



APRS
AUSTIN POLICE RETIREMENT SYSTEM

Please follow the below instructions to complete your request:

- 1) Submit the form and other required documentation to the **Member Portal** using the following link www.ausprs.org. Digital signatures are accepted.

OR

Mail the forms and other required documentation to the System's mailing address:

APRS

P.O. Box 40609

Austin, TX 78704

- 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 Beneficiary 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



BENEFICIARY DESIGNATION FOR PROP LUMP SUM

I wish to designate the following person to be my beneficiary(ies). I understand if I do not designate a beneficiary(ies) and I am married, my spouse will automatically be my beneficiary provided that my spouse survives me. I understand if I am unmarried and do not designate a beneficiary(ies), my beneficiary will be determined according to the laws of the state in which I live and may be a more costly process for my heirs.

Primary Beneficiary Name: _____

Social Security #: _____ Date of Birth: _____

Relationship: _____ Percentage _____ %

Beneficiary's Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Primary Beneficiary Name: _____

Social Security #: _____ Date of Birth: _____

Relationship: _____ Percentage _____ %

Beneficiary's Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Secondary Beneficiary Name: _____

Social Security #: _____ Date of Birth: _____

Relationship: _____ Percentage _____ %

Beneficiary's Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Secondary Beneficiary Name: _____

Social Security #: _____ Date of Birth: _____

Relationship: _____ Percentage _____ %

Beneficiary's Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

This beneficiary election will continue to be effective unless I submit (and APRS receives) a new beneficiary designation on the form prescribed by the System.

Signature

Printed Name

Date