

**AUSTIN POLICE RETIREMENT SYSTEM POST RETIREMENT OPTION PLAN (PROP)**

**BENEFICIARY DESIGNATION FOR PROP ACCOUNT BALANCE**

I wish to designate the following person to be my beneficiary. I understand that if I do not designate a beneficiary and I am married, my spouse will automatically be my beneficiary provided that my spouse survives me. If I am unmarried and do not designate a beneficiary, my beneficiary may be determined 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.

Beneficiary Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In the event that the beneficiary named above is not living at the time that the first payment would otherwise be payable to that beneficiary (or if my relationship to that beneficiary as stated above has terminated prior to that date), I hereby revoke the forgoing designation. In that event I designate the following person as my beneficiary.

Contingent Beneficiary Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contingent Beneficiary's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This beneficiary election will continue to be effective unless I submit (and the System's Administrative Office receives) a new beneficiary designation on a form adopted by the Board.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Printed or Typed Name of Participant