



TEXAS PENSION
REVIEW BOARD

P.O. Box 13498, Austin, TX 78711 | Phone: (512) 463-1736 | Email: prb@prb.texas.gov

MEMBERSHIP REPORT PRB-200

RETIREMENT SYSTEM PROFILE

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

Please provide all available information. Fields marked with an * are required.

- *Effective Date _____
- *Active Members _____
 - Vested _____
 - Non-Vested _____
- *Terminated _____
 - Vested _____
 - Non-Vested _____
- *Total Annuitants _____
 - Service Retirees _____
 - Disability Retirees _____
 - Spouses _____
 - Children _____
 - Other Beneficiaries _____
- *Total Members _____

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

Title