

## Pension Review Board

P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: [prb@prb.state.tx.us](mailto:prb@prb.state.tx.us)

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### Minimum Educational Training Registration Form (PRB-150)

The Pension Review Board (the Board) has adopted rules outlining the Minimum Educational Training Program for trustees and administrators of Texas public retirement systems (40 Texas Administrative Code, Chapter 607). To enable the Board to track systems' compliance with minimum training requirements, the rules require systems to provide the Board with basic information regarding their trustees and system administrator. The rules also require systems to notify the Board of any changes to this information within 30 days of the change.

These requirements, and this form, do not apply to defined contribution plans or retirement systems consisting exclusively of volunteers organized under the Texas Local Fire Fighters Retirement Act.

Some basic instructions follow.

1. Please use as many pages as necessary to accommodate the number of trustees on the system's governing body.
2. Please note a public retirement system may apply for an exemption from the training requirement for system administrators if the system has an outside administrator (bank or financial institution) or a trustee fills that role, using a separate certification letter.
3. Please fill out the form in its entirety. If you have any questions, please contact PRB staff at [prb@prb.state.tx.us](mailto:prb@prb.state.tx.us) or (512) 463-1736.

**The Board may request additional information on a case-by-case basis.**

**Please submit by using the Submit by Email button on the upper right hand corner of the first page of the form or e-mail form to: [prb@prb.state.tx.us](mailto:prb@prb.state.tx.us). Completed forms may also be faxed to: (512) 463-1882, or mailed to: Pension Review Board, P.O. Box 13498, Austin, TX 78711.**

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## MET PROGRAM REGISTRATION FORM

**PRB-150**

### Retirement System Profile

System Name	Phone Number
Report Contact Name (Please Print)	E-mail

### System Administrator

Name	Title
Phone Number	Fax Number
E-mail	Date of Hire

**Note:** Please use as many pages as needed for additional trustees.

### Trustee

Name	Mailing Address	
Phone Number	E-mail	
Position (Chair, Vice-Chair, Secretary, etc.)	Trustee Type (Active, Retired, Citizen, Employer, etc.)	
Term Length	Term Start Date	Term End Date

### CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

**Note:** For e-mail submissions, by typing your name on the signature line below, you are signing this document.

Authorizing Signature	Printed Name
Date	

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