Government Employees' Retirement System
of the Virgin Islands

Petition for GERS Retiree Election to the Board of Trustees

2020 BOARD ELECTION

NOMINEE'S NAME_____ **SOCIAL SECURITY NO XXX-XX-**_____
Qualified nominees are receiving a monthly benefit or receiving a disability benefit. (*last 4 digits only)*

TO REPRESENT: Retired Membership *(Receiving Retirement Annuity or Disability Benefit)*

We the undersigned qualified members who are receiving a monthly annuity or disability benefit, do hereby nominate the above-named individual.

SIGNER'S OATH

"I swear (or affirm) that I know the contents and purpose of this petition and that I signed the petition only once and of my own free will."

INFORMATION ON THIS PETITION IS SUBJECT TO PUBLIC INSPECTION

Social Security Numbers are not public information; they are used by staff to verify signatures as eligible benefit recipients.

*INFORMATION MUST BE FILLED IN BY PERSON(S) SIGNING THE PETITION UNLESS DISABILITY PREVENTS THE PERSON(S) FROM DOING SO.

No.	Last 4 Digits of Social Security Number	Signature of Benefit Recipient	Printed Name of Benefit Recipient
1.	XXX-XX-		
2.	XXX-XX-		
3.	XXX-XX-		
4.	XXX-XX-		
5.	XXX-XX-		
6.	XXX-XX-		
7.	XXX-XX-		
8.	XXX-XX-		
9.	XXX-XX-		
10.	XXX-XX-		
11.	XXX-XX-		
12.	XXX-XX-		
13.	XXX-XX-		

IMPORTANT NOTE: 10 MINIMUM NUMBER OF SIGNATURES REQUIRED