



# Austin Police Retirement System

## Beneficiary Designation Form for Death Benefits

Read instructions on back side of the form before completing.

**Unless prohibited by law, proceeds will be distributed as indicated on this form.**

<b>SECTION A: MEMBER INFORMATION</b>			
Social Security Number		Name (Last, First, Middle Initial)	
Address			City, State, Zip Code
Date Received by APRS:	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Work Status <input type="checkbox"/> Active <input type="checkbox"/> Retired	
<p><b>I wish to designate the person(s) named below to be my beneficiary(ies) for the death benefit (or a proportionate amount if the member retired under the Proportionate Program). I understand that if I do not designate a beneficiary, my beneficiary may be determined according to APRS governing statute, Article 6243n-1 and/or according to the laws of the state in which I live. I understand that I may designate my estate as beneficiary and must provide a court document showing the executor's or administrator's authority.</b></p>			
<b>SECTION B: PRIMARY BENEFICIARY(IES)</b>			
Name (Last, First, Middle Initial)		Relationship	DOB
Address (Street, City, State, Zip Code)		Contact Number (    )	Percentage    %
Name (Last, First, Middle Initial)		Relationship	DOB
Address (Street, City, State, Zip Code)		Contact Number (    )	Percentage    %
Name (Last, First, Middle Initial)		Relationship	DOB
Address (Street, City, State, Zip Code)		Contact Number (    )	Percentage    %
<b>SECTION C: SECONDARY BENEFICIARY(IES)</b>			
If primary beneficiary(ies) does not survive me, pay benefits to the named beneficiary(ies) as follows:			
Name (Last, First, Middle Initial)		Relationship	DOB
Address (Street, City, State, Zip Code)		Contact Number (    )	Percentage    %
Name (Last, First, Middle Initial)		Relationship	DOB
Address (Street, City, State, Zip Code)		Contact Number (    )	Percentage    %
<b>SECTION D: SIGNATURE AND DATE</b>			
I certify that this Beneficiary Designation Form cancels any previous Beneficiary Designation Form for Death Benefits.			
Signature: _____			Date: _____

# Instructions for Completing Beneficiary Designation Form for Death Benefits

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## General Information

- ◆ Austin Police Retirement System does not provide estate planning, tax, or legal advice to members. You should consult with independent, qualified professionals regarding tax, estate planning, and legal issues related to your retirement benefits.
- ◆ You should use this “Beneficiary Designation Form” to designate a beneficiary or beneficiaries entitled to receive a death benefit (or a proportionate amount if the member retired under the Proportionate Program) and to direct the payment thereof to the said beneficiary or beneficiaries in full of all claims in my behalf against the City of Austin Police Retirement System. Except as provided otherwise in the APRS governing statute, Article 6243n-1, any member may file a “Beneficiary Designation Form” with APRS at any time.
- ◆ The “Beneficiary Designation Form”(s) will be retained in the member’s records. No legal documents such as a will, trust instrument, etc. should be submitted to APRS prior to the member’s death.
- ◆ If your estate is named as a beneficiary, court documents showing the executor’s or administrator’s authority will be required before payment can be made.
- ◆ In absence of a living beneficiary, unless otherwise directed, death claims are payable according to APRS governing statute, Article 6243n-1 and/or according to the laws of the state.

## Form Completion

- ◆ You must complete Sections A, B, and D. Section C is recommended for alternate beneficiaries.
- ◆ Section A: Enter Social Security Number, Name, Address and Marital Status.
- ◆ Section B: Primary Beneficiary(ies) allows you to designate one or more primary beneficiaries. All benefits will first be paid to your primary beneficiaries. If any of your primary beneficiaries is deceased at the time of your death, their share will be divided amongst the remaining named beneficiaries according to the designated percentages.
- ◆ Section C: Alternate Beneficiary(ies) allows you to designate additional beneficiaries should the primary beneficiary(ies) listed in Section B predecease you. Benefits will only be paid to beneficiaries in this section if all of the primary beneficiaries are deceased or decline receipt of payment. If one of your named beneficiaries is deceased at the time of your death, their share will be divided amongst the remaining named beneficiaries according to the designated percentages.
- ◆ Section D: The member must sign and date this document. The Signature and Date acknowledges the understanding of the instructions for completing the form cancels any previous Beneficiary Designations made for these benefits. Each completed page must include signature(s) and date(s).

◆ Hand deliver or mail the completed form to the City of Austin Police Retirement System or visit our website at [www.ausprs.org](http://www.ausprs.org) to complete an electronic version that may be submitted online.

*\*Note: Copies of original forms and/or faxed copies will not be accepted as valid beneficiary forms.*