

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 or (512) 463-1736.

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

Please submit by e-mailing the form to: 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.



P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.texas.gov

MET PROGRAM REGISTRATION FORM

Phone Number

PRB-150

Retirement System Profile

System Name

Report Contact Name (Please Print)

Changes to the Board

E-mail

Names of Outgoing Trustees/System Administrators

System Administrator

Title	
-	Fax Number
	Date of Hire
as needed for additional tr	ustees.
Trustee	
Mailing Addre	255
E-mail	
Trustee Typ	e (Active, Retired, Citizen, Employer, etc.)
Term Start Date	Term End Date
	as needed for additional tra

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



P.O. Box 13498, Austin, TX 78711	Phone: (800) 213-9425 or (512) 463-1736 Fa	ax: (512) 463-1882 Email: prb@prb.texas.gov

	Trustee	2
Name	Mail	ing Address
Phone Number	E-mail	
Position (Chair, Vice-Chair, Secretary, etc.)	Tr	ustee Type (Active, Retired, Citizen, Employer, etc.)
Term Length	Term Start Date	Term End Date
	Truste	9
Name	Mail	ing Address
Phone Number	E-mail	
Position (Chair, Vice-Chair, Secretary, etc.)	Tr	ustee Type (Active, Retired, Citizen, Employer, etc.)
Term Length	Term Start Date	Term End Date
	Truste	2
Name	Mail	ing Address
Phone Number	E-mail	
Position (Chair, Vice-Chair, Secretary, etc.)	Tr	ustee Type (Active, Retired, Citizen, Employer, etc.)
Term Length	Term Start Date	Term End Date
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Term Length	Term Start Date	Term End Date
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	Trustee	
Name	Mailing Addr	ress
Phone Number	E-mail	
Position (Chair, Vice-Chair, Secretary, etc.)	Trustee Ty	oe (Active, Retired, Citizen, Employer, etc.
Term Length	Term Start Date	Term End Date
	Trustee	
Name	Mailing Addr	ess
Phone Number	E-mail	
Position (Chair, Vice-Chair, Secretary, etc.)	Trustee Ty	pe (Active, Retired, Citizen, Employer, etc.
Term Length	Term Start Date	Term End Date
	Trustee	
	Trustee Mailing Addr	ess
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