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

NameFirst	Middle		Last		M	laiden	
						lalacii	
Social Security Number		Da	ate of Birth	Month	/ Day	/ Year	
Address							
Street		City		State		Zip	Code
Employer (if active)							
Work Phone		Home Ph	none				
Are you classified for the position	you are intending to b	e 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 curre	ntly receiving a month	ly payroll check from t	the ERS?		□ Yes		□ No
PART II MEMBER SIGNATURE							
By signing this Letter of Intent to r Control, I agree that I am qualifie set forth by Alabama law. I under must acknowledge your signature	d to be a candidate fo stand I must submit the	or this position on the his Letter of Intent to the		and will	obey the	e respon	sibilities
Signature of Member			_	Date: _			
STATE OF	, Coun	TY OF				_	
Before me, the undersigned author the applicant for payment, known declared to me upon oath that the	n to me to be the per	rson whose name is					
Given under my hand and seal of	office this the	day of			, 20		
	Signature	of Notary Public					
(Seal)	2.9.13.14.0						
,	My Comm	nission Expires					

CERTIFICATE OF ASSURANCE ERS BOARD OF CONTROL

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Name				
First	Middle		Last	Maiden
Social Security Number				
PART I BOARD OF CONTROL RE	ESPONSIBILITIES			
Should I be elected to serve as a	member of the ERS	S Board of Control,	I agree to:	
1. Perform all ERS Board of	Control duties requi	red by <i>Ala. Code</i> §	§ 36-27-1 through 36-27	7-208.
2. Serve as a trustee of ERS	funds.			
3. Uphold my fiduciary duty a	s a member of the I	ERS Board of Cont	rol.	
4. Regularly attend and activ	ely participate in ER	S Board of Control	meetings and committe	ee meetings.
5. Establish appropriate polic	ies for the operation	of ERS.		
6. Adhere at all times to the A	Alabama Code of Et	hics which is set fo	rth in <i>Ala. Code</i> § 36-25	5-1 through 36-25-30.
PART II MEMBER SIGNATURE				
By signing this Certificate of Ass of the Employees' Retirement S ERS by the specified time and da	ystem Board of Co	ntrol. I understand	I must submit this Cer	tificate of Assurance to the
Signature of Member			Date:	
STATE OF	, Co	OUNTY OF		
Before me, the undersigned auth the applicant for payment, know declared to me upon oath that the	n to me to be the	person whose nar	ne is subscribed to the	
Given under my hand and seal o	f office this the	day of		, 20
	Signati	ure of Notary Public	c	
(Seal)	_	-		
	My Co	mmission 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:Street Address			Daytime Phone No.: ()
Street Addre	ess or P. O. Box		•
			Email Address:
City	State	Zip	
Agency Retired With:			Fax No.: ()
Position Retired From:			Years of Service:
(B.A., B.S., etc.), major coaffiliations, and any award	ourse of stu ls or honors pe included o	ıdy, and tl you have	ation about yourself. Please list degrees earned ne college or university attended, professional received. Please continue on back if necessary. Web site. Due to space on the ballot, please limit
You may write an addition This paragraph will be inwords.	nal paragrap cluded on th	ph explain he RSA Wo	ing why you would like to serve on the Board. eb site only. Please limit the paragraph to 200

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.

PETITION FOR NOMINATION OF CANDIDATE EMPLOYEES' RETIREMENT SYSTEM BOARD OF CONTROL

Deadline for Petition to reach ERS Office - 4 p.m., April 16, 2018

(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. 1 position on the Employees' Retirement System Board of Control.

Name of Candidate			Day	Daytime Phone		Επ	Email Address
			•				
Street Address	City	State	Zip Code		Ш	Employing Agency	gency
Signature of Member	Full Name of Member (Type or Print)	mber (Type	or Print)		Mailing Address		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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.09				
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	Signature of Member	Full Name of Member (Type or Print)	Mailing Address	Employing Agency
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.99				
67.				
68.				
.69				
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71.				
72.				
73.				
74.				
75.				

Requires a minimum of 50 qualified signatures