



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 Conference

(If you have more than one alternate, please attach the list of alternates in priority order):

_____ 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 the following due date to SACRS at sacrs@sacrs.org

- Spring Conference Due by May 1
- Fall Conference Due by November 1