



**NOMINATION PAPER FOR ELECTION TO STATE BOARD OF RETIREMENT
 MUST BE RECEIVED AT THE STATE RETIREMENT BOARD'S BOSTON OFFICE
 by 5:00 p.m. Friday, January 16, 2015**

Main Office: One Winter Street, 8th floor, Boston, MA 02108

We, the undersigned members of the State Employees' Retirement System hereby nominate:

Print Name of Nominee

Last Four Digits of Social Security Number or
 Member ID Number (if Retired)

Residence

A member or retiree of the Massachusetts State Employees' Retirement System (MSERS), as a member of the State Board of Retirement for a term of three (3) years. **NOTE: Only members of MSERS are ELIGIBLE to sign this form.**

	Signature	Name	MSRB Member ID or Last Four Digits of Social Security No. or, if retired, MSRB Case No.
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THIS STATEMENT MUST BE SIGNED BY THE NOMINEE

"I accept this nomination for the office to which it applies and instruct the Election Officer to print my name on the official ballot."

Signature

Dated