

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

**AMENDMENT TO ELECTION  
TO DEFER ALL OR A PORTION OF A MEMBER'S  
MONTHLY ANNUITY INTO PROP**

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

**BY SIGNING THIS AMENDMENT, I ACKNOWLEDGE THE FOLLOWING:**

1. I have read and understand the Policy and Procedure for Deferring All or a Portion of a Member's Monthly Annuity into PROP, as adopted by the Board of Trustees of the Austin Police Retirement System (System).
2. I understand that the administrative staff of the System, although providing some general information, cannot and has not rendered tax advice to me on the effect that my amending the deferral of my monthly annuity (or a portion thereof) into PROP 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. Prior to deferring all or a portion of my monthly annuity into PROP, and before filing this amendment to my election, I was advised to consult with a professional tax advisor of my own choosing with regard to the possible tax consequences of electing to defer annuity payments into a PROP account, of amending that election, and of electing to receive distributions from that account.
3. I understand that if I left active service before the year I attained age 50 (age 55 if I was an employee of the System) and made an election to defer all or a portion of my monthly annuity into PROP and revoke or amend that election before I attain age 59-1/2, I will owe additional taxes, which may include a 10% federal income tax penalty.
4. I elect to change the amount of my monthly deferral from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per month effective \_\_\_\_\_ 20\_\_\_\_.

I have read this form, and I hereby acknowledge that I have not received any advice or recommendations with respect to this election from the System's Board of Trustees or employees and that I am not relying upon the System, its Trustees or Employees with respect to my decision hereunder. By signing this document, I hereby agree to hold the Austin Police Retirement System, its Trustees and employees, harmless from the consequences of my decision to change the amount of my monthly deferral.

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

Printed Name: \_\_\_\_\_