



**Austin Fire Fighters Relief and Retirement Fund**  
 4101 Parkstone Heights Drive, Suite 270  
 Austin, TX 78746  
 Telephone: (512) 454-9567

**BENEFICIARY DESIGNATION FOR DROP ACCOUNT**

I wish to designate the following 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 below. 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.

**BENEFICIARY INFORMATION**

BENEFICIARY'S LAST NAME			FIRST NAME			MIDDLE NAME		
BENEFICIARY'S ADDRESS								
PHONE NUMBER			DATE OF BIRTH			SOCIAL SECURITY #		

**SPOUSAL CONSENT TO DROP BENEFICIARY**

***NOTE: Your spouse may wish to consult a tax, financial, or legal advisor before signing this consent. This consent is valid only if the spouse's signature is acknowledged before a notary public.***

I hereby certify that I, \_\_\_\_\_, am the  
 (Name of Spouse)

spouse of \_\_\_\_\_ and voluntarily consent to my  
 (Name of Fire Fighter)

spouse's DROP beneficiary designation under the Austin Fire Fighters Relief and Retirement Fund's (the "Fund") Deferred Retirement Option Plan ("DROP"). 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