

  
**TEXAS PENSION  
REVIEW BOARD**

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**MEMBERSHIP REPORT**

**PRB-200**

**RETIREMENT SYSTEM PROFILE**

System Name _____	Phone Number _____
Report Contact Name (Please Print) _____	E-mail Address _____

Please provide all available information. Fields marked with an \* are required.

\*Effective Date ..... \_\_\_\_\_

\*Active Members ..... \_\_\_\_\_

Vested ..... \_\_\_\_\_

Non-Vested ..... \_\_\_\_\_

\*Terminated ..... \_\_\_\_\_

Vested ..... \_\_\_\_\_

Non-Vested ..... \_\_\_\_\_

\*Total Annuitants ..... \_\_\_\_\_

Service Retirees ..... \_\_\_\_\_

Disability Retirees ..... \_\_\_\_\_

Spouses ..... \_\_\_\_\_

Children ..... \_\_\_\_\_

Other Beneficiaries ..... \_\_\_\_\_

\*Total Members ..... \_\_\_\_\_

**CERTIFICATION**

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

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

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title