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

Name First	Middle	Last	Maiden	
Social Security Number		Date of Rirth	/	1
Social Security Number	<u> </u>	Date of Diffil	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	a candidate?	□ Yes	□ No
If you are an active member, are	□ 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 Control, I agree that I am qualifie set forth by Alabama law. I unde must acknowledge your signature	ed to be a candidate for t rstand I must submit this	his position on the TRS Board	d and will obey the	ne responsibilities
Signature of Member			Date:	
STATE OF	, County	OF		_
Before me, the undersigned auth the applicant for payment, know declared to me upon oath that the	n to me to be the perso	n whose name is subscribed		
Given under my hand and seal of	office this the	day of	, 20	.
	Signature of	Notary Public		
(Seal)	Ç			
, , ,	My Commiss	sion Expires		

CERTIFICATE OF ASSURANCE TRS BOARD OF CONTROL

Teachers' Retirement System of Alabama
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Name			
First	Middle	Last	Maiden
Social Security Number	<u>-</u>		
PART I BOARD OF CONTROL RES	SPONSIBILITIES		
Should I be elected to serve as a r	nember of the TRS Board o	of Control, I agree to:	
1. Perform all TRS Board of C	ontrol duties required by Ala	a. Code §§ 16-25-1 through 16-2	5-140.
2. Serve as a trustee of TRS for	unds.		
3. Uphold my fiduciary duty as	a member of the TRS Boar	rd of Control.	
4. Regularly attend and activel	y participate in TRS Board	of Control meetings and committ	ee meetings.
5. Establish appropriate policie	es for the operation of TRS.		
6. Adhere at all times to the Al	abama Code of Ethics which	h is set forth in Ala. Code § 36-2	5-1 through 36-25-30.
		es' Health Insurance Board (PE 6-25A-17, and upholding my fid	
PART II MEMBER SIGNATURE			
By signing this Certificate of Assur of the Teachers' Retirement Syste by the specified time and date. Yo	m Board of Control. I under	stand I must submit this Certifica	
Signature of Member		Date	:
STATE OF	, County of		
Before me, the undersigned authors the applicant for payment, known declared to me upon oath that the	ority, a Notary Public in and to me to be the person w	for said County and State, on the	is date personally appeared
Given under my hand and seal of	office this the day	y of	, 20
	Signature of Not	tary Public	
(Seal)	ŭ	-	
	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:	Street Address or P. O. Box	Daytim	e Phone No.: ()
		Email A	Address:
City	State	Email A	
Employed in pu	ıblic education for	years.	Fax No.: ()
Retired from	(school system or otl		<u>in</u>
	(school system or otl	her covered employe	r) (year)
B.S., etc.), majo and any awards	or course of study, and the or honors you have recei	e college or universi ived. Continue on bac	t yourself. List degrees earned (B.A. ty attended, professional affiliations ck if necessary. This information wil ot, please limit the paragraph to 200
			ı would like to serve on the Board . Please limit the paragraph to 200
	•	-	

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.