

**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.

<hr/> LAST NAME	<hr/> FIRST NAME	<hr/> MIDDLE NAME
<hr/> ADDRESS	<hr/> CITY	<hr/> STATE & ZIP
<hr/> TELEPHONE NUMBER	<hr/> SOCIAL SECURITY NUMBER	<hr/> DATE OF BIRTH
<hr/> DATE OF EMPLOYMENT	<hr/> DATE ENTERED FUND/COMMISSION DATE	<hr/> TXFIR #

MARITAL STATUS: SINGLE _____ MARRIED _____ WIDOW _____ DIV _____ SEP _____

IF MARRIED (WHICH INCLUDES LEGAL SEPARATION):

<hr/> SPOUSE'S LAST NAME	<hr/> FIRST NAME	<hr/> MIDDLE NAME
<hr/> SOCIAL SECURITY NUMBER	<hr/> DATE OF BIRTH	<hr/> DATE OF MARRIAGE

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.

<hr/> BENEFICIARY'S LAST NAME	<hr/> FIRST NAME	<hr/> MIDDLE NAME
<hr/> SOCIAL SECURITY NUMBER	<hr/> DATE OF BIRTH	<hr/> TELEPHONE NUMBER
<hr/> ADDRESS	<hr/> CITY	<hr/> 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>
-------------	----------------------	----------------------------

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