

AUSTIN POLICE RETIREMENT SYSTEM

***AUSTIN POLICE RETIREMENT SYSTEM***  
**FORWARD DEFERRED RETIREMENT OPTION PLAN**

**FORWARD DROP APPLICATION AND ELECTION**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_.

**BY SIGNING THIS APPLICATION AND ELECTION, I ACKNOWLEDGE THE FOLLOWING:**

- I have read and understand the policy and procedure for FORWARD DROP election, as adopted by the Board of Trustees of the System (Board). I irrevocably agree to the terms and conditions of that policy and procedure.
- I have had the opportunity to meet with the System's administrative staff and ask them questions regarding the operation of FORWARD DROP and its effect on my benefits under the System, and any potential benefit that my survivors may receive under the System.
- I have had the opportunity to seek advice from a professional tax advisor of my own choosing, and understand that the administrative staff of the System, although providing some general information, cannot and has not rendered legal advice to me on the effect FORWARD DROP will or may have on the taxation of any benefit I may receive under the System, or any potential benefit that my survivors may receive under the System.
- In electing FORWARD DROP, I have not relied upon information provided by the System's administrative staff. My decision to elect FORWARD DROP is based solely on my understanding of the program as provided in the Act governing the System and in the policy and procedure for FORWARD DROP, as adopted by the Board.
- I meet the eligibility requirements of FORWARD DROP as set forth in the policy and procedure regarding FORWARD DROP as adopted by the Board.
- I understand that the FORWARD DROP calculations are preliminary and the dollar amounts of the FORWARD DROP lump-sum benefit and monthly service retirement annuity are subject to change based on final information following actual termination of employment.

Initial here \_\_\_\_\_.

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- I understand that my retirement annuity and my FORWARD DROP benefits are subject to the provisions of Article XI of the Act governing the System (the Internal Revenue Code Section 415 limitations).
- I agree to resign from the Austin Police Department (or, if I am an employee of the System, from employment by the System) no later than the date set forth in the Notice of Intent to Retire that accompanies this Application.

**EFFECT OF ELECTION TO PARTICIPATE:**

I understand that my FORWARD DROP election is irrevocable, and that subject to the rules of FORWARD DROP policy and procedure adopted by the Board, I will receive a FORWARD DROP lump sum distribution and a monthly retirement annuity upon my leaving employment with the City of Austin as a police officer (or upon my leaving employment with the System, if I am an employee of the System).

**FORWARD DROP PARTICIPATION DATE:**

If this application is approved by the Board, I have elected a FORWARD DROP participation date that is the last day of \_\_\_\_\_, 20\_\_\_\_\_.

**An Election Form will be deemed not received if it is incomplete.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print or Type Name of Participant

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**BENEFICIARY DESIGNATION FOR FORWARD DROP LUMP SUM**

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 will 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 direct that, if my relationship with a beneficiary designated below ceases, then this designation shall become inoperative as to that beneficiary.

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

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

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

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

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

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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

AUSTIN POLICE RETIREMENT SYSTEM

Austin Police Retirement System – Deferred Retirement Option Plan
DISTRIBUTION ELECTION FORM

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Address: \_\_\_\_\_
Street City State Zip

I understand that all distributions from a DROP account (that have not been previously taxed) are subject to a mandatory twenty percent (20%) withholding for federal income tax; unless the withdrawal is transferred directly by the Fund to an Individual Retirement Account (IRA), an Individual Retirement Annuity, or a Qualified Trust.

I understand that no DROP distribution shall be made to any participant who has not attained age fifty-nine and one-half (59 1/2) at the time of distribution unless either,

- a. the participant had attained age fifty (50) prior to or during the calendar year of terminating covered employment (age 55 if the participant was an employee of the System); or
b. the distribution is made in the form of a rollover to an individual retirement account.

I understand that, to the extent permissible under federal tax laws, payment of a DROP benefit will be in the following form:

- a. a single payment distribution made at a time selected by the DROP participant, but not later than 60 days after the last day of the month immediately following the retirement date, or April 1 of the year after the participant attains 70-1/2 years of age.

Please choose one of the following:

\_\_\_\_\_ ROLLOVER, I choose to have all my lump sum drop account balance rolled over into an eligible Qualified Plan or IRA. No federal income tax will be held. (The name and address of the plan/IRA is completed below.)

\_\_\_\_\_ ROLLOVER / PARTIAL DISTRIBUTION, I choose to have my taxable lump sum drop account balance rolled over into an eligible Qualified Plan or IRA. No federal income tax will be held. (The name and address of the plan/IRA is completed below.) I choose to have \$\_\_\_\_\_ of my non-taxable lump sum account balance paid to me. (No income tax will be held.)

\_\_\_\_\_ LUMP SUM DIRECT DISTRIBUTION TO PARTICIPANT, I choose to have my complete lump sum made payable to me. Please withhold 20% for federal income tax. (only members fifty (50) years of age or older are eligible)

For transfer to IRA or qualified plan:

Name of IRA or plan and Account No.: \_\_\_\_\_.

Address: (Street, City, State, Zip) \_\_\_\_\_.

\_\_\_\_\_. Date of Signature
DROP Participant's Signature SWORN AND SUBSCRIBED TO BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY

Notary Public in and for \_\_\_\_\_ County, Texas

AUSTIN POLICE RETIREMENT SYSTEM

**NOTICE OF INTENT TO RETIRE**

City of Austin Police Retirement System  
Post Office Box 41089  
Austin, Texas 78704-0019

I plan to retire effective\_\_\_\_\_. My last day of employment will be/was \_\_\_\_\_ . If I should select an option to provide monthly payments after my death, my surviving beneficiary will be \_\_\_\_\_, whose date of birth is \_\_\_\_\_and social security number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

**I understand that I must contact the City of Austin Human Resources Department at 512-974-3284 for further benefit information about Medical Health Coverage and completion of forms to finalize my retirement.**

\_\_\_\_\_  
*Members' name (printed)*

\_\_\_\_\_  
*Signature of Member*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date Submitted*

\_\_\_\_\_  
*Street or Rural Address*

\_\_\_\_\_  
*Home Phone*                      *Work Phone*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Email Address*

*Message to Member:*

If you want to change the specified date of retirement after having filed this notice, you must submit a written request to your department head asking that an earlier or later date be accepted. If the request is for extended employment, it will be subject to department head approval under the terms of Personnel Policies, Article III, Section F2. If you and the department head mutually agree upon a changed date, the Pension Office must be notified immediately by telephone, followed by a written acknowledgment.

The **Intent to Retire** should be filed 30 to 45 days before termination. This will allow Staff time to process the necessary paper work so that a retirement check will be issued on time. Failure to file early may result in a delay of your first annuity payroll check.

Call the Pension Office at 512-416-7672 to obtain more information on completing your requirements for retirement.