

**FORM 500 - PERSONNEL RECORD  
AUSTIN FIRE FIGHTERS RELIEF AND RETIREMENT FUND**

**Print or type all information in a legible manner.** This data is being requested to maintain current records at your pension office.

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY	STATE & ZIP
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DATE OF EMPLOYMEN	DATE ENTERED FUND/COMMISSION DATE	TXFIR #
MARITAL STATUS: SINGLE _____ MARRIED _____ WIDOW _____ DIV _____ SEP _____		

IF MARRIED (WHICH INCLUDES LEGAL SEPARATION):

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

IF UNMARRIED: YOU MAY DESIGNATE A BENEFICIARY WHO WOULD BE ELIGIBLE FOR SURVIVOR BENEFITS UPON YOUR DEATH ***IF AT THE TIME OF YOUR DEATH YOU ARE RETIRED, OR ELIGIBLE FOR RETIREMENT***, BUT HAVE NOT YET RETIRED. (ONLY IF NO BENEFIT IS PAYABLE TO A SURVIVING SPOUSE OR CHILD, PER SECTION 7.09 OF OUR PENSION STATUTE. THIS PROVISION WAS MADE EFFECTIVE SEPTEMBER 1, 2001.

BENEFICIARY'S LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER
ADDRESS	CITY	STATE & ZIP

IF SERVICE IN THE FIRE DEPARTMENT WAS INTERRUPTED DUE TO MILITARY SERVICE, OR YOU ARE IN THE RESERVES, LIST THE BRANCH OF SERVICE AND THE DATES SERVED:

PLEASE LIST BELOW UNMARRIED, LEGITIMATE/LEGALLY ADOPTED (PER PLAN PROVISIONS) CHILDREN'S FULL NAMES, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NO.</u>
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FIREFIGHTER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE COMPLETE & SEND ALL REQUESTED INFORMATION TO:**  
**AUSTIN FIREFIGHTERS PENSION FUND**  
**4101 PARKSTONE HEIGHTS DRIVE, SUITE 270, AUSTIN, TX 78746**  
**FAX 512.453.7197 or e-mail [afdpension@austin.rr.com](mailto:afdpension@austin.rr.com)**