



P.O. Box 13498, Austin, TX 78711 | Phone: (512) 463-1736 | Email: prb@prb.texas.gov

## MEMBERSHIP REPORT

PRB-200

### RETIREMENT SYSTEM PROFILE

System Name

Phone Number

Report Contact Name (Please Print)

E-mail Address

Please provide all available information. Fields marked with an \* are required.

\*Effective Date .....

\*Active Members .....

    Vested .....

    Non-Vested .....

\*Terminated .....

    Vested .....

    Non-Vested .....

\*Total Annuitants .....

    Service Retirees .....

    Disability Retirees .....

    Spouses .....

    Children .....

    Other Beneficiaries .....

\*Total Members .....

### 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

Date

Title