

Pension Review Board

P.O. Box 13498, Austin, TX 78711 • FAX: (512)463-1882 • (800)213-9425 or (512)463-1736

Please fill in only portions of form that pertain to your pension plan

prb@prb.state.tx.us

PENSION SYSTEM REGISTRATION PRB-100

RETIREMENT SYSTEM PROFILE

System Name and Mailing Address

CEO, Chairperson or other key contact

Phone Number

Fax Number

E-mail Address

http://

Web Address

ADMINISTRATOR PROFILE

Company Name and Mailing Address

Contact Person

Phone Number

Fax Number

E-mail Address

http://

Web Address

SYSTEM BACKGROUND INFORMATION

Specify plan statute, ordinance, or charter governing the system

Year Plan Created

Plan's Fiscal Year End

Benefit Type:

Defined Benefit

Defined Contribution

Other:

Participant Desc:
(check all that apply)

General Employees

Police

Fire

Volunteer Fire

Other:

Are employees covered by Social Security?

Yes

No

If yes, are pension benefits offset by Social Security payments?

Yes

No

RETIREMENT SYSTEM GOVERNING BODY

Need to report more than 6 members? Please attach a separate sheet.

Name	Position	Occupation	Mailing Address	Phone Number

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.

Authorizing Signature

Printed Name

Date

Name(s) of other form contributors