MSRS Minnesota State Retirement System
MNDCP Minnesota Deferred Compensation Plan
HCSP Health Care Savings Plan

BIOGRAPHICAL SKETCH OF CANDIDATE

2010 MSRS Board of Directors Election

Name: _____ **Telephone Number(s)** _____

Address: _____ _____

_____ **Fax Number** _____

E-mail Address: _____

MSRS Board position applying for: ***(check one)*** ____ **General or Unclassified Plan**
____ **State Patrol Plan**

Please provide, in sections below (or on separate sheet), the information you wish included in the biographical sketch to be published at the time of the election. The information you provide may be edited by MSRS and will be limited in length to 12 typewritten lines. ***(A copy of the edited sketch will be sent to you for approval prior to publication.)***

Agency: _____

Position Title: _____

Length of State Employment: _____

Your Education/Training/Experience:

_____

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Reason(s) you would like to serve on the MSRS Board of Directors:

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