



## FORM 500A BENEFICIARY DESIGNATION UNDER SECTION 7.09 FOR NON-RETIRED MEMBERS

This form should be used only by ACTIVE firefighters or members who have terminated employment but not commenced a benefit. If you are a retired firefighter who is receiving a benefit and want to change your beneficiary designation, you must use Form 500R. Please go to the Fund’s website or contact the Pension Office to request Form 500R.

As a member of the Austin Firefighters Retirement Fund (the “Fund”), a benefit may be payable to your beneficiary if you die in active service after 10 years. If you are married or have a dependent child (unmarried child under age 22), your spouse or such child(ren) will automatically be considered your beneficiary and will be entitled to the survivor benefit. However, if you have no spouse or dependent child(ren), you are entitled to designate a beneficiary to receive the survivor benefit. Your beneficiary may be any living person.

**Do not complete this form if:**

- You are a retired firefighter who is currently receiving a retirement benefit. Use Form 500R instead.
- You are married or have a dependent child(ren). Your spouse or dependent child(ren) will automatically be considered your beneficiary. **Any beneficiary designation form filled out while you have a spouse or dependent child(ren) is invalid and will be considered null and void.**

### IMPORTANT INFORMATION TO KNOW BEFORE MAKING A BENEFICIARY DESIGNATION

- Until you begin receiving your retirement benefit, you are permitted to designate a beneficiary at any time and change beneficiaries as often as you would like by submitting a new Form 500A to the Fund. The addition or change to your beneficiary while you are an active firefighter or before you begin receiving a retirement benefit has no effect on your benefit.
- After making this beneficiary designation, if you marry or have a child, this beneficiary designation will automatically become null and void. Your new spouse or dependent child(ren) will automatically be considered your beneficiary and will be entitled to the survivor benefit. Once null and void, this beneficiary designation will not be reinstated, even if you are no longer married or have dependent children. You may contact the Pension Office to complete the appropriate form to designate a beneficiary if you later become eligible to designate a beneficiary.
- If you designate a beneficiary that is more than 10 years younger than you, the survivor annuity benefit payable to that beneficiary after your death will be reduced according to the table below.

| <b><i>If your designated beneficiary is:</i></b>     | <b><i>The percentage of your retirement annuity payable to your designated beneficiary for life after you die is:</i></b> |
|--|---|
| Less than 10 years younger than you                  | 75%   |
| At least 10, but less than 15 years younger than you | 45%   |
| At least 15, but less than 20 years younger than you | 40%   |
| At least 20, but less than 35 years younger than you | 35%   |
| At least 35 years younger than you                   | 30%   |



**BENEFICIARY DESIGNATION FOR NON-RETIRED MEMBERS UNDER SECTION 7.09**

**MEMBER INFORMATION**

|                        |               |               |
|------------------------|---------------|---------------|
| LAST NAME              | FIRST NAME    | MIDDLE NAME   |
| ADDRESS                |               |               |
| PHONE NUMBER           | TXFIR #       | DATE OF BIRTH |
| SOCIAL SECURITY NUMBER | EMAIL ADDRESS |               |

**BENEFICIARY INFORMATION**

|                             |               |               |
|-----------------------------|---------------|---------------|
| LAST NAME                   | FIRST NAME    | MIDDLE NAME   |
| ADDRESS                     | PHONE NUMBER  |               |
| SOCIAL SECURITY NUMBER      | GENDER        | DATE OF BIRTH |
| RELATIONSHIP TO FIREFIGHTER | EMAIL ADDRESS |               |

**ACKNOWLEDGEMENT AND SIGNATURE**

The above member, being a member of the Fund who is an active firefighter or who has not commenced receiving a retirement benefit as of the date hereof, hereby designates the beneficiary named above 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 dependent child of the member under other provisions of the Act governing the Fund.

**By executing this form, I attest that I do not have a spouse or dependent child on the date set forth below. I hereby revoke any and all previous beneficiary designations that I have made under Section 7.09 of the Act.**

\_\_\_\_\_  
Firefighter's Signature Date

\_\_\_\_\_  
Firefighter's Printed Name

**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.