

City of Austin Police Retirement System Beneficiary Designation Form



Read instructions on back side of the form before completing.

Unless prohibited by law, proceeds will be distributed as indicated on this form.

SECTION A: MEMBER INFORMATION

Social Security Number		Name (Last, First, Middle Initial)	
Address		City, State, Zip Code	
Date Received by APRS:	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Work Status <input type="checkbox"/> Active <input type="checkbox"/> Retired	

I wish to designate the person (s) named below to be my beneficiary(ies) for all retirement allowances which may be to my credit in the account of the Austin Police Retirement System with exception to my PROP and DROP monies. I understand that if I do not designate a beneficiary, my beneficiary may be determined according to APRS governing statute, Article 6243n-1 and/or according to the laws of the state in which I live, which I understand may be a more costly process for my heirs. I understand that I may designate my estate as beneficiary. I direct that, if my relationship with a beneficiary designated below ceases, then this designation shall become inoperative as to that beneficiary.

As beneficiary or beneficiaries entitled to receive all retirement allowances which may be to my credit in the account of the Austin Police Retirement System and the direct payment thereof to the said beneficiary or beneficiaries in full of all claims in my behalf against the City of Austin Police Retirement System in the following terms:

SECTION B: PRIMARY BENEFICIARY(IES)

Pay benefits to the named beneficiary(ies) as follows:
 Pay in Equal Shares to each person listed below. (Do not complete percentages)
 Pay in Unequal Shares to each person listed below. (Complete percentages below: total must equal 100%)

Name (Last, First, Middle Initial)	Relationship	DOB	Social Security Number
Address (Street, City, State, Zip Code)			Percentage %
Name (Last, First, Middle Initial)	Relationship	DOB	Social Security Number
Address (Street, City, State, Zip Code)			Percentage %
Name (Last, First, Middle Initial)	Relationship	DOB	Social Security Number
Address (Street, City, State, Zip Code)			Percentage %

SECTION C: SECONDARY BENEFICIARY(IES)

If primary beneficiary(ies) does not survive me, pay benefits to the named beneficiary(ies) as follows:
 Pay in Equal Shares to each person listed below. (Do not complete percentages)
 Pay in Unequal Shares to each person listed below. (Complete percentages below: total must equal 100%)

Name (Last, First, Middle Initial)	Relationship	DOB	Social Security Number
Address (Street, City, State, Zip Code)			Percentage %
Name (Last, First, Middle Initial)	Relationship	DOB	Social Security Number
Address (Street, City, State, Zip Code)			Percentage %

SECTION D: SIGNATURE AND DATE

I certify that this Beneficiary Designation Form cancels any previous Beneficiary Designation Form with exception to the PROP and DROP beneficiary forms.

Signature: _____ Date: _____

Instructions for Completing Beneficiary Designation Form

General Information

- ◆ APRS does not provide estate planning, tax, or legal advice to members. You should consult with independent, qualified professionals regarding tax, estate planning, and legal issues related to your retirement benefits.
- ◆ You should use this “Beneficiary Designation Form” to designate a beneficiary or beneficiaries entitled to receive all retirement allowances which may be to my credit in the account of the Austin Police Retirement System (with exception to the PROP and DROP monies which have separate beneficiary forms) and to direct the payment thereof to the said beneficiary or beneficiaries in full of all claims in my behalf against the City of Austin Police Retirement System. Except as provided otherwise in the APRS governing statute, Article 6243n-1, any member may file a “Beneficiary Designation Form” with APRS at any time.
- ◆ The “Beneficiary Designation Form”(s) will be retained in the member’s records. No legal documents such as a will, trust instrument, etc. shall be included in the APRS member’s file prior to the member’s death.
- ◆ In absence of a living beneficiary, unless otherwise directed, death claims are payable according to APRS governing statute, Article 6243n-1 and/or according to the laws of the state in which I live.
- ◆ If your estate is named as a beneficiary, court documents showing the executor’s or administrator’s authority will be required before payment can be made.

Form Completion

- ◆ You must complete Sections A, B, and D. Section C is recommended for alternate beneficiaries.
- ◆ Section A: Enter Social Security Number, Name, Address and Marital Status.
- ◆ Section B: Primary Beneficiary(ies) allows you to designate one or more primary beneficiaries. All benefits will first be paid to your primary beneficiaries. If any of your primary beneficiaries is deceased at the time of your death, their share will be divided amongst the remaining named beneficiaries pro rata according to the designated percentages.
- ◆ Section C: Alternate Beneficiary(ies) allows you to designate additional beneficiaries should the primary beneficiary(ies) listed in Section B die before you. Benefits will only be paid to beneficiaries in this section if all of the primary beneficiaries are deceased or decline receipt of payment. If one of your named beneficiaries is deceased at the time of your death, their share will be divided amongst the remaining named beneficiaries according to the designated percentages.
- ◆ Section D: The member must sign and date this document. Signature/s and Date/s acknowledge understanding of instructions for completing the form and requires your signature canceling any previous Beneficiary Designations made for these benefits. Each completed page must include signature/s and date/s.
- ◆ Hand deliver or mail the completed form to the City of Austin Human Resources Department, APD Personnel Department and/or the City of Austin Police Retirement System. **Note: Copies of original forms and/or faxed copies will not be accepted as valid beneficiary forms.*