

## 2025-26 BOARD ELECTION

ONE Winter Street, 8th Floor, BOSTON, MA 02108

## NOMINATION FORMS FOR ELECTION TO STATE RETIREMENT BOARD MUST BE RECEIVED AT THE STATE RETIREMENT BOARD'S BOSTON OFFICE by 5:00 p.m. FRIDAY, SEPTEMBER 26, 2025.

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

Print Name of Nominee  MSERS Member ID number, or HRCMS ID number (if applicable), or the last four digits of Social Security Number.  Residence  A member or retiree of the Massachusetts State Employees' Retirement System (MSERS), as a member of the State Retirement Board for a term of three (3) years. NOTE: Only members of MSERS member ID number, or HRCMS ID number (if applicable), or the last four digits of Social Security Number.  Name  MSERS Member ID number, or HRCMS ID number, or HRCMS ID number (if applicable), or the last four digits of Social Security Number.  Note: Only signatures submitted on nomination forms provided by the State Retirement Board to a candidate will be accepted. Signature mode (Figure 1997), provided the year eligible MSERS member submitted on an official nomination form. (c) a signature made by an eligible MSERS member using a computer mouse or stylus and submitted on an official nomination form. Electronic signatures will not be accepted.  1.	,	We, the undersigned members of the State Employees' Retirement System hereby nominate:			
A member or retiree of the Massachusetts State Employees' Retirement System (MSERS), as a member of the State Retirement Board for a term of three (3) years. NOTE: Only members of MSERS are ELIGIBLE to sign this form.    Signature	-	Print Name of Nominee			
Signature  Name  MSERS Member ID number, or HRCMS ID number (if applicable), or the last four digits of Social Security Number.  Note: Only signatures submitted on nomination forms provided by the State Retirement Board to a candidate will be accepted. Signatures may be: (1) original "west signature") provided by an eligible MSERS member (0) (2) a scanned original signature made by an eligible MSERS member using a computer mouse or stylus and submitted on an official nomination form. Clectronic signatures will not be accepted.  1.	-	A member or retiree of the Massachusetts State Employees' Retirement System (MSERS), as a member of the State			
by an eligible MSERS member, or (2) a scanned original signature made by an eligible MSERS member submitted on an official nomination form. Class from the accepted.  1.				MSERS Member ID number, or HRCMS ID number (if applicable),	
2.       3.         4.       4.         5.       6.         7.       8.         9.       9.         10.       11.         12.       13.         14.       15.         16.       17.         18.       19.         20.       21.         22.       23.         24.       19.		n eligible MSERS member; or (2) a scanned origin	nal signature made by an eligible MSERS member submit	tted on an official nomination form; or (3) a signature made by an eligible	
3.	1.				
4. 5. 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	2.				
5.       6.         7.       8.         9.       9.         10.       9.         11.       10.         12.       10.         13.       10.         14.       10.         15.       10.         16.       10.         17.       10.         18.       10.         19.       10.         20.       10.         21.       10.         22.       10.         23.       10.         24.       10.	3.				
6.	4.				
7.       8.         9.       9.         10.       9.         11.       9.         12.       9.         13.       9.         14.       9.         15.       9.         16.       9.         17.       9.         18.       9.         20.       9.         21.       9.         22.       9.         23.       9.         24.       9.	5.				
8.       9.         10.       10.         11.       11.         12.       12.         13.       14.         15.       15.         16.       17.         18.       19.         20.       21.         21.       22.         23.       24.	6.				
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14.         15.         16.         17.         18.         19.         20.         21.         22.         23.         24.					
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17.       18.       19.       20.       21.       22.       23.       24.					
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THIS STATEMENT MUST BE SIGNED BY THE NOMINEE: "If qualified as a candidate I accept this nomination for the office to which it applies and instruct the Election Officer to print my name on the official ballot."

Dated

Signature