PETITION FOR NOMINATION OF CANDIDATE

EMPLOYEES' RETIREMENT SYSTEM BOARD OF CONTROL

Deadline for Petition to reach ERS Office - 4 p.m., April 15, 2015

(Requires a minimum of fifty (50) qualified signatures.)

We, the undersigned members of the Employees' Retirement System, hereby nominate the person named below for the **Local Employee No.** position on the Employees' Retirement System Board of Control.

Name of Candidate _____ Daytime Phone _____ Email Address _____

Street Address _____ City _____ State _____ Zip Code _____ Employing Agency _____

	Signature of Member	Full Name of Member (Type or Print)	Mailing Address	Employing Agency
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	Signature of Member	Full Name of Member (Type or Print)	Mailing Address	Employing Agency
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	Signature of Member	Full Name of Member (Type or Print)	Mailing Address	Employing Agency
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Requires a minimum of 50 qualified signatures

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LETTER OF INTENT
ERS BOARD OF CONTROL

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

PART I MEMBER INFORMATION

Name _____
First Middle Last Maiden

Social Security Number _____-_____-_____ Date of Birth _____/_____/_____
Month Day Year

Address _____
Street City State Zip Code

Employer (if active) _____

Work Phone _____ Home Phone_____

Are you classified for the position you are intending to be a candidate? ☐ Yes ☐ No

If you are an **active** member, are you contributing to the ERS? ☐ Yes ☐ No

If you are a **retiree**, are you currently receiving a monthly payroll check from the ERS? ☐ Yes ☐ No

PART II MEMBER SIGNATURE

By signing this Letter of Intent to run for the _____ position on the ERS Board of Control, I agree that I am qualified to be a candidate for this position on the ERS Board and will obey the responsibilities set forth by Alabama law. I understand I must submit this Letter of Intent to the ERS 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 _____

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CERTIFICATE OF ASSURANCE
ERS BOARD OF CONTROL

Employees' 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 ERS Board of Control, I agree to:

1. Perform all ERS Board of Control duties required by *Ala. Code* §§ 36-27-1 through 36-27-208.
2. Serve as a trustee of ERS funds.
3. Uphold my fiduciary duty as a member of the ERS Board of Control.
4. Regularly attend and actively participate in ERS Board of Control meetings and committee meetings.
5. Establish appropriate policies for the operation of ERS.
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.

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 Employees' Retirement System Board of Control. I understand I must submit this Certificate of Assurance to the ERS 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 _____

CANDIDATE BIOGRAPHICAL INFORMATION

EMPLOYEES' RETIREMENT SYSTEM BOARD OF CONTROL

Please complete and return with your Petition for Nomination of Candidate.

Name (Mr./Mrs./Ms./Dr.) _____

Address: _____ **Daytime Phone No.:** (____) _____
Street Address or P. O. Box

_____ **Email Address:** _____
City State Zip

Agency Employed With: _____ **Fax No.:** (____) _____

Position: _____ **Years of Service:** _____

Write a short paragraph about yourself to be included on the ballot. Include any qualifications or other related experience and personal information about yourself. Please list degrees earned (B.A., B.S., etc.), major course of study, and the college or university attended, professional affiliations, and any awards or honors you have received. Please continue on back if necessary. This information will be included on the RSA Web site. Due to space on the ballot, please limit the paragraph to 200 words.

You may write an additional paragraph explaining why you would like to serve on the Board. This paragraph will be included on the RSA Web site only. Please limit the paragraph to 200 words.

Note: *The paragraphs above will be used verbatim on the ballot and Web site. If you are completing your application by hand, please check that the information is legible.*

Please attach your photograph.