



APRS
AUSTIN POLICE RETIREMENT SYSTEM

Please follow the below instructions to complete your request

- 1) Submit the completed form and other required documentation to the **Member Portal** using the following link: <https://www.ausprs.org/member-portal/>. *Digital signatures are accepted.*

- 2) All submissions must include a copy of your driver's license along with the other listed required documents. **APRS will not accept incomplete forms.**
 - Copy of Driver's License
 - PROP Revocation Form

Only changes received on or before the 15th day of the month will be effective for that month's payment. A confirmation will be emailed to you after the form and other required documentation has been received.

For security purposes, please do NOT email sensitive and personal information.

Mailing Address:
P.O. Box 40609
Austin, TX 78704

Physical Address:
2520 S. IH-35, Suite 100,
Austin, TX 78704

Phone: (512) 416-7672
Fax: (512) 416-7138
www.ausprs.org



POST RETIREMENT OPTION PLAN (PROP) DEFFERAL REVOCATION FORM

NAME OF PARTICIPANT: _____

SOCIAL SECURITY NO. XXX-XX-_____ DATE OF BIRTH_____/_____/_____

ADDRESS: _____

PHONE NO. (_____) _____

EMAIL: _____

BY SIGNING THIS AMENDMENT, I ACKNOWLEDGE THE FOLLOWING:

- I have read and understand the policy for PROP participation at <https://ausprs.org/retirees/prop/> as adopted by the Board of Trustees of the System (Board), and I agree to the terms and conditions of the policy, including any future policy revisions.
- I understand that it is my responsibility to consult with a professional tax advisor of my own choosing with regard to the possible tax consequences of electing to revoke the deferral of my annuity payments into my PROP account and of electing to receive distributions from that account.
- I understand that if I left active service before the year in which I attained age 50 (age 55 if I was an employee of the System) I will not be able to take a direct distribution from the PROP account until I reach the age of 59 ½. I understand that my only option for moving funds out of my PROP account before age 59 ½ is to roll the funds into another qualified plan.
- I understand and acknowledge that according to the PROP Policy as adopted by the Board of Trustees of the System (Board), this transaction will close my PROP account permanently and I will not be able to contribute to a PROP account in the future. I further acknowledge that any amount of my annuity that is currently being deferred into the PROP account will immediately cease deferral and will instead be paid with the full annuity.

I wish to have my election to defer into the PROP permanently revoked effective on the last day of _____, 20_____.

PROP Participant's Signature	Printed Name	Date
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