



## FORM 500R BENEFICIARY DESIGNATION UNDER SECTION 7.09 FOR RETIREES

This form should be used only by RETIRED firefighters who are already receiving a benefit. If you are an active firefighter or have terminated employment but not commenced your benefit and want to change your beneficiary designation, you must use Form 500A. Please go to the Fund's website or contact the Pension Office to request Form 500A.

As a retiree of the Austin Firefighters Retirement Fund (the "Fund"), you are receiving a monthly retirement annuity payable for your lifetime. If you elected the Normal Retirement Annuity benefit, your beneficiary is entitled to a reduced monthly annuity benefit upon your death. 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 still an active firefighter or have terminated employment but not yet commenced a benefit. Use Form 500A instead.
- You married after retirement and have been married for 24 months or more 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.**
- You selected the Single Life Annuity benefit. No survivor benefit is payable.
- You want to change your DROP beneficiary. Please use the DROP Beneficiary Form.
- You have already changed your beneficiary twice after January 1, 2017.

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

- Beginning January 1, 2017, you are only permitted to change your designated beneficiary **TWICE** after retirement. You may change your beneficiary designation by submitting a new Form 500R to the Fund. Submission of a new Form 500R will invalidate all previous beneficiary designations on file with the Fund. Once you have made two beneficiary changes after January 1, 2017, no additional Form 500Rs will be accepted.
- If you add or change a designated beneficiary at any time after January 1, 2017, your monthly retirement benefit will be actuarially **REDUCED** pursuant to the rules adopted by the Board. Contact the Pension Office for more information on how your benefit will be reduced in connection with a change in beneficiary.
- **Any Form 500R that was submitted prior to January 1, 2017 will not count against your two permitted changes or reduce your monthly benefit.**
- If you marry after retirement, this beneficiary designation will still remain valid for 24 months. After such 24-month period, this beneficiary designation will be null and void, and your new spouse will be entitled to the survivor benefit. You may change this beneficiary designation during the 24-month period to name your new spouse, but you will be subject to a benefit reduction described above.
- If you have a child after retirement, this designation will automatically become null and void. Once your child reaches age 22 or marries before age 22, you may submit a new Form 500R, but you will be subject to a benefit reduction described above.

- This beneficiary designation does not apply to your DROP account. You designated a beneficiary for your DROP account when you elected to participate in DROP, if applicable.
- In addition to the reduction of your benefit for a change in beneficiary (see second bullet point above), 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 RETIRED FIREFIGHTERS 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 RETIREE EMAIL ADDRESS

### ACKNOWLEDGEMENT AND SIGNATURE

The above member, being a retired member of the Fund who is receiving a benefit, 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 agree and understand that my monthly annuity benefit will be actuarially reduced if the form is submitted after January 1, 2017. I also understand that I can only change my designated beneficiary twice after January 1, 2017. I attest that I have not previously submitted two Form 500Rs after January 1, 2017, and do not have a spouse or dependent child who is eligible for a benefit under the Fund 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.