# LETTER OF INTENT

## 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

## PART I MEMBER INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Maiden</th>
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<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth</th>
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<td>-</td>
<td>/ / Year</td>
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<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Employer (if active)</th>
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<thead>
<tr>
<th>Work Phone</th>
<th>Home Phone</th>
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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 TRS?

☐ Yes  ☐ No

If you are a **retiree**, are you currently receiving a monthly payroll check from the TRS?

☐ Yes  ☐ No

## PART II MEMBER SIGNATURE

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

05/13
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.
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 ________________
CANDIDATE BIOGRAPHICAL INFORMATION
TEACHERS’ RETIREMENT SYSTEM BOARD OF CONTROL

Please complete and return with your Letter of Intent and Certificate of Assurance.

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

Address: ___________________________                   Daytime Phone No.: (____) __________

Street Address or P. O. Box

______________________________________________ Email Address: ____________________________

City  State  Zip

Employed in public education for ________________ years.  Fax No.: (____) __________

Retired from ________________________ in ________.

(school system or other covered employer)  (year)

Write a short paragraph about yourself to be included on the ballot. Include any qualifications or other related experience and personal information about yourself. 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. Continue on back if necessary. This information will also be included on the RSA website. 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 website only. Please limit the paragraph to 200 words.

Note: The paragraphs above will be used verbatim on the ballot and website, but you will have the opportunity to proof read the information. If you are completing your application by hand, please check that the information is legible.

Please attach your photograph.