

**FORM 500A
DESIGNATION OF BENEFICIARY UNDER SECTION 7.09**

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 EMPLOYMENT	DATE ENTERED FUND/COMMISSION DATE	TXFIR #

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

THE UNDERSIGNED, BEING SA MEMBER OF THE FUND WHO EITHER HAS RETIRED OR IS ELIGIBLE FOR RETIREMENT BUT HAS NOT YET RETIRED, HEREBY DESIGNATES THE FOLLOWING BENEFICIARY 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 CHILD OF THE UNDERSIGNED UNDER OTHER PROVISIONS OF THE ACT GOVERNING THE FUND**

BY EXECUTING THIS FORM, I HEREBY REVOKE ANY AND ALL PREVIOUS BENEFICIARY DESIGNATIONS THAT I HAVE MADE UNDER SECTION 7.09

BENEFICIARY'S LAST NAME	FIRST NAME	MIDDLE NAME
BENEFICIARY'S SOCIAL SECURITY NUMBER	BENEFICIARY'S DATE OF BIRTH	
BENEFICIARY'S ADDRESS	PHONE NUMBER	
FIREFIGHTER'S SIGNATURE	DATE	
FIREFIGHTER'S PRINTED NAME		

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