

**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_____.

(Seal)

Signature of Notary Public _____

My Commission Expires _____



Election Biographical Information

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Check One: TRS ERS

Employment Type: Full-Time Part-Time Retired

Applicant Information

Please print or type.

Name _____
(As you wish it to appear on the ballot)

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Employer (former employer, if retired) _____

Job Title (former job title, if retired) _____

Biographical Information

Please provide only factual information. Please do not include campaign statements.

All biographies are prepared in a standard format, which are published at the discretion of the Election Committee. For your reference, please see the enclosed sample biography.

Education/Special Courses/Certifications/Etc.:

Employment History (list current/most recent employment first):

Organizational Affiliations (including offices held)/Other Achievements (list most recent first):

Signature Certification

By completing and submitting this biographical sketch, I agree that the above represents true and factual information.

Sign Here → Your Signature _____ Date _____

Election Biographical Information

The text below should be used as samples of information to include in your biography. Exact layout may differ based on ballot specifications for a specific election.

Jane Smith

Town of Mid State

Education

B.S., Business, Auburn University

M.B.A., University of Alabama

Employment History

Clerk, Town of Mid State, 1998-2006

Office Manager, Town of Mid State, 2006-Present

Organizational Affiliations/Other Achievements

Employee of the Month, December 2003

Rotary Club Member, 1998-present

Troop Leader, 2011-2017

John Doe

Retired, Any Town School System

Education

B.S., Early Childhood Education, Troy University

M.B.A., Jacksonville State University

Ed.S., University of South Alabama

Employment History

Teacher, Any Town Elementary School, 2002-2007

Assistant Principal, Any Town Elementary School, 2007-2011

Principal, Any Town Elementary School, 2011-Present

Organizational Affiliations/Other Achievements

Any Town Teacher of the Year, 2006

Elementary Teacher of the Week, 2007