



SACRS VOTING PROXY FORM

The following are authorized by the _____ County Retirement Board to vote on behalf of the County Retirement System at the upcoming SACRS Fall Conference 2024.

(If you have more than one alternate, please attach the list of alternates in priority order. If you have a resolution that covers multiple years or conferences, please send notice of resolution.):

_____ Voting Delegate

_____ Alternate Voting Delegate

These delegates were approved by the Retirement Board on ____ / ____ / ____.

The person authorized to fill out this form and submit electronically on behalf of the Retirement Board:

Signature: _____

Print Name: _____

Position: _____

Date: _____

Please send your system's voting proxy by October 31, 2024, to Sulema H. Peterson, SACRS Executive Director at Sulema@sacrs.org.