



**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**

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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**

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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 \_\_\_\_\_

# **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:** \_\_\_\_\_

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**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.**

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**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.**

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**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.**