TEXAS PENSION
REVIEW BOARD

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

Minimum Educational Training Registration Form (PRB-150)

The Pension Review Board (PRB) has adopted rules outlining the Minimum Educational Training (MET) Program for trustees and administrators of Texas public retirement systems (PRS) (40 Texas Administrative Code, Chapter 607). To enable the PRB to track systems' compliance with minimum training requirements, the rules require systems to provide the PRB with basic information regarding their trustees and system administrator annually.

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 PRS' board.
2. Please note that a PRS 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. Please ensure a Certification Letter for Exemption of Certain System Administrators has been sent to the PRB.
3. Please fill out the form in its entirety. If you have any questions, please contact PRB staff at prb@prb.texas.gov or (512) 463-1736.

Systems must submit a PRB-150 form to the PRB by **April 1 annually** and must also send an updated form within 30 days of any change.

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

Please submit by uploading the form to the Pension Online Reporting Tool: http://portal.prb.texas.gov.

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MET PROGRAM REGISTRATION FORM (PRB-150)

Retirement System Profile ☐ **No Changes Since Previous Report**

Retirement Plan for Employees of NTMWD	469-626-4389
System Name	Phone Number
Kristie Mixon	Kmixon@ntmwd.com
System Contact Name (Please Print)	Email:

Outgoing Trustees/System Administrators

Name:	End Date:
None	

System Administrator

North Texas Municipal Water District Retirement Plan Committee	N/A
Name	Title
972-442-5405	N/A
Phone Number	Fax Number
iobi@ntmwd.com	N/A
Email	Date of Hire

System Administrator for other retirement system board(s)? ☐ Yes ☑ No

If yes, which retirement system board(s)? N/A

CERTIFICATION

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

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

	Ike Obi
Authorizing Signature	Printed Name
Date	

TEXAS PENSION REVIEW BOARD

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

Trustee

Jeanne Chipperfield
Name

501 E. Brown Street, Wylie, TX 75098
Mailing Address

972-442-5405
Phone Number

Jchipperfield@ntmwd.com
Email

Chair
Position (Chair, Vice-Chair, Secretary, etc.)

Active
Trustee Type (Active, Retired, Citizen, Employer, etc.)

2-year term
Term Length

June 2025
Term Start Date

June 2027
Term End Date

Trustee on other retirement system board(s)? Yes ☐ No ☑

If yes, which retirement system board(s)? _____

Trustee

Director Phil Dyer
Name

501 E. Brown Street, Wylie, TX 75098
Mailing Address

972-442-5405
Phone Number

Phil.Dyer@ntmwd.com
Email

Trustee
Position (Chair, Vice-Chair, Secretary, etc.)

Employer
Trustee Type (Active, Retired, Citizen, Employer, etc.)

2-year term
Term Length

June 2025
Term Start Date

June 2027
Term End Date

Trustee on other retirement system board(s)? Yes ☐ No ☑

If yes, which retirement system board(s)? _____

Trustee

Director Geralyn Kever
Name

501 E. Brown Street, Wylie, TX 75098
Mailing Address

972-442-5405
Phone Number

Geralyn.Kever@ntmwd.com
Email

Vice-Chair
Position (Chair, Vice-Chair, Secretary, etc.)

Employer
Trustee Type (Active, Retired, Citizen, Employer, etc.)

2-year term
Term Length

(Initial term) November 2024
Term Start Date

June 2026
Term End Date

Trustee on other retirement system board(s)? Yes ☐ No ☑

If yes, which retirement system board(s)? _____

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Trustee

Bobby Sims
Name

501 E. Brown Street, Wylie, TX 75098
Mailing Address

972-442-5405
Phone Number

Bsims@ntmwd.com
Email

Secretary
Position (Chair, Vice-Chair, Secretary, etc.)

Active
Trustee Type (Active, Retired, Citizen, Employer, etc.)

2-year term
Term Length

(Initial term) November 2024
Term Start Date

June 2026
Term End Date

Trustee on other retirement system board(s)? Yes ☐ No ☑

If yes, which retirement system board(s)? _____

Trustee

Ike Obi
Name

501 E. Brown Street, Wylie, TX 75098
Mailing Address

972-442-5405
Phone Number

Iobi@ntmwd.com
Email

Trustee
Position (Chair, Vice-Chair, Secretary, etc.)

Active
Trustee Type (Active, Retired, Citizen, Employer, etc.)

2-year term
Term Length

(Initial term) November 2024
Term Start Date

June 2026
Term End Date

Trustee on other retirement system board(s)? Yes ☐ No ☑

If yes, which retirement system board(s)? _____

Trustee

_____
Name

_____
Mailing Address

_____
Phone Number

_____
Email

_____
Position (Chair, Vice-Chair, Secretary, etc.)

_____
Trustee Type (Active, Retired, Citizen, Employer, etc.)

_____
Term Length

_____
Term Start Date

_____
Term End Date

Trustee on other retirement system board(s)? Yes ☐ No ☐

If yes, which retirement system board(s)? _____

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Trustee

Name ______________________ Mailing Address ______________________

Phone Number ______________________ Email ______________________

Position (Chair, Vice-Chair, Secretary, etc.) ______________________ Trustee Type (Active, Retired, Citizen, Employer, etc.) ______________________

Term Length ______________ Term Start Date ______________ Term End Date ______________

Trustee on other retirement system board(s)? Yes ☐ No ☐

If yes, which retirement system board(s)? ______________________

Trustee

Name ______________________ Mailing Address ______________________

Phone Number ______________________ Email ______________________

Position (Chair, Vice-Chair, Secretary, etc.) ______________________ Trustee Type (Active, Retired, Citizen, Employer, etc.) ______________________

Term Length ______________ Term Start Date ______________ Term End Date ______________

Trustee on other retirement system board(s)? Yes ☐ No ☐

If yes, which retirement system board(s)? ______________________

Trustee

Name ______________________ Mailing Address ______________________

Phone Number ______________________ Email ______________________

Position (Chair, Vice-Chair, Secretary, etc.) ______________________ Trustee Type (Active, Retired, Citizen, Employer, etc.) ______________________

Term Length ______________ Term Start Date ______________ Term End Date ______________

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If yes, which retirement system board(s)? ______________________

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Trustee

_______________________________ Name

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_______________________________ Term Start Date

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Trustee

_______________________________ Name

_______________________________ Mailing Address

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_______________________________ Term Length

_______________________________ Term Start Date

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Trustee on other retirement system board(s)? Yes ☐ No ☐

If yes, which retirement system board(s)? _______________________________

Trustee

_______________________________ Name

_______________________________ Mailing Address

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_______________________________ Term Length

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Trustee on other retirement system board(s)? Yes ☐ No ☐

If yes, which retirement system board(s)? _______________________________