

Use this form to obtain the required petition signatures from **ten** employees/retirees. Mail or deliver the completed form to MSRS. We cannot accept an email or faxed form. A separate *Nominating Petition* is available if you prefer to obtain **electronic** signatures.

## 1. Candidate information

Name \_\_\_\_\_ MSRS Account ID\* \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Board position applying for (check one option)

- ☐ General Employees or Unclassified Retirement Plans  
☐ Correctional Retirement Plan  
☐ MSRS Retiree

In accordance with Minnesota Rules, Parts 7900.0200 and 7900.0300, I hereby file this petition signed by ten eligible employees or retirees covered by the applicable MSRS plan. My *Biographical Sketch* is attached or I have submitted it online.

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2. Required petition signatures

If applying for the:

- General/Unclassified Retirement Plan or Correctional Retirement Plan position, you must obtain **ten signatures** from employees currently working and covered by your pension plan.
- Retiree position, you must obtain **ten signatures** from retirees or disabilitants collecting an MSRS pension benefit.

MSRS will confirm the eligibility of those who signed this petition. We will notify you if there are any issues.

	Signature	Print Full Name	MN State Agency	MSRS Account ID or Date of Birth*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

\*Required to verify identity in the event there are multiple members in our database with the same name.  
 The MSRS Account ID is located on your pension annual statements and other correspondence from MSRS.