TRS COABOC
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CERTIFICATE OF ASSURANCE
TRS BOARD OF CONTROL

Teachers' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Name _____
First Middle Last Maiden

Social Security Number _____-_____-_____

PART I BOARD OF CONTROL RESPONSIBILITIES

Should I be elected to serve as a member of the TRS Board of Control, I agree to:

1. Perform all TRS Board of Control duties required by *Ala. Code* §§ 16-25-1 through 16-25-140.
2. Serve as a trustee of TRS funds.
3. Uphold my fiduciary duty as a member of the TRS Board of Control.
4. Regularly attend and actively participate in TRS Board of Control meetings and committee meetings.
5. Establish appropriate policies for the operation of TRS.
6. Adhere at all times to the Alabama Code of Ethics which is set forth in *Ala. Code* § 36-25-1 through 36-25-30.
7. Serve as a member of the Public Education Employees' Health Insurance Board (PEEHIP Board), performing all duties required by *Ala. Code* §§ 16-25A-1 through 16-25A-17, and upholding my fiduciary duty as a member of the PEEHIP Board.

PART II MEMBER SIGNATURE

By signing this Certificate of Assurance, I agree that I will fulfill the responsibilities set forth above in serving as a member of the Teachers' Retirement System Board of Control. I understand I must submit this Certificate of Assurance to the TRS by the specified time and date. You must acknowledge your signature before a notary public.

Signature of Member _____ Date: _____

STATE OF _____**, COUNTY OF** _____

Before me, the undersigned authority, a Notary Public in and for said County and State, on this date personally appeared the applicant for payment, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Given under my hand and seal of office this the _____ day of _____, 20_____.

Signature of Notary Public _____

(Seal)

My Commission Expires _____