please contact the Pension Office or check the Fund's website for more information about designating a beneficiary and these reductions to survivor benefits.

Normal Retirement Annuity--Option 2: Option 2 guarantees that someone will receive 100% of the monthly annuity benefit that you were receiving at your death for the 10-year period beginning on your retirement date from the Fire Department or your DROP retirement date, as applicable. The key features of Option 2 are as follows:

- Because of the guaranteed 10-year period, the amount of the monthly annuity benefit that you are entitled to receive under Option 2 will be actuarially reduced as compared to the amount of the benefit under Option 1.
- If you die during the 10-year period following your retirement date, your surviving spouse, dependent children, or designated beneficiary, as applicable, will receive 100% of the monthly annuity benefit that you were receiving for the remainder of the 10-year period. After the 10-year period, any survivor benefits will be paid as described under Option 1, including the reduced amounts of such benefits.
- If you die after the 10-year period following your retirement date, survivor benefits will be paid as described in Option 1, including the reduced amounts of such benefits.
- Upon your death during the 10-year period following your retirement date, the guaranteed payments during the remainder of the 10-year period that are equal to 100% of your monthly annuity benefit will be paid as follows:
 - If you are married at the time of your death, the payments will be made to your surviving spouse. If your spouse dies during the 10-year period after your retirement, any remaining payments will continue to your dependent children (if any).
 - If you are not married at the time of your death, but have dependent children, the payments will be made to your dependent children.
 - If you are not married and have no dependent children at the time of your death, the beneficiary that you have designated under a Form 500A or Form 500R (the beneficiary designation form used following retirement) will receive any remaining payments.

Note: Under either Option 1 or Option 2, if you were previously married and a qualified domestic relations order ("QDRO") was entered by the court as part of your divorce, your former spouse may be entitled to a portion of the monthly annuity benefit payable to you and your survivor, depending on the terms of the QDRO.

DROP PARTICIPATION

Your election to participate in DROP is separate from your retirement benefit election under this Form NRA. Your DROP balance will be based in part on your Normal Retirement Annuity benefit amount under either Option 1 or Option 2 that you would have accumulated during the DROP period.

Please note that if you elect Option 2, the 10-year period of guaranteed payments will commence at your DROP retirement date and not your date of retirement from the Fire Department. For example, upon retiring from the Fire Department, if you select a "reverse" or "back" DROP for the maximum of 7 years, you will only have 3 years left in the guaranteed 10-year period after you terminate from active service.

If you are electing to participate in DROP, you must also complete the DROP Election and Application Form. Please contact the Pension Office for more information on DROP participation.

TAX INFORMATION

Your monthly retirement annuity benefits are taxable to you and will be reported on a Form 1099-R each year. In connection with your retirement application, you should submit a Form W-4P, *Withholding Certificate for Periodic Pension or Annuity Payments*, regarding the amount of federal income tax to be withheld from your annuity payments. If you do not complete and return the Form W-4P, the Fund will withhold federal income tax from your monthly payments as if your filing status is single with no adjustments. Please consult with your professional tax advisor if you have any questions about the tax impact of your benefit or the related withholding requirements.

Please complete the attached forms and send 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.



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

APPLICATION FOR NORMAL RETIREMENT ANNUITY

MEMBER INFORMATION

Member Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____ E-mail: _____

Date of Birth: _____ TX FIR#: _____

My last day of employment with the Austin Fire Department will be / was: _____

Retirement Commencement Date: _____

(Your retirement commencement date cannot be earlier than your last day of employment or the date that you file this application).

SURVIVOR INFORMATION

Please answer the following questions before making your election:

1. I am: MARRIED SINGLE / NOT MARRIED

If Married, Spouse's Name and SSN: _____

Date of Marriage: _____

If you were previously married, is there a Qualified Domestic Relations Order (QDRO) that divides your retirement benefits between you and your former spouse? YES NO

2. I have at least one dependent child: YES NO

** A Dependent Child is a child who is not married and is under the age of 22.*

Dependent Children Names, Date of Birth, SSN: _____

** If you answered "Single/Not Married" to Question #1 and "No" to Question #2, you are eligible to complete a beneficiary designation on Form 500A. Contact the Pension Office or check the Fund's website to request Form 500A.*

RETIREMENT ANNUITY ELECTION

I HEREBY ELECT TO RECEIVE MY RETIREMENT BENEFIT IN THE FORM SPECIFIED BELOW:

Type of Retirement

Standard Retirement Early Retirement Vested Termination Retirement

Form of Retirement Benefit

Normal Retirement Annuity--Option 1 Normal Retirement Annuity--Option 2

DROP Participation

Yes No I am electing to participate in DROP (if yes, please complete the DROP FORM)

ACKNOWLEDGEMENT AND SIGNATURE

BY SIGNING THIS ELECTION AND APPLICATION FORM, I ACKNOWLEDGE THE FOLLOWING:

- I certify to the Fund that the information stated above is true and correct. I understand it is my responsibility to notify the Fund if any of the information above changes after my retirement date, including, without limitation, my marital status or the existence of any dependent children.
- I understand that I am entitled to receive a Normal Retirement Annuity upon retirement pursuant to the Fund's governing statute, Article 6243e.1, Vernon's Texas Civil Statutes (the "Act"). I also understand that a Single Life Annuity is available to me as an alternate form of benefit pursuant to the provisions of the Act and the Fund Rules. I have chosen not to elect a Single Life Annuity.
- I understand that my election is irrevocable. I cannot later elect to receive a Single Life Annuity.
- I have had the opportunity to meet with the Fund's administrative staff and ask them questions regarding the operation of a Normal Retirement Annuity and the effect that my election of a Normal Retirement Annuity will have on my benefits and any potential survivor benefit under the Fund.
- I understand that the administrative staff of the Fund cannot and has not rendered legal or tax advice to me regarding this election or any tax impact on me or my survivors as a result of a benefit payable under the Fund. I have had the opportunity to seek advice from a professional tax advisor of my choosing.
- I understand that if I elect to have my benefit paid under Option 2 of the Normal Retirement Annuity benefit, the amount of my retirement annuity will be actuarially adjusted to account for the guaranteed 10-year period.
- I understand that my Normal Retirement Annuity benefit and my DROP benefit, if any, are subject to the provisions of Article 9.03 of the Act governing the Fund (the Internal Revenue Code Section 415 limitations).
- I understand that if I am not married and have no dependent children, I may be eligible to designate a beneficiary to receive a survivor benefit on Form 500A before my benefit commences. I understand that I may only change my designated beneficiary twice after my benefit commences by submitting a Form 500R to the Pension Office. I also understand that after January 1, 2017, each time I change my beneficiary after my benefits have commenced, my monthly annuity benefit will be actuarially reduced pursuant to the Fund Rules.
- I understand that information may be provided by the Fund to assist me in my selection of retirement benefits, but that my retirement benefits are subject to the terms of the Act and the Fund Rules. If there is any conflict between information provided and the Act or the Fund Rules, the terms of the Act and the Fund Rules, as applicable, will govern.
- I understand that the final determination of my eligibility to receive a retirement benefit from the Fund and the amount of such benefit remains subject to approval by the Board and that any benefit estimates or communications from Fund staff about my retirement benefit are not binding on the Board. The Board's determination shall be final and binding.

Firefighter's Signature

Date

Firefighter's Printed Name



FORM 500A BENEFICIARY DESIGNATION UNDER SECTION 7.09 FOR NON-RETIRED MEMBERS

This form should be used only by ACTIVE firefighters or members who have terminated employment but not commenced a benefit. If you are a retired firefighter who is receiving a benefit and want to change your beneficiary designation, you must use Form 500R. Please go to the Fund’s website or contact the Pension Office to request Form 500R.

As a member of the Austin Firefighters Retirement Fund (the “Fund”), a benefit may be payable to your beneficiary if you die in active service after 10 years. If you are married or have a dependent child (unmarried child under age 22), your spouse or such child(ren) will automatically be considered your beneficiary and will be entitled to the survivor benefit. However, if you have no spouse or dependent child(ren), you are entitled to designate a beneficiary to receive the survivor benefit. Your beneficiary may be any living person.

Do not complete this form if:

- You are a retired firefighter who is currently receiving a retirement benefit. Use Form 500R instead.
- You are married or have a dependent child(ren). Your spouse or dependent child(ren) will automatically be considered your beneficiary. **Any beneficiary designation form filled out while you have a spouse or dependent child(ren) is invalid and will be considered null and void.**

IMPORTANT INFORMATION TO KNOW BEFORE MAKING A BENEFICIARY DESIGNATION

- Until you begin receiving your retirement benefit, you are permitted to designate a beneficiary at any time and change beneficiaries as often as you would like by submitting a new Form 500A to the Fund. The addition or change to your beneficiary while you are an active firefighter or before you begin receiving a retirement benefit has no effect on your benefit.
- After making this beneficiary designation, if you marry or have a child, this beneficiary designation will automatically become null and void. Your new spouse or dependent child(ren) will automatically be considered your beneficiary and will be entitled to the survivor benefit. Once null and void, this beneficiary designation will not be reinstated, even if you are no longer married or have dependent children. You may contact the Pension Office to complete the appropriate form to designate a beneficiary if you later become eligible to designate a beneficiary.
- If you designate a beneficiary that is more than 10 years younger than you, the survivor annuity benefit payable to that beneficiary after your death will be reduced according to the table below.

<i>If your designated beneficiary is:</i>	<i>The percentage of your retirement annuity payable to your designated beneficiary for life after you die is:</i>
Less than 10 years younger than you	75%
At least 10, but less than 15 years younger than you	45%
At least 15, but less than 20 years younger than you	40%
At least 20, but less than 35 years younger than you	35%
At least 35 years younger than you	30%



BENEFICIARY DESIGNATION FOR NON-RETIRED MEMBERS UNDER SECTION 7.09

MEMBER INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		
PHONE NUMBER	TXFIR #	DATE OF BIRTH
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	

BENEFICIARY INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	PHONE NUMBER	
SOCIAL SECURITY NUMBER	GENDER	DATE OF BIRTH
RELATIONSHIP TO FIREFIGHTER	EMAIL ADDRESS	

ACKNOWLEDGEMENT AND SIGNATURE

The above member, being a member of the Fund who is an active firefighter or who has not commenced receiving a retirement benefit as of the date hereof, hereby designates the beneficiary named above to receive any benefit payable under Section 7.09 of the Act governing the Fund (Article 6243e.1, V.T.C.S.) in the event that no benefit is payable to a surviving spouse or a dependent child of the member under other provisions of the Act governing the Fund.

By executing this form, I attest that I do not have a spouse or dependent child on the date set forth below. I hereby revoke any and all previous beneficiary designations that I have made under Section 7.09 of the Act.

Firefighter's Signature Date

Firefighter's Printed Name

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.

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions *(continued)*

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



DEFERRED RETIREMENT OPTION PLAN (DROP) ELECTION AND APPLICATION

WHAT IS A DROP?

As a member of the Austin Firefighters Retirement Fund (the “Fund”), you may elect to participate in the Deferred Retirement Option Plan (“DROP”). The DROP is a form of benefit that a Member may elect once he or she is eligible for retirement. The purpose of the DROP is to provide greater financial planning flexibility to Members upon retirement by providing Members with a reduced monthly annuity benefit and a lump-sum benefit, as opposed to only a monthly annuity benefit.

DROP ELECTION AND PARTICIPATION

If you elect to participate in the DROP, you will select an effective date for DROP participation (“DROP Effective Date”). The DROP Effective Date cannot be more than seven (7) years prior to your actual date of termination of service from the Fire Department.

You may make a DROP election at the time of your termination of service (often referred to as a “reverse” or “back” DROP) or, if desired, prior to your termination of service (often referred to as a “forward” DROP).

- **Reverse/Back DROP:** You elect to enter the DROP in connection with your termination of service from the Fire Department (i.e., at retirement). You will select your DROP Effective Date which cannot be more than 7 years prior than your retirement date.
- **Forward DROP:** You elect to enter the DROP while you are still employed and continue to work for a period of time (up to 7 years). Your DROP Effective Date will be the date you elect to participate in the DROP. You will be considered retired as of such date solely for purposes of the Fund. You will continue to make contributions to the Fund throughout the DROP Period (as defined below). *Note, if you do not terminate your employment at the end of the DROP Period, you will be required to continue making contributions to the Fund until your final termination date, but you will earn no additional service credit with the Fund.*

Upon your participation in the DROP, an account will be established and maintained in the records of the Fund for your benefit (“DROP Account”). Once you have terminated service with the Fire Department, you will be entitled to access amounts that have been credited to your DROP Account. The amount credited to your DROP Account will be equal to (1) the monthly annuity benefit that you would have received if you had retired on the DROP Effective Date multiplied by the number of months between the DROP Effective Date and your date of termination of service (the “DROP Period”), (2) member contributions that you make or made to the Fund during the DROP Period, and (3) interest in accordance with the terms of the Fund. In addition, you will be eligible to receive any cost-of-living adjustments (“COLAs”) that are granted by the Board, if any, during your DROP Period. The COLA amount(s) will be applied to the monthly retirement annuity benefits that are being credited to your DROP account, as applicable.

Note that the amount of your monthly annuity benefit that will be credited to your DROP Account and that you are entitled to receive upon termination of service from the Fire Department will be calculated using your credited service and average monthly compensation as of your DROP Effective Date and not your service and compensation at the time of your

termination of service from the Fire Department. Additionally, if you elect an optional form of benefit instead of the Normal Retirement Annuity (such as the Single Life Annuity or "Option 2" under either the Normal Retirement Annuity or a Single Life Annuity), the monthly annuity benefit credited to your DROP Account will be based on your actuarially adjusted monthly annuity amount as determined under those forms of benefit.

DROP BENEFITS AND DISTRIBUTIONS

If you elect to participate in DROP, upon termination of service from the Fire Department and commencement of your retirement benefit under the Fund, you will be entitled to the following:

Monthly Annuity Benefit: A monthly annuity benefit will be payable to you for your lifetime calculated based on your credited service and average monthly compensation as of your DROP Effective Date and as adjusted for any optional forms of benefit that you elected. If you elected the Normal Retirement Annuity form of benefit, your survivor will be entitled to a survivor benefit at your death.

DROP Account: You are also entitled to the balance of your DROP Account. However, you cannot take a DROP distribution until you reach age fifty-nine and one-half (59½) unless either:

- you reached age fifty (50) during the year in which you terminated service with the Fire Department;
- you accrued at least twenty-five (25) years of credited service under the Fund, regardless of age; or
- the distribution is made in the form of a rollover to an individual retirement account ("IRA") or other eligible retirement plan.

Your DROP Account will continue to accrue interest while it remains in the Fund in accordance with and subject to the terms of the Fund. You may withdraw your DROP Account balance (1) in a single lump-sum payment or (2) in up to twelve (12) equal or unequal installment payments. You must withdraw your entire DROP Account balance no later than April 1 of the year after you reach age 70½.

All distributions from your DROP Account are subject to a mandatory twenty percent (20%) withholding for federal income tax unless the distribution is transferred directly to an Individual Retirement Account, an Individual Retirement Annuity, or an eligible retirement plan through a rollover. You may elect a higher rate of withholding by submitting Form W-4R, *Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions*. Please consult with your professional tax advisor if you have any questions about your specific situation.

Note: If you were previously married and a qualified domestic relations order ("QDRO") was entered by the court as part of your divorce, your former spouse may be entitled to a portion of your DROP Account, depending on the terms of the QDRO.

DROP BENEFICIARY

You may designate a beneficiary to receive any balance remaining in your DROP Account at your death. Your DROP Account is separate from your monthly retirement annuity benefit. Your spouse, dependent children, or the beneficiary you designated on Form 500A, Form 500R, or Form SLA to receive a survivor benefit are not automatically entitled to receive your DROP Account. To name a beneficiary to receive the balance of your DROP Account, please complete the DROP Beneficiary Designation included with this application.

If you are married, you may not designate a beneficiary other than your spouse unless your spouse gives his or her written consent. If you are not married and you do not designate a beneficiary for your DROP Account, any balance remaining in your DROP Account at your death will be distributed to your estate in a lump-sum payment.

Note that you may change your DROP beneficiary designation at any time without a reduction to your benefits by contacting the Pension Office. However, if you are married, you must obtain your spouse's consent each time you name a DROP beneficiary other than your spouse.

IMPORTANT NOTE REGARDING OPTION 2 ELECTION

If you elect Option 2 under either the Normal Retirement Annuity form of benefit or the Single Life Annuity form of benefit, the 10-year period of guaranteed payments will commence at your DROP Effective Date and not your date of retirement from the Fire Department. Thus, years during the DROP Period count against your 10-year period of guaranteed payments. For example, upon retiring from the Fire Department, if you select a "reverse" or "back" DROP for the maximum of 7 years, you will only have 3 years left in the guaranteed 10-year period after you terminate from active service.

Please complete the attached form and send 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.



SPECIAL TAX NOTICE REGARDING YOUR ROLLOVER OPTIONS UNDER THE AUSTIN FIREFIGHTERS RETIREMENT FUND

You are receiving this notice because all or a portion of a payment you are receiving from the Austin Firefighters Retirement Fund (the "Fund") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover. **IF YOU RECEIVE OR ACCESS THIS NOTICE ELECTRONICALLY, YOU MAY REQUEST A PAPER COPY OF THIS NOTICE FROM THE FUND AT NO CHARGE TO YOU.**

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Fund if you do not roll it over. If you are under age 59 ½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59 ½), unless an exception applies.

However, if you do a rollover to a traditional IRA or an eligible employer plan, you will not have to pay tax until you receive payments later from the IRA or plan, and the 10% additional income tax will not apply if those payments are made after you are age 59 ½ (or if an exception to the 10% additional tax applies).

What types of retirement accounts and plans may accept my rollover?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified section 401(a) plan, section 403(b) plan, or governmental section 457(b) deferred compensation plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment of the rolled over amount from the IRA or employer plan in the future. Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover: The Fund will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover: You may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Fund is required to withhold 20% of the payment for federal income taxes. This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion

not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59 ½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Fund is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary). This means that your lifetime monthly benefits are not eligible for rollover.
- Required minimum distributions after age 70 ½ (if you were born before July 1, 1949), after age 72 (if you were born after June 30, 1949 and before January 1, 1951), after age 73 (if you were born on or after January 1, 1951), or after death.
- Corrective distributions of contributions that exceed tax law limitations.
- Distributions of certain premiums for health and accident insurance.

The Fund can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions for any payment from the Fund (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Fund:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary);
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a qualified public safety employee and you will be at least age 50 in the year of the separation or have at least 25 years of service in the year of the separation;
- Payments made due to disability;
- Payments after your death;
- Corrective distributions of contributions that exceed tax law limitations;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Payments up to the amount of your deductible medical expenses; and
- Payments excepted from the additional income tax by federal legislation relating to certain emergencies and disasters.

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 or after 25 years of service for qualified public safety employees) does not apply.

- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- Additional exceptions apply for payments from an IRA, including:
 - (1) payments for qualified higher education expenses,
 - (2) payments up to \$10,000 used in a qualified first-time home purchase, and
 - (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not address any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

After-tax contributions included in a payment are not taxed. If you receive a partial payment of your total benefit, an allocable portion of your after-tax contributions is generally included in the payment, so you cannot take a payment of only after-tax contributions. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in the payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Fund and at the same time the rest is paid to you, the portion rolled over consists first of the amount that would be taxable if not rolled over. If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If you retired as a public safety officer and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

The Form 1099-R that you receive from the Fund will report the deducted insurance premium as taxable. If you want to take advantage of this \$3,000 exclusion, you must report the amount claimed on Form 1040. This is an annual election—you will need to report the exclusion for each year in which you want to claim the exclusion. Please consult with your personal tax advisor to appropriately report and claim the exclusion.

If you are not a Fund member

Payments after death of the member. If you receive a distribution after the member's death that you do not roll over, the distribution generally will be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the member was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Fund as the surviving spouse of a deceased member, you have the same rollover options that the member would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59 ½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70 ½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949 and before January 1, 1951), or age 73 (if you were born on or after January 1, 1951).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the member had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the member had not started taking required minimum distributions from the Fund, you will not have to start receiving required minimum distributions from the inherited IRA until the year the member would have been age 70 ½ (if the member was born before July 1, 1949), age 72 (if the member was born after June 30, 1949 and before January 1, 1951), or age 73 (if the member was born on or after January 1, 1951).

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Fund because of the member's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the member who receives a payment from the Fund under a qualified domestic relations order (QDRO), you generally have the same options (and the same tax treatment) that the member would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). If you are an alternate

payee other than the spouse or former spouse of the member, you generally have the options of a surviving beneficiary other than a spouse, so that the only rollover option you have is to do a direct rollover to an inherited IRA. Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Fund is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to do a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Fund is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event). For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

NOTICE PERIOD

Generally, payment cannot be made from the Fund until at least 30 days after you receive this notice. Thus, you have at least 30 days to consider whether or not to have your payment rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your payment will then be processed in accordance with your election as soon as practical after it is received by the Fund.

FOR MORE INFORMATION

You may wish to consult with the Fund, or a professional tax advisor, before taking a payment from the Fund. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

APPLICATION FOR DEFERRED RETIREMENT OPTION PLAN (DROP)

MEMBER INFORMATION

Member Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____ E-mail: _____

Date of Birth: _____ TX FIR#: _____

I am: MARRIED SINGLE / NOT MARRIED

If Married, Spouse's Name and SSN: _____

Date of Marriage: _____

If you were previously married, is there a Qualified Domestic Relations Order (QDRO) that divides your retirement benefits between you and your former spouse? YES NO

DROP EFFECTIVE DATE AND PARTICIPATION INFORMATION

TYPE OF DROP PARTICIPATION

Forward DROP: I will remain employed by the Fire Department for up to 7 years after the date of this election.

Retro or Back DROP: I am terminating employment with the Fire Department in connection with my election to participate in DROP and will select a DROP Effective Date that is no more than 7 years prior to my termination date.

MY PARTICIPATION IN THE DROP WILL BE EFFECTIVE ON: _____

^This date cannot be more than 7 years prior to your date of termination of service from the Fire Department

Fund Staff will provide you with details regarding your adjusted monthly annuity amount and your DROP balance in connection with this application.

ACKNOWLEDGEMENT AND SIGNATURE

BY SIGNING THIS ELECTION AND APPLICATION FORM, I ACKNOWLEDGE THE FOLLOWING:

- I certify to the Fund that the information stated above is true and correct. I understand it is my responsibility to notify the Fund if any of the information above changes after my retirement date, including, without limitation, my marital status.
- I understand that I am eligible to participate in the Deferred Retirement Option Plan (DROP) pursuant to the Fund's governing statute, Article 6243e.1, Vernon's Texas Civil Statutes (the "Act") and the Fund Rules. I am electing to participate in the DROP in accordance with the selections above, and I understand that my election to participate in the DROP is voluntary and irrevocable.
- I understand that if I elect to participate in the Forward DROP and do not terminate employment at the end of the DROP Period, I will be required to continue making contributions to the Fund until my final termination date from the Fire Department, but I will earn no additional service credit with the Fund.
- I have had the opportunity to meet with the Fund's administrative staff and ask them questions regarding the operation of DROP and the effect that my participation in the DROP will have on my benefits and any potential survivor benefit under the Fund.
- I understand that the administrative staff of the Fund cannot and has not rendered legal or tax advice to me regarding this election or any tax impact on me or my survivors as a result of a benefit payable under the Fund. I have had the opportunity to seek advice from a professional tax advisor of my choosing.
- I understand that my retirement annuity as calculated under the terms of the Act will be determined as of my DROP Effective Date. I also understand that as a consequence of my election to participate in DROP, I will forgo any otherwise applicable improvements in my retirement pension, including, but not limited to, improvements attributable to age, rank, increase in pay, or years of service with the Fire Department that occurred or accrued after my DROP Effective Date.
- I understand that my monthly annuity benefit and my DROP benefits are subject to the provisions of Article 9.03 of the Act governing the Fund (the Internal Revenue Code Section 415 limitations).
- I understand that it is my responsibility to pay any taxes or penalties in accordance with current tax law and guidance. I acknowledge that I have received the AFRF Special Tax Notice prior to signing this certification and waive the requirement of 30 days' notice.
- I understand that information may be provided by the Fund to assist me in my selection of retirement benefits, but that my retirement benefits are subject to the terms of the Act and the Fund Rules. If there is any conflict between information provided and the Act or the Fund Rules, the terms of the Act and the Fund Rules, as applicable, will govern.
- I understand that the final determination of my eligibility to receive a retirement benefit from the Fund, including my participation in DROP, and the amount of such benefit remains subject to approval by the Board and that any benefit estimates or communications from Fund staff about my retirement benefit are not binding on the Board. The Board's determination shall be final and binding.

Firefighter's Signature

Date

Firefighter's Printed Name



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. However, if you are married, you may only designate a beneficiary other than your spouse if your spouse gives his or her written consent.

MEMBER INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS

PHONE NUMBER DATE OF BIRTH EMAIL ADDRESS

BENEFICIARY INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS PHONE NUMBER

SOCIAL SECURITY NUMBER GENDER DATE OF BIRTH

RELATIONSHIP TO FIREFIGHTER EMAIL ADDRESS

ACKNOWLEDGEMENT AND SIGNATURE

I wish to designate the above named person to be my beneficiary for my DROP Account. I acknowledge that if I am married, I must obtain my spouse's consent to name someone other than my spouse. I acknowledge that if I am married but 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 below, 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 a beneficiary to receive the balance remaining in your DROP Account at death. However, if you are married, you may only designate a beneficiary other than your spouse unless your spouse gives his or her written consent. Through this form, you may obtain spousal consent that is acceptable to the Fund for purposes of naming a DROP 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 someone other than myself. 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 _____



DROP DISTRIBUTION ELECTION FORM NEW PARTICIPANT

PARTICIPANT INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS

PHONE NUMBER DATE OF BIRTH EMAIL ADDRESS

TAX INFORMATION

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 eligible retirement plan or Individual Retirement Account (IRA).

To the extent permissible under federal tax laws, payment of a DROP benefit can be made to a retired member DROP participant in the following forms:

- a single-payment distribution made at a time selected by the DROP participant, but not later than April 1 of the year after the participant attains 70 ½ years of age; or
- in not more than **twelve (12) payments**, which may be equal or unequal (as the DROP participant may determine), all of which must occur no later than April 1 of the year after the DROP participant attains 70 ½ years of age, but not more than four (4) payments per calendar year.

ADDITIONAL DISTRIBUTIONS

To request additional distributions from your DROP Account (up to a **maximum of twelve (12) total distributions**), you must submit a new DROP Distribution Election Form (Retiree) to the Pension Office. The remainder of your DROP Account must be withdrawn in its entirety no later than April 1st of the calendar year after the calendar year in which you reach age 70½ if you have not already withdrawn the entire balance by such time.

DISTRIBUTION OPTIONS

Please indicate your distribution election below:

_____ **FULL ROLLOVER.** I choose to have my entire DROP account balance rolled over into an eligible qualified plan or IRA. No federal income tax will be withheld. ***(You must also complete the Lump Sum Distribution Rollover Form.)***

_____ **PARTIAL ROLLOVER.** I choose to have a partial payment of \$ _____ of my DROP Account balance rolled over into an eligible qualified plan or IRA. No federal income tax will be withheld from this portion. Except as otherwise elected on this form, any remaining balance of my DROP account will remain in the Fund until further instructions are given or such funds must be distributed in accordance with the terms of the Fund or applicable law. ***(You must also complete the Lump Sum Distribution Rollover Form.)***

_____ **FULL DIRECT DISTRIBUTION TO PARTICIPANT.** I choose to have my entire DROP Account balance (less required withholding) made payable to me and directly deposited into the bank account on file with the Fund. I understand that the Fund will withhold 20% from this distribution, unless I submit a Form W4-R electing a greater percentage of federal income tax withholding. ***(You must also complete the Direct Deposit Form.)***

_____ **PARTIAL DISTRIBUTION TO PARTICIPANT.** I choose to have a partial payment of \$ _____ of my DROP Account balance made payable to me and directly deposited into the bank account on file with the Fund. I understand that the Fund will withhold 20% from this distribution, unless I submit a Form W4-R electing a greater percentage of federal income tax withholding. Except as otherwise elected on this form, any remaining balance of my DROP account will remain in the Fund until further instructions are given or such funds must be distributed in accordance with the terms of the Fund or applicable law. ***(You must also complete the Direct Deposit Form.)***

_____ **PARTIAL ROLLOVER / PARTIAL DISTRIBUTION.** I choose to have a partial payment of \$ _____ of my DROP Account balance rolled over into an eligible qualified plan or IRA. No federal income tax will be withheld from this portion. The remaining balance of my DROP Account (less required withholding) will be made payable to me and directly deposited into the bank account on file with the Fund. I understand that the Fund will withhold 20% from this distribution, unless I submit a Form W4-R electing a greater percentage of federal income tax withholding. ***(You must also complete the Lump Sum Distribution Rollover Form and Direct Deposit Form.)***

ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I authorize and direct the Fund to make a distribution from my DROP Account in accordance with the election(s) above, if applicable.

I understand that a distribution from my DROP Account prior to the calendar year in which I attain age 50, or such point that I have accrued 25 years of service credit with the Fund, may be subject to an additional 10% early withdrawal penalty by the IRS, in addition to regular federal income tax. I understand that it is my responsibility to pay any taxes or penalties as a result of this distribution in accordance with current tax law and guidance. I acknowledge that I have received the AFRF Special Tax Notice prior to signing this form and waive the requirement of 30 days' notice.

Firefighter's Signature

Date

Firefighter's Printed Name

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.

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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Sign Here	<div style="border-bottom: 1px solid black; min-height: 20px;"></div> <p>Your signature (This form is not valid unless you sign it.)</p>	<div style="border-bottom: 1px solid black; min-height: 20px;"></div> <p>Date</p>
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

* If married filing separately, use \$380,200 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

LUMP SUM DISTRIBUTION ROLLOVER FORM

MEMBER / BENEFICIARY INFORMATION

Name: _____

Social Security Number: _____

ROLLOVER INFORMATION

Type of Rollover: Accumulated Contributions DROP Account Other: _____

Amount of Rollover: \$ _____

Type of Account

Governmental 457(b) Traditional IRA
 Other Qualified Plan SIMPLE IRA
 Other: _____ (Please describe type of account)

Account Information

Name of Financial Institution / IRA / Plan: _____

Address of Financial Institution (No P.O. Box): _____

Account Number: _____

ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I certify that the account/plan listed above is eligible to receive a rollover of funds from the Fund and understand that the Fund has no obligation to determine whether such plan is an eligible retirement plan for purposes of a rollover. I understand that no taxes will be withheld from this transfer. I authorize and direct the Fund to rollover the amount indicated above from the Fund to the named Financial Institution. I understand that, although they may provide general information, the administrative staff of the Fund cannot and has not rendered tax advice to me regarding this election, and I confirm that I have had the opportunity to seek advice from a professional tax advisor prior to making this election.

Signature

Date Signed

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.



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

DIRECT DEPOSIT FORM

NAME	
BANK / FINANCIAL INSTITUTION NAME	
ACCOUNT NUMBER	
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
ROUTING NUMBER	

Please attach a voided blank check or other verification of bank account.

By signing below, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I authorize and direct the Fund to deposit any distribution payable to me from the Fund on or after the date below to the account listed above and update my information in the Fund's records accordingly.

Signature

Date Signed

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.



RETIREE HEALTH INSURANCE PREMIUM WITHHOLDING FORM

NAME	
SOCIAL SECURITY NUMBER	
ADDRESS	

HEALTH INSURANCE PREMIUM WITHHOLDING INFORMATION

Note: This form is to be used solely for authorizing the Austin Firefighters Retirement Fund to withhold amounts from your monthly pension payments as payment for health insurance premiums through the City of Austin’s retiree benefits program. All elections or questions related to coverage are handled through the City of Austin and should be directed to the City of Austin Human Resources Department. The Fund cannot provide specific information as to the benefits offered or coverage provided through this program.

For purposes of this form, I hereby designate the medical and dental insurance providers, and the related coverages, that I have selected on my most recent City of Austin Retiree Benefits Enrollment Form as the “Health Insurance Provider(s)” to which this premium withholding form relates. In the event that I change a Health Insurance Provider or coverages by filing a new or amended form with the City of Austin, or the City of Austin or such Health Insurance Provider(s) make changes to such coverages, this designation will automatically be amended to reflect those changes and shall continue to apply without any further action.

1. I hereby authorize the Austin Firefighters Retirement Fund (the "Fund") to deduct the monthly premium for the coverage described above (as it may change from time to time) from my monthly pension annuity and pay to the City of Austin and/or the Health Insurance Provider(s), as applicable. The amount deducted will be determined in accordance with the premiums charged by the Health Insurance Provider(s) and/or the City of Austin and may change from time to time.
2. I understand that it is my responsibility, as the participant, to inform the Fund of any change related to my health insurance premium deduction including, but not limited to, coverage, insurance company, Health Insurance Provider(s), or premium changes. I freely accept this obligation to notify the Fund and agree that that Fund has no liability for such changes or any consequence thereof.
3. I understand that the Fund is not responsible for lapsed premiums or lapsed insurance policy coverage or any other coverage or benefit issues that may arise between the City of Austin and/or the Health Insurance Provider(s) and myself.
4. I take full responsibility for the accuracy and truth of all the information I have provided and certify that I am entitled to these benefits.

5. I understand that I may be eligible to decrease my federal taxable income as a result of this arrangement. This tax exclusion may not apply to state taxation. I understand that my eligibility for any federal tax exclusion and the reporting thereof is fully my responsibility and the Fund has no liability for providing advice regarding such exclusion or any tax consequences related to such exclusion.
6. I understand that I may not request additional tax-preferred treatment of the applicable exclusion amount (up to \$3,000.00 annually) from any other qualified retirement plans (i.e. Governmental defined benefit plans, 457 plans, or 403(b) plans).
7. I understand that the Fund must comply with federal law in connection with withholding insurance premiums from my pension benefits. In doing so, the Fund is only performing an administrative function and is only responsible for payment of premiums, as required by law.
8. I understand that the health insurance premium withholding may affect tax withholding from my monthly pension annuity.

IMPORTANT LEGAL NOTICE

The IRS has not provided guidance to date on the application of this specific program. As a condition of participation in this program, you accept all responsibility for truth of the information provided to the Fund and any information reported to the IRS. In addition, in consideration of participation, you agree that the Fund, its staff or advisors, and the City of Austin have no liability for any additional tax liability, including interest and penalties that may arise from participation. As this waiver involves my legal rights, I have been advised to seek competent legal advice prior to participating in the program. I understand and agree that I have had a full opportunity to have my questions answered and to seek outside advice.

ACKNOWLEDGEMENT AND WAIVER OF CLAIMS

By signing this form, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I authorize and direct the Fund to update my information in the Fund's records accordingly. I understand that any tax obligations or benefits I receive as a result of this program are my responsibility, and I agree that I will not make any legal claim of any kind against the Fund, its staff and advisors, or the City of Austin should my participation in this program result in unexpected tax liability to me, including interest and penalties, or due to a lapse in coverage. I understand that my ability to participate in this program is a valuable benefit for which I am willing to sign this waiver of all claims. I further release the Fund, its staff and advisors, and the City of Austin from any liability arising from the administration of payments to any insurer or Health Insurance Provider designated hereunder.

Signature

Date Signed

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.

Austin Retired Firefighters' Association (ARFFA) Membership

MEMBERSHIP INFORMATION

DONATIONS

We hope you will choose to become a member of ARFFA.

Below is a membership form to be completed and returned to:
ARFFA, 1208 Green Valley Cove, Round Rock, TX 78664.

At this time there are no membership fees or dues.

Funding is accomplished through donations. Monthly payroll deductions can be arranged through the pension office if desired. Donations, payable to ARFFA, can be sent to the Treasurer, Gary Pounds, 8211 Appaloosa Run, Austin, TX 78737.

COMMUNICATION

It is important to provide us with an email address if you have one. Communication is done primarily via email. No "junk mail" will be sent, only that which pertains to ARFFA or may be of interest to our members, such as notice of meetings, retirement coffees, pension news, Benevolent Fund information, funeral notices, etc. If you contribute to the Austin Firefighters Association Benevolent Fund please be aware that we share your contact information with them, unless you request we not do so.

PENSION BOARD MEETINGS

Pension board meetings are conducted monthly and ARFFA meetings are conducted quarterly. Please attend these meetings when you can. For more information about ARFFA please visit our website at www.arffa.net or send us an email at arffaafd@yahoo.com

PLEASE COMPLETE THE SECOND PAGE AND RETURN TO:
ARFFA
1208 Green Valley Cove
Round Rock, TX 78664

Note that the Fund is providing this information to retired members of the Austin Fire Department on behalf of ARFFA, but ARFFA is a separate entity that operates independently from the Fund. If you have any questions about ARFFA membership or dues, please contact arffaafd@yahoo.com.



Austin Retired Firefighters Association

Welcome to the Austin Retired Fire Fighters Association. We are glad you decided to join us, become involved, and stay informed about issues affecting Austin firefighters. We are a resource for you by posting information about upcoming events. These include but are not limited to announcements of retirement coffee/celebrations, death, and funeral notices, AFD annual retirement party, along with other notices pertaining to Austin firefighters.

One of our main goals is to keep abreast of the Austin Firefighters Retirement Fund and help disseminate minutes of the pension fund meetings. ARFFA board meets three times a year on the second Tuesday of January, May, and September to discuss any issues pertaining to retirees. We hope this organization can provide you with a method of keeping up with current events.

Our primary method of correspondence is via email, so please remember to keep us informed of any changes to your contact information, especially your email. No junk mail will be sent through our contacts list and if you wish to keep your contact information private, please indicate your preference on your membership form.

Again, thanks for your interest in ARFFA!

You can contact ARFFA through our email at arffaafd@yahoo.com

ARFFA Membership Form

Please check one - Retiree Beneficiary Active w/10+yrs

Date - ____/____/____

Name - _____

Mailing Address - _____

City - _____

State - _____ Zip Code - _____

Email Address - _____

Primary Phone Number - _____

Secondary Phone Number - _____

Date of Retirement - ____/____/____ Last assignment _____

Benevolent Fund Member – Yes No

Information sharing Ok to share with other AFD Firefighters

Do not share with anyone



AUSTIN FIREFIGHTERS' ASSOCIATION LOCAL 975

WITHHOLDING AUTHORIZATION FOR AFA LOCAL 975 MEMBERSHIP DUES/PAC CONTRIBUTIONS

NAME	
ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	

I authorize and direct the Austin Firefighters Retirement Fund to withhold an amount from my monthly benefits for monthly membership dues to be paid to the Austin Firefighters' Association (Local 975). The membership dues amount will be determined in accordance with the constitution and bylaws of the AFA Local 975 and may change from time to time in accordance with such constitution and bylaws.

I authorize and direct the Austin Firefighters Retirement Fund to withhold an additional amount from my monthly benefits as a PAC contribution to be paid to the Austin Firefighters' Association (Local 975) in the amount of:

\$ _____.

By signing below, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I authorize and direct the Fund to withhold such amounts from my monthly benefit payments and pay such amounts to the Austin Firefighters' Association (Local 975) accordingly. This authorization will remain in effect until I revoke it. I understand that I have the right to revoke this authorization at any time by notifying the Fund in writing.

Signature

Date Signed

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.