



## 2015 NOMINATION FORM MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM

**NOTE: YOU MAY NOT SIGN MORE THAN ONE NOMINATION FORM**

I NOMINATE \_\_\_\_\_ NOMINEE'S PHONE # \_\_\_\_\_

NOMINEE'S ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LAST 4 DIGITS OF NOMINEE'S SOCIAL SECURITY # (if known) \_\_\_\_\_

**CLEARLY  
PRINT YOUR NAME**

**Last 4 Digits  
of YOUR SS#**

**SIGNATURE**

**PHONE #**

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