



P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.texas.gov

Minimum Educational Training Registration Form (PRB-150)

The Pension Review Board (the Board) has adopted rules outlining the Minimum Educational Training Program for trustees and administrators of Texas public retirement systems (40 Texas Administrative Code, Chapter 607). To enable the Board to track systems' compliance with minimum training requirements, the rules require systems to provide the Board with basic information regarding their trustees and system administrator. The rules also require systems to notify the Board of any changes to this information within 30 days of the change.

These requirements, and this form, do not apply to defined contribution plans or retirement systems consisting exclusively of volunteers organized under the Texas Local Fire Fighters Retirement Act.

Some basic instructions follow.

1. Please use as many pages as necessary to accommodate the number of trustees on the system's governing body.
2. Please note a public retirement system may apply for an exemption from the training requirement for system administrators if the system has an outside administrator (bank or financial institution) or a trustee fills that role, using a separate certification letter.
3. Please fill out the form in its entirety. If you have any questions, please contact PRB staff at prb@prb.state.tx.us or (512) 463-1736.

The Board may request additional information on a case-by-case basis.

Please submit by e-mailing the form to: prb@prb.state.tx.us. Completed forms may also be faxed to: (512) 463-1882, or mailed to: Pension Review Board, P.O. Box 13498, Austin, TX 78711.

MET PROGRAM REGISTRATION FORM

PRB-150

Retirement System Profile

System Name _____	Phone Number _____
Report Contact Name (Please Print) _____	E-mail _____

Changes to the Board

Names of Outgoing Trustees/System Administrators

System Administrator

Name _____	Title _____
Phone Number _____	Fax Number _____
E-mail _____	Date of Hire _____

Note: Please use as many pages as needed for additional trustees.

Trustee

Name _____	Mailing Address _____	
Phone Number _____	E-mail _____	
Position (Chair, Vice-Chair, Secretary, etc.) _____	Trustee Type (Active, Retired, Citizen, Employer, etc.) _____	
Term Length _____	Term Start Date _____	Term End Date _____

CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Note: For e-mail submissions, by typing your name on the signature line below, you are signing this document.

Authorizing Signature	Printed Name
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Date



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