FORM 500A - DESIGNATION OF BENEFICIARY UNDER SECTION 7.09
AUSTIN FIRE FIGHTERS RELIEF AND RETIREMENT FUND

Please complete this form. Print or type all information in a legible manner. This data is being requested to maintain current records at the pension office.

_____

LAST NAME FIRST NAME MIDDLE NAME

_____

ADDRESS CITY STATE & ZIP

_____ _____ _____

TELEPHONE NUMBER SOCIAL SECURITY NUMBER DATE OF BIRTH

MARITAL STATUS: SINGLE____ MARRIED_____ WIDOW(ER) _____ DIV_____ SEP_____

IF MARRIED (WHICH INCLUDES LEGAL SEPARATION):

_____

SPOUSE'S LAST NAME FIRST NAME MIDDLE NAME

_____ _____

SOCIAL SECURITY NUMBER DATE OF BIRTH

THE UNDERSIGNED, BEING A MEMBER OF THE FUND WHO EITHER HAS RETIRED OR IS ELIGIBLE FOR RETIREMENT BUT HAS NOT YET RETIRED, HEREBY DESIGNATES THE FOLLOWING BENEFICIARY 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 CHILD OF THE UNDERSIGNED UNDER OTHER PROVISIONS OF THE ACT GOVERNING THE FUND.

BY EXECUTING THIS FORM, I HEREBY REVOKE ANY AND ALL PREVIOUS BENEFICIARY DESIGNATIONS THAT I HAVE MADE UNDER SECTION 7.09.

_____

BENEFICIARY'S LAST NAME FIRST NAME MIDDLE NAME

_____ _____

BENEFICIARY'S SOCIAL SECURITY NUMBER BENEFICIARY'S DATE OF BIRTH

FIREFIGHTER'S SIGNATURE: _____ DATE: _____

FIREFIGHTER'S PRINTED NAME: _____