



Texas Municipal Retirement System

Application for the Advisory Committee on Benefit Design

Please type or print clearly.

I. PERSONAL INFORMATION

Full Name: _____ Date: _____

Home Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Home Telephone: (____) _____ Home Fax: (____) _____

Work Telephone: (____) _____ Work Fax: (____) _____

Cell Phone: (____) _____ Email: _____

II. EMPLOYMENT INFORMATION

Employer: _____

Employer Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Profession: _____

Present Job Title: _____

Job Description: _____

III. EDUCATION/TRAINING

<u>Type of School</u>	<u>Name/Location of School</u>	<u>Year Graduated</u>	<u>Field of Study</u>
High School	_____	_____	_____
Undergraduate	_____	_____	_____
Graduate	_____	_____	_____
Other	_____	_____	_____

IV. PROFESSIONAL MEMBERSHIP(S)

V. VOLUNTEER ORGANIZATION(S)

VI. SPOUSE INFORMATION (if applicable)

Spouse Name: _____

Spouse's Employer: _____

Present Job Title: _____

Do you or your spouse conduct any business with any trustee or employee of TMRS? Do you or your spouse conduct any business with or for TMRS? _____ Yes _____ No
If yes, please explain below.

Are you or your spouse related to a trustee or employee of TMRS? _____ Yes _____ No
If yes, please explain below.

VII. MEMBERSHIP CLASS INFORMATION - Please indicate which position you are applying to fill:

Individual Class _____

Group Class _____ Organization Representing _____

If you are an elected official, please specify when your terms expires: _____

If you are term limited, how many terms remain: _____

Why are you interested in serving on the TMRS Advisory Committee? What contribution would you like to make to the Committee?

VIII. REFERENCES

Name	Telephone	Relationship
1.		
2.		
3.		

CERTIFICATION OF APPLICANT

I hereby certify that the foregoing and any attached statement(s) are true, accurate and complete. I agree that any misstatement, misrepresentation or omission of a fact may result in my disqualification for appointment to the TMRS Advisory Committee on Benefit Design.

Applicant Signature

Date

Please email, mail or fax this form to:

Karen Jackson, Executive Assistant
Texas Municipal Retirement
System P. O. Box 149153
Austin, Texas 78714-9153
Fax: (512) 474-9180
kjackson@tmrs.com

Any information provided on this application or on an attachment may be subject to the Texas Public Information Act.