

Use this form to obtain the required petition signatures from **ten** employees currently working and covered by your pension plan. Mail or deliver the completed form to MSRS. **We cannot accept an email or faxed copy of this form.**

1. Candidate information

Name _____ MSRS Account ID* _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

Board position applying for: Correctional Retirement Plan

In accordance with Minnesota Rules, Parts 7900.0200 and 7900.0300, I hereby file this petition signed by ten eligible employees covered by the applicable MSRS plan. My *Biographical Sketch* is also included with this form.

Candidate's Signature _____ Date _____

2. Required petition signatures

MSRS will confirm the eligibility of those who signed this petition. *Please ensure all information below is eligible to prevent any delay in processing of your forms.* 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.