



**AFRF**  
AUSTIN FIREFIGHTERS  
RETIREMENT FUND

**FORM 500 – PERSONNEL RECORD**

**Member Information**

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

**PERSONAL EMAIL ADDRESS – (Not austin.texas.gov)**

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

**Spouse and Children Information**

Please complete if Married (which includes Legal Separation):

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

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

<u>CHILD'S NAME</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>	<u>SOCIAL SECURITY NUMBER</u>

**Authorization for Electronic Disclosure**

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

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

**Please send completed form to:**

Austin Firefighters Retirement Fund  
4101 Parkstone Heights Drive, Suite 270, Austin TX 78746  
Or email [staff@AFRFund.org](mailto:staff@AFRFund.org) to request a secure digital submission link.