



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

RETIREMENT CHECKLIST

Retirement Date: _____

RETIREE INFORMATION

Retiree Name:	
Address:	
Telephone number:	
Email Address:	

CHECKLIST

Copy of Driver's License	Insurance Premium Form
Copy of Spouse's Driver's License	PAC Enrollment Form
Copy of Children's Birth Certificate or Driver's License if under age 22	Retiree Association Enrollment Form (ARFFA)
Copy of Marriage License	
Benefits Calculations	Union Dues Enrollment Form
Single Life Annuity Form	Retirement Process (Resource)
DROP Application	Permission to Share Contact Information with other AFD Firefighters / Employees Phone Number Email Address Home Address
W-4P Withholding Certificate	
Direct Deposit Form	
City of Austin Medical Insurance City of Austin Dental Insurance City of Austin Vision Insurance	

Processed by: _____

Audited by: _____



AUSTIN FIREFIGHTERS RETIREMENT FUND

FORM SLA - SINGLE LIFE ANNUITY ELECTION

This form should be used only by firefighters who are electing the SINGLE LIFE ANNUITY form of retirement benefit. If you are electing the Normal Retirement Annuity benefit, you must use Form NRA. Please contact the Pension Office to request Form NRA.

As a member of the Austin Firefighters Retirement Fund (the "Fund"), you may elect to receive your retirement benefit under the Single Life Annuity form of benefit, instead of the Normal Retirement Annuity form of benefit.

A Single Life Annuity will provide you with a monthly annuity benefit that is payable only during your lifetime. Since the benefit is only payable during your lifetime and does not include a survivor benefit, the amount of the monthly annuity benefit will be greater than the monthly annuity benefit that you would receive under the standard Normal Retirement Annuity, which does include a survivor benefit. (Note: a limited survivor benefit is available under the Single Life Annuity benefit if you elect Option 2. See below for more details.)

By electing the Single Life Annuity form of benefit, you are waiving your right to the survivor benefit available under the Normal Retirement Annuity. Accordingly, if you are married, you must obtain your spouse's consent to elect a Single Life Annuity. The spousal consent form can be found on page 7 of this Form SLA. If you are not married, you must still certify your unmarried status to the Fund. This certification can be found on page 6 of this Form SLA.

You may also participate in the DROP if you elect a Single Life Annuity. Your DROP balance will be based in part on your accumulated Single Life Annuity benefit amount. See "DROP Participation" below for more information.

Single Life Annuity - Option 1 or Option 2

Similar to the Normal Retirement Annuity benefit, a retiring fire fighter may elect Option 1 or Option 2 with respect to his or her Single Life Annuity form of benefit:

Single Life Annuity-Option 1: Under Option 1 for the Single Life Annuity, a monthly annuity benefit will be payable to you for your lifetime. All benefit payments from the Fund will stop at your death. There is no survivor annuity benefit payable for your spouse, dependent children, designated beneficiary, or your estate.

Single Life Annuity - Option 2: Option 2 under the Single Life Annuity guarantees that someone or your estate will receive 100% of the monthly annuity benefit for the 10-year period beginning on your retirement date from the Fire Department or your DROP retirement date, as applicable. The key features of Option 2 are as follows:

- Because of the guaranteed 10-year period, the amount of the monthly annuity benefit that you are entitled to receive under Option 2 will be actuarially reduced as compared to the amount of the benefit under Option 1 of the Single Life Annuity.

- If you die during the 10-year period following your retirement date, your surviving spouse, dependent children, designated beneficiary, or your estate, as applicable, will receive 100% of the monthly annuity benefit that you were receiving for the remainder of the 10-year period. All payments will stop at the end of the 10-year period.
- If you die after the 10-year period following your retirement date, no survivor benefit will be available, and your benefit payments will stop upon your death.
- Upon your death within the 10-year period following your retirement date, the guaranteed payments during the 10-year period will be paid as follows:
 - If you are married at the time of your death, the payments will be made to your surviving spouse. If your spouse dies during the 10-year period after your retirement, any remaining payments will continue to any dependent children, or if no dependent children exist, to your wife's estate.
 - If you are not married at the time of your death, the payments will be made to any dependent children. If you are not married and have no dependent children at the time of your death, the beneficiary that you designate in this election form will receive any payments. If either your dependent children or designated beneficiary who begin receiving the guaranteed payments die during the 10-year period following your retirement, any remaining payments will be made to the estate of the individual(s) who were receiving the payments.
 - If you are not married, have no dependent children, and did not designate a beneficiary on this election form, any remaining payments will be made to your estate.

DROP Participation

Your election to participate in DROP is separate from your retirement benefit election under this Form SLA. If you select the Single Life Annuity form of benefit, your DROP balance will be based in part on your Single Life Annuity benefit amount under either Option 1 or Option 2 that you would have accumulated during the DROP period.

Please note that if you elect Option 2, the 10-year period of guaranteed payments will commence at your DROP retirement date and not your date of retirement from the Fire Department. For example, upon retiring from the Fire Department, if you select a "reverse" or "back" DROP for the maximum of 7 years, you will only have 3 years left in the guaranteed 10-year period after you terminate from active service.

Please contact the Pension Office for a DROP election form and more information on DROP participation.

Please consult the "Guide to Choosing a Retirement Annuity Option" available Online at the Fund's website or at your Pension Office for more information.

AUSTIN FIREFIGHTERS RETIREMENT FUND

FORM SLA SINGLE LIFE ANNUITY ELECTION

Member Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ TXFIR# _____

Please answer the following questions before making your election:

1. I am: **Married** **Single**

If Married, Spouse's Name and SSN: _____, _____

** If you checked "Married," you must obtain your spouse's consent on page 7 for your election to be valid.*

** If you checked "Single," you must certify that you are not married on page 6 for your election to be valid.*

2. I have at least one dependent child: **Yes** **No**

** A Dependent Child is a child who is not married and is under the age of 22.*

Dependent Children Names, Date of Birth, SSN: _____

Continue to next page →

AUSTIN FIREFIGHTERS RETIREMENT FUND
FORM SLA - SINGLE LIFE ANNUITY ELECTION

BY SIGNING THIS ELECTION, I ACKNOWLEDGE THE FOLLOWING:

- I understand that I am electing to receive a Single Life Annuity instead of the Normal Retirement Annuity form of benefit. I understand that the Single Life Annuity is an alternate form of benefit to the Normal Retirement Benefit pursuant to the Fund's governing statute, Article 6243e.1, Vernon's Texas Civil Statutes (the "Act").
- I have had the opportunity to meet with the Fund's administrative staff and ask them questions regarding the operation of a Single Life Annuity and the effect that my election of a Single Life Annuity will have on my benefits and any potential survivor benefit under the Fund.
- I have had the opportunity to seek advice from a professional tax advisor and understand that the administrative staff of the Fund cannot and has not rendered legal advice to me regarding the effect that the election of a Single Life Annuity will or may have on the taxation of any benefit I may receive, or my survivors may receive, under the Fund.
- I understand that by electing to have my benefit paid as a Single Life Annuity, the amount of my retirement annuity will be adjusted to the actuarial equivalent of the annuity provided under Section 5.04 and the survivor's benefits provided under Article 7 of the Act. I also understand that if I elect to have my Single Life Annuity paid under Option 2, the amount of my retirement annuity will be further adjusted to actuarially account for the guaranteed 10-year period.
- I understand that my election of a Single Life Annuity is irrevocable. It cannot later revert back to a Normal Retirement Annuity.
- I understand that my Single Life Annuity benefit and my DROP benefit, if any, are subject to the provisions of Article 9.03 of the Act governing the Fund (the Internal Revenue Code Section 415 limitations).

THE BELOW MEMBER HEREBY ELECTS TO RECEIVE HIS OR HER RETIREMENT BENEFIT IN THE FORM SPECIFIED BELOW:

Single Life Annuity - Option 1

Single Life Annuity - Option 2

<p><u>For Fund Administrative Use Only:</u></p> <p>Date Received: _____</p> <p>Received By: _____</p>
--

Signature of Firefighter

Print or Type Name of Firefighter

Date: _____

AUSTIN FIREFIGHTERS RETIREMENT FUND
BENEFICIARY DESIGNATION FOR SINGLE LIFE ANNUITY OPTION 2

DO NOT COMPLETE IF YOU SELECTED THE SINGLE LIFE ANNUITY OPTION 1

I wish to designate the following person to be my beneficiary for the benefit payable under Option 2 of the Single Life Annuity form of benefit. I acknowledge that if I am married or have a dependent child at the time of my death, my spouse or such dependent child(ren) will be entitled to the benefit payments under Option 2 and not this designated beneficiary. I acknowledge that if I am not married, have no dependent children, and do not designate a beneficiary below, then the benefit payable under Option 2 will be paid to my estate for the guaranteed 10-year period.

Acknowledged by:

Signature of Firefighter

Print or Type Name of Firefighter

Date: _____

BENEFICIARY INFORMATION

BENEFICIARY'S LAST NAME	FIRST NAME	MIDDLE NAME

BENEFICIARY'S ADDRESS	PHONE NUMBER	

BENEFICIARY'S SOCIAL SECURITY NUMBER	DATE OF BIRTH	

BENEFICIARY'S GENDER	RELATIONSHIP TO FIREFIGHTER	

AUSTIN FIREFIGHTERS RETIREMENT FUND

CERTIFICATION AND SPOUSAL CONSENT FORM FOR SINGLE LIFE ANNUITY BENEFIT

Under the terms of the Austin Firefighters Retirement Fund (the "Fund"), a firefighter may elect to receive his or her retirement benefit under the Single Life Annuity form of benefit. However, if the firefighter is married at retirement or termination with a vested benefit, the election of a Single Life Annuity will only be effective if consented to in writing by the firefighter's spouse. Through this form, a firefighter may either (1) certify that the firefighter is not married or (2) obtain spousal consent that is acceptable to the Fund for purposes of the Single Life Annuity election. The certification or spousal consent must be witnessed by a notary public. In addition, the spousal consent (1) must evidence understanding by the consenting spouse of the effect of such election and consent and (2) is irrevocable once benefits have commenced.

If you are not married, complete and sign the certification below, with your signature to be witnessed by a notary. If you are married, your spouse should complete and sign the consent on the following page, with his or her signature to be witnessed by a notary. **The certification or spousal consent in this form will only be valid if the appropriate signature is acknowledged before a notary public.**

DO NOT COMPLETE BOTH THE CERTIFICATION AND THE SPOUSAL CONSENT

PARTICIPANT'S CERTIFICATION OF UNMARRIED STATUS

I, _____ (Name of Firefighter), hereby certify to the Fund that I am **NOT MARRIED** at the time of electing the Single Life Annuity form of benefit under the Fund and understand that the Fund will act in reliance upon this representation.

Firefighter's Signature

Date

STATE		COUNTY	
I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this _____ day of _____ 20 _____ by _____, who is personally known to me or who produced appropriate identification			
_____ NOTARY PUBLIC, STATE OF _____ AT LARGE			

AUSTIN FIREFIGHTERS RETIREMENT FUND
SPOUSAL CONSENT TO SINGLE LIFE ANNUITY ELECTION

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, _____ (Name of Spouse), am the spouse of _____ (Name of Firefighter) and voluntarily consent to my spouse's election to receive a Single Life Annuity form of benefit under the Austin Firefighters Retirement Fund (the "Fund"). I understand that all benefit payments from the Fund will cease upon my spouse's death under the Single Life Annuity form of benefit and that I will receive no survivor benefits unless my spouse has elected Option 2. 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 retirement or survivor benefits that I would have been entitled to receive upon my spouse's death. I understand that my spouse's election for the Single Life Annuity form of benefit is irrevocable once benefits have commenced, and my consent to my spouse's election is irrevocable unless my spouse revokes his election prior to the commencement of benefits. I understand that I do not have to consent to my spouse's election of the Single Life Annuity form of benefit 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

STATE		COUNTY	
<p>I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this _____ day of _____ 20 _____ by _____, who is personally known to me or who produced appropriate identification</p>			
<p>_____ NOTARY PUBLIC, STATE OF _____ AT LARGE</p>			



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DEFERRED RETIREMENT OPTION PLAN (DROP) ELECTION AND APPLICATION

WHAT IS A DROP?

As a member of the Austin Firefighters Retirement Fund (the "Fund"), you may elect to participate in the Deferred Retirement Option Plan ("DROP"). The DROP is a form of benefit that a Member may elect once he or she is eligible for retirement. The purpose of the DROP is to provide greater financial planning flexibility to Members upon retirement by providing Members with a reduced monthly annuity benefit and a lump-sum benefit, as opposed to only a standard monthly annuity benefit.

DROP ELECTION AND PARTICIPATION

If you elect to participate in the DROP, you will select an effective date for DROP participation ("DROP Effective Date"). The DROP Effective Date cannot be more than seven (7) years prior to your actual date of termination of service from the Fire Department. You may make a DROP election at the time of your termination of service (often referred to as a "reverse" or "back" DROP) or, if desired, prior to your termination of service (often referred to as a "forward" DROP).

Upon DROP participation, an account will be established and maintained by the Fund in the records of the Fund for your benefit ("DROP Account"). Upon your termination of service with the Fire Department, you will be entitled to access amounts that have been credited to your DROP Account. The amount credited to your DROP Account will be equal to (1) the monthly annuity benefit that you would have received if you had retired on the DROP Effective Date multiplied by the number of months between the DROP Effective Date and your date of termination of service (the "DROP Period"), (2) member contributions that you make or made to the Fund during the DROP Period, and (3) interest credited at a rate of 5% annually.

Note that the amount of your monthly annuity benefit that will be credited to your DROP Account and that you are entitled to receive upon termination of service from the Fire Department will be calculated using your credited service and average monthly compensation as of your DROP Effective Date and not your service and compensation at the time of your termination of service from the Fire Department. Additionally, if you elect an optional form of benefit instead of the Normal Retirement Annuity (such as the Single Life Annuity or "Option 2" under either the Normal Retirement Annuity or a Single Life Annuity), the monthly annuity benefit credited to your DROP Account will be based on your actuarially adjusted monthly annuity amount as determined under those forms of benefit.

DROP BENEFITS AND DISTRIBUTIONS

If you elect to participate in DROP, upon termination of service from the Fire Department and commencement of your retirement benefit under the Fund, you will be entitled to the following:

Monthly Annuity Benefit: A monthly annuity benefit is payable to you for your lifetime calculated based on your



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 RETIREMENT FUND

credited service and average monthly compensation as of your DROP Effective Date and as adjusted for any optional forms of benefit that you elected. If you elected the Normal Retirement Annuity form of benefit, your survivor will be entitled to a survivor benefit at your death.

DROP Account: You are also entitled to the balance of your DROP Account. However, you cannot take a DROP distribution until you reach age fifty-nine and one-half (59½) unless either:

- a) you reached age fifty (50) prior to terminating service with the Fire Department; or
- b) the distribution is made in the form of a rollover to an individual retirement account ("IRA").

Your DROP account will continue to accrue 5% interest annually while it remains in the Fund. You may withdraw your DROP Account balance in a single lump-sum payment *or* in up to twelve (12) equal or unequal installment payments. Your DROP distributions may be paid directly to you if you reached age fifty (50) prior to termination of service, or you may elect that the distribution be "rolled over" into an eligible retirement account (i.e. an IRA, another employer's tax-qualified plan, etc.). You must withdraw your entire DROP Account no later than April 1 of the year after you reach age 70½.

All distributions from your DROP account (that have not been previously taxed) are subject to a mandatory twenty percent (20%) withholding for federal income tax unless the distribution is transferred directly by the Fund to an Individual Retirement Account, an Individual Retirement Annuity, or a qualified trust.

DROP BENEFICIARY

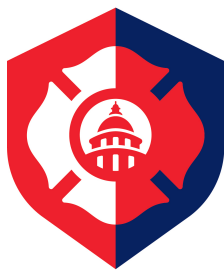
You may designate a beneficiary to receive any balance remaining in your DROP Account at your death. Your DROP account is separate from your monthly retirement annuity benefit. Your spouse, dependent children, or the beneficiary you designated on Form 500A, Form 500R, or Form SLA to receive a survivor benefit is not applicable to your DROP Account. To name a beneficiary to receive the balance of your DROP Account, you should complete the Beneficiary Designation on page 6 of this form.

If you are married, you may not designate a beneficiary other than your spouse unless your spouse gives his or her written consent. If you are not married and you do not designate a beneficiary on page 6 of this form, any balance remaining in your DROP Account at your death will be distributed to your estate in a lump-sum payment.

Note that you may change your DROP beneficiary designation at any time without a reduction to your benefits by contacting the Pension Office. However, if you are married, you must obtain your spouse's consent each time you change your DROP beneficiary to someone other than your spouse.

IMPORTANT NOTE REGARDING OPTION 2 ELECTION

If you elect Option 2 under either the Normal Retirement Annuity form of benefit or the Single Life Annuity form of benefit, the 10-year period of guaranteed payments will commence at your DROP Effective Date and not your date of retirement from the Fire Department. Thus, years during the DROP Period count against your 10-year period of guaranteed payments. For example, upon retiring from the Fire Department, if you select a "reverse" or "back" DROP for the maximum of 7 years, you will only have 3 years left in the guaranteed 10-year period after you terminate from active service.



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PLEASE CONTACT YOUR PENSION OFFICE FOR MORE INFORMATION ABOUT THE DROP

DEFERRED RETIREMENT OPTION PLAN (DROP) APPLICATION

MEMBER NAME		
SOCIAL SECURITY #		
ADDRESS		
PHONE NUMBER		
EMAIL ADDRESS		
DATE OF BIRTH		
TX FIR#		
I AM:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE
IF MARRIED:	SPOUSE'S NAME	
	SOCIAL SECURITY #	

DROP EFFECTIVE DATE

MY PARTICIPATION IN THE DROP WILL BE EFFECTIVE ON:	
--	--

^This date cannot be more than 7 years prior to your date of termination of service from the Fire Department.

**As of my DROP Effective Date,
 MY MONTHLY ANNUITY BENEFIT WILL BE BASED ON:**

YEARS OF CREDITED SERVICE:	
AVERAGE MONTHLY COMPENSATION:	
PERCENTAGE USED IN CALCULATIONS:	



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BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THE FOLLOWING:

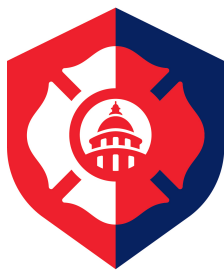
- I understand that I am eligible to participate in the Deferred Retirement Option Plan (DROP) pursuant to the Fund's governing statute, Article 6243e.1, Vernon's Texas Civil Statutes (the "Act") and the Fund Rules.
- I have had the opportunity to meet with the Fund's administrative staff and ask them questions regarding the operation of DROP and the effect that my participation in the DROP will have on my benefits and any potential survivor benefit under the Fund.
- I have had the opportunity to seek advice from a professional tax advisor and understand that the administrative staff of the Fund, although providing some general information, cannot and has not rendered legal advice to me regarding the effect that my participation in the DROP will or may have on the taxation of any benefit I may receive, or my survivor or beneficiary may receive, under the Fund.
- I understand that my retirement annuity as calculated under the terms of the Act will be determined as of my DROP Effective Date. I also understand that as a consequence of my election to participate in DROP, I will forgo any otherwise applicable improvements in my retirement pension, including, but not limited to, improvements attributable to age, rank, increase in pay, or years of service with the Fire Department that occurred or accrued after my DROP Effective Date.
- I understand that my election to participate in the DROP is irrevocable.
- I understand that my monthly annuity benefit and my DROP benefits are subject to the provisions of Article 9.03 of the Act governing the Fund (the Internal Revenue Code Section 415 limitations).

THE BELOW MEMBER HEREBY ELECTS TO PARTICIPATE IN THE DROP. I UNDERSTAND THAT MY ELECTION TO PARTICIPATE IN DROP AND MY DISTRIBUTION ELECTIONS ABOVE ARE IRREVOCABLE.

PRINTED NAME

PARTICIPANT SIGNATURE

DATE



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DROP DISTRIBUTION ELECTION FORM

If you are submitting this DROP FORM in connection with your termination of service with the Fire Department, please indicate below your current desire as to any distribution:

<input type="checkbox"/>	ROLLOVER	I choose to have my entire DROP account balance rolled over into an eligible qualified plan or IRA. No federal income tax will be withheld. The name and address of the plan/IRA is completed below.
<input type="checkbox"/>	PARTIAL ROLLOVER	I choose to have \$_____ of my DROP account balance rolled over into an eligible qualified plan or IRA. No federal income tax will be withheld from this portion. The remaining balance of my DROP account will remain in the pension fund until further instructions are given. The name and address of the plan/IRA is completed below.
<input type="checkbox"/>	LUMP SUM DIRECT DISTRIBUTION TO PARTICIPANT	I choose to have my entire DROP account balance made payable to me. Please withhold _____% or 20%, whichever is greater, for federal income tax.
<input type="checkbox"/>	PARTIAL DISTRIBUTION TO PARTICIPANT	I choose to have a partial payment of \$_____ of my DROP account balance made payable to me. Please withhold _____% or 20%, whichever is greater, for federal income tax on this partial payment. The remaining balance of my DROP account will remain in the pension fund until further instructions are given.
<input type="checkbox"/>	LEAVING DROP IN PENSION FUND	I choose to leave my entire DROP account balance in the pension fund to accrue 5% interest compounded monthly.

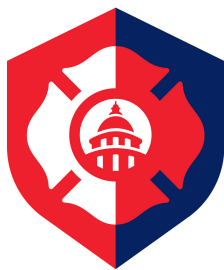
QUALIFIED PLAN / IRA FORM

NAME	ACCOUNT #
ADDRESS	

ADDITIONAL DISTRIBUTIONS

To request additional distributions from your DROP Account (up to a maximum of 12 total distributions), you must submit a Distribution Election Form to the Pension Office. The remainder of your DROP Account must be withdrawn in its entirety no later than April 1st of the year after the year in which you reach age 70½ if you have not already withdrawn the entire balance.

FOR ADMIN. USE ONLY:	_____
	PRINT NAME OF FIRE FIGHTER
DATE RECEIVED:	
RECEIVED BY:	_____
	SIGNATURE OF FIRE FIGHTER
	DATE



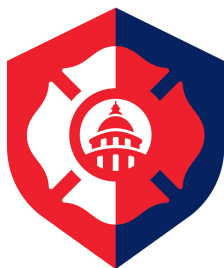
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BENEFICIARY DESIGNATION FOR DROP ACCOUNT

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 #		
GENDER			RELATIONSHIP TO FIREFIGHTER					
FIREFIGHTER'S NAME			FIREFIGHTER'S SIGNATURE			DATE		



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SPOUSAL CONSENT TO WAIVE BENEFICIARY RIGHTS

Only complete this form if you have designated a beneficiary other than your spouse.

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 Firefighters 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

STATE OF _____

COUNTY OF _____

I HEREBY CERTIFY that the foregoing instrument was acknowledged before me this _____ day of _____ 20 _____ by _____,

who is personally known to me or who produced appropriate identification.

 NOTARY PUBLIC, STATE OF _____ AT LARGE

Withholding Certificate for Periodic Pension or Annuity Payments

2024

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions *(continued)*

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1 \$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2 \$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}			
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3 \$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4 \$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5 \$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6 \$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

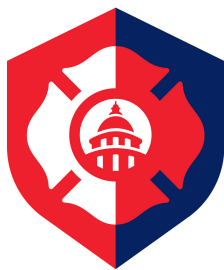


AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

DIRECT DEPOSIT FORM

NAME	
BANK / CREDIT UNION NAME	
ACCOUNT NUMBER	
TYPE OF ACCOUNT	
ROUTING NUMBER	
DATE	
SIGNATURE	

Please attach a voided blank check as verification of above information, if available.



AFRF
 AUSTIN FIREFIGHTERS
 RETIREMENT FUND

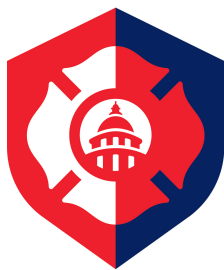
Public Safety Health Insurance Premium Withholding Form

NAME	
SOCIAL SECURITY #	
ADDRESS	

Health Insurance Provider Information

I hereby designate the medical and dental coverage providers, and the related coverages, that I have selected on my most recent City of Austin Retiree Benefits Enrollment Form as the Health Insurance Provider(s) to which this premium withholding form relates. In the event that I change those providers or coverages by filing a new or amended form with the City, this designation will automatically be amended to reflect those changes.

1. I hereby authorize the Austin Firefighters Retirement Fund (the "Retirement Plan") to deduct the monthly premium for the coverage described above from my monthly pension annuity.
2. I understand it is my responsibility, as the participant, to inform the Retirement Plan of any change related to my health insurance premium deduction including, but not limited to, coverage, insurance company, or premium changes. I freely accept this obligation to notify the Pension Board.
3. I understand that the Retirement Plan is not responsible for lapsed premiums or lapsed insurance policy coverage or any other coverage or benefit issues that may arise between my insurance carrier and myself.
4. I take full responsibility for the accuracy and truth of all the information I have provided and certify that I am entitled to these benefits.
5. I understand that by electing to participate in the federal tax exclusion, I will be decreasing my federal taxable income. This tax exclusion may not apply to state taxation.
6. I understand that I may not request additional tax-preferred treatment of the applicable exclusion amount (up to \$3,000.00 annually) from any other qualified retirement plans (i.e. Governmental defined benefit plans, 457 plans, or 403(b) plans).



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 AUSTIN FIREFIGHTERS
 RETIREMENT FUND

7. I understand that the Retirement System is complying with federal law by withholding insurance premiums from my pension benefits. In doing so, the Retirement System is only performing an administrative function and is only responsible for payment of premiums, as required by law.
8. I understand that the health insurance premium withholding may affect tax withholding from my monthly pension annuity.

 PARTICIPANT SIGNATURE

DATE

IMPORTANT LEGAL NOTICE

The IRS has not provided guidance to date on the application of this program. As a condition of participation in this program, the member accepts all responsibility for truth of the information provided to the plan. In addition, in consideration of participation, the member agrees that the retirement fund, its staff or advisors, and the employer have no liability for any additional tax liability, including interest and penalties that may arise from participation. As this waiver involves my legal rights, I have been advised to seek competent legal advice prior to participating in the program. I understand and agree that I have had a full opportunity to have my questions answered and to seek outside advice.

 PARTICIPANT SIGNATURE

DATE

WAIVER OF CLAIMS

By signing this form, I agree that I will not make any legal claim of any kind against the retirement system, its staff and advisors, and the employer should my participation in this program result in unexpected tax liability to me, including interest and penalties. I understand that my ability to participate in this program is a valuable benefit for which I am willing to sign this waiver of all claims. I further release the retirement system, its staff and advisors, and the employer from any liability arising from the administration of payments to any insurer.

 PARTICIPANT SIGNATURE

DATE



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

AUSTIN FIREFIGHTERS' ASSOCIATION – LOCAL 975

WITHHOLDING AUTHORIZATION FORM FOR MEMBERSHIP DUES

I authorize the Austin Firefighters Retirement Fund to withhold the following amounts from my monthly benefits for payment to the Austin Firefighters' Association

<input type="checkbox"/> AFA PAC	\$ _____ / MONTH
<input type="checkbox"/> PENSION PROTECTION FUND	\$ _____ / MONTH
<input type="checkbox"/> TOTAL WITHHOLDING AUTHORIZED	\$ _____ / MONTH

I authorize the Austin Firefighters Retirement Fund to withhold the following amounts from my monthly benefits for payment to the Austin Firefighters' Association

PRINTED NAME

SIGNATURE

DATE



AFRF
AUSTIN FIREFIGHTERS
RETIREMENT FUND

Austin Retired Firefighters' Association Membership

MEMBERSHIP INFORMATION

DONATIONS

We hope you will choose to become a member of ARFFA.
Below is a membership form to be completed and returned to:

ARFFA, 1208 Green Valley Cove, Round Rock, TX 78664.

At this time there are no membership fees or dues.

Funding is accomplished through donations. Monthly payroll deductions can be arranged through the pension office if desired. Donations, payable to ARFFA, can be sent to the Treasurer, Gary Pounds:
8211 Appaloosa Run, Austin, TX 78737.

COMMUNICATION

It is important to provide us with an email address if you have one. Communication is done primarily via email.

No "junk mail" will be sent, only that which pertains to ARFFA or may be of interest to our members, such as notice of meetings, retirement coffees, pension news, Benevolent Fund information, funeral notices, etc. If you contribute to the Austin Firefighters Association Benevolent Fund please be aware that we share your contact information with them, unless you request we not do so.

PENSION BOARD MEETINGS

Pension board meetings are conducted monthly and ARFFA meetings are conducted quarterly. Please attend these meetings when you can. For more information about ARFFA please visit our website at www.arffa.net or send us an email at arffaafd@yahoo.com

PLEASE COMPLETE THE SECOND PAGE AND RETURN TO:

**ARFFA
ARFFA, 1208 Green Valley Cove
Round Rock, TX 78664**



Austin Retired Firefighters Association

Welcome to the Austin Retired Fire Fighters Association. We are glad you decided to join us, become involved, and stay informed about issues affecting Austin firefighters. We are a resource for you by posting information about upcoming events. These include but are not limited to announcements of retirement coffee/celebrations, death, and funeral notices, AFD annual retirement party, along with other notices pertaining to Austin Firefighters.

One of our main goals is to keep abreast of the Austin Firefighters Retirement Fund and help disseminate minutes of the pension fund meetings. ARFFA board meets three times a year on the second Tuesday of January, May, and September to discuss any issues pertaining to retirees. We hope this organization can provide you with a method of keeping up with current events.

Our primary method of correspondence is via email, so please remember to keep us informed of any changes to your contact information, especially your email. No junk mail will be sent through our contacts list and if you wish to keep your contact information private, please indicate your preference on your membership form.

Again, thanks for your interest in ARFFA!

You can contact ARFFA through our email at arffaafd@yahoo.com

ARFFA Membership Form

Please check one - Retiree Beneficiary Active w/10+yrs

Date - ____/____/____

Name - _____

Mailing Address - _____

City - _____

State - _____ Zip Code - _____

Email Address - _____

Primary Phone Number - _____

Secondary Phone Number - _____

Date of Retirement - ____/____/____ Last assignment _____

Benevolent Fund Member – Yes No

Information sharing – Ok to share with other AFD Firefighters

 Do not share with anyone



AUSTIN FIREFIGHTERS' ASSOCIATION LOCAL 975

WITHHOLDING AUTHORIZATION FOR AFA LOCAL 975 MEMBERSHIP DUES CONTRIBUTIONS

NAME	
ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	

I authorize and direct the Austin Firefighters Retirement Fund to withhold an amount from my monthly benefits for monthly membership dues to be paid to the Austin Firefighters' Association (Local 975). The membership dues amount will be determined in accordance with the constitution and bylaws of the AFA Local 975 and may change from time to time in accordance with such constitution and bylaws.

By signing below, I certify to the Austin Firefighters Retirement Fund (the "Fund") that the information above is true and correct. I authorize and direct the Fund to withhold such amounts from my monthly benefit payments and pay such amounts to the Austin Firefighters' Association Local 975 accordingly. This authorization will remain in effect until I revoke it. I understand that I have the right to revoke this authorization at any time by notifying the Fund in writing.

Signature

Date Signed



RETIREMENT PROCESS

STEP ONE | (512) 974-4100

Schedule an appointment with the Austin Fire Department Administrative Offices

They will provide you with the appropriate paperwork that will need to be completed, including the following:

- Resignation Form (for purposes of retirement)
- Final Check
- TCFP Form
- Exit Interview Form

Your termination date or last active day can be determined after meeting with an AFD administrator. We strongly recommend selecting a retirement date that aligns with a pay period end date to ensure that all your contributions to the Fund have been captured. Information provided to the Administrative Office will be forwarded to the AFRF pension office.

STEP TWO | (512) 974-3284

Schedule an appointment with City of Austin Human Resources Benefits Division

They will assist you with enrollment in medical, dental and/or vision insurance.

STEP THREE | (512) 454-9567

Schedule an appointment with Austin Firefighters Retirement Fund

Please schedule this appointment **30 days in advance** of your intended retirement date to minimize any potential delays in processing your retirement.

The following information will be required when applying for retirement:

- Copy of Driver's License, *and if applicable*:
 - Copy of spouse's Driver's License
 - Copy of dependent's Birth Certificate or Driver's License, if under age 22
- Copy of Marriage License, *if applicable*
- Social Security Numbers for self, spouse, and dependent children
- Voided check to enroll in Direct Deposit
- Personal contact information - phone number, address, email