



Missouri Local Government Employees Retirement System  
P.O. Box 1665, Jefferson City, MO 65102  
P: 1-800-447-4334

LRS-22 (Rev 5-2026)

## 2026 BOARD CANDIDATE NOMINATION FORM

If you are a LAGERS member or an elected/appointed official of a LAGERS-participating employer and are interested in serving on the LAGERS Board as a member or employer trustee, please complete the information on this form. This form, **along with your resume, candidate information** (next page), and **digital photo**, must be received by LAGERS on or before **September 4, 2026**, to be considered for an open board seat. Board member nominations cannot be accepted from candidates from the following employers: the city of Liberty, the city of Webster Groves, the city of Springfield, or High Ridge Fire Protection District because current Board members not up for election represent these employers.

At this year's election, two positions will be filled: 1) A **Member** trustee position for a full term (1/1/2027 – 12/31/2030), and 2) An **Employer** trustee position for a full term (1/1/2027 – 12/31/2030).

### BOARD MEMBER CANDIDATE (REQUIRED)

|                                            |                         |                                                  |
|--------------------------------------------|-------------------------|--------------------------------------------------|
| Candidate Name                             | Candidate Email Address | Current job or elected/appointed position        |
| Local government candidate is representing | Candidate Phone Number  | Is the candidate a member of LAGERS (Yes or No)? |

#### The person listed above is being nominated for (choose one):

- ☐ **Member candidate (full term to 12/31/2030):** *Must be an active member of LAGERS.*
- ☐ **Employer candidate (full term to 12/31/2030):** *Must be an elected or appointed official of a LAGERS' participating employer and cannot be a member of LAGERS.*

### NOMINATOR INFORMATION – MUST BE DIFFERENT THAN CANDIDATE (REQUIRED)

|                                                       |                                                                                                                                                                                               |                         |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Nominator Name (Must be different from the candidate) | Nominator's employer                                                                                                                                                                          | Nominator's current job |
| Signature of Nominator                                | Is the nominator a member of LAGERS (Yes or No)?<br><i>Must be a member to nominate a member trustee candidate, and an employer representative to nominate an employer trustee candidate.</i> | Date                    |

### CERTIFICATION (REQUIRED)

I certify the information on this form and attached resume is correct, and I agree that I am qualified as a candidate as outlined above. I affirm that I have not been convicted of or pled guilty to a felony arising from my conduct as a public employee or a felony for fraud, insider trading, bribery, embezzlement, theft, or similar crimes. I authorize LAGERS to perform a criminal background check and use my name, biographical information, likeness, image (photo, video), or recorded voice in publicly distributed materials. I will accept a nomination and agree to serve as a Board member if elected.

|                        |      |
|------------------------|------|
| Signature of Candidate | Date |
|------------------------|------|

### EMPLOYER CERTIFICATION (REQUIRED FOR EMPLOYER TRUSTEE CANDIDATES ONLY)

#### Certification by the employer being represented that the candidate qualifies as a LAGERS EMPLOYER trustee nominee:

|                                                                                                                        |                                   |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Signature of employer official                                                                                         | Printed name of employer official |
| Official Title (Must be the highest-ranking elected or appointed official, e.g., mayor, board president, city manager) | Date                              |

**SUBMIT BY SEPTEMBER 4, 2026**

- Nomination Form
- Resume
- Candidate Information (next page)
- Digital Photo (high-resolution JPG)

**Submit to:**  
**sreinsch@molagers.org**



## 2026 BOARD CANDIDATE INFORMATION

Please complete the following information and return it to LAGERS with your resume. This biographical information may be shared with LAGERS employers, members, staff, and the public on LAGERS' website, via email, and in printed publications.

In addition, please send a high-resolution digital (JPG) image of yourself (the candidate) for LAGERS' official use to sreinsch@molagers.org. LAGERS reserves the right to edit submitted material as necessary.

|                                                                                                                |                       |                                |
|----------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------|
| Name of Candidate                                                                                              |                       |                                |
| <b>Statement of Interest:</b> Explain why you should be elected to the LAGERS Board (150 words or less).       |                       |                                |
| <b>Education:</b> List institution and degree/certification received.                                          |                       |                                |
| <b>Institution/Organization</b>                                                                                | <b>Field of Study</b> | <b>Degree/Certification</b>    |
|                                                                                                                |                       |                                |
|                                                                                                                |                       |                                |
|                                                                                                                |                       |                                |
|                                                                                                                |                       |                                |
| <b>Employment:</b> List organization, dates, and position held.                                                |                       |                                |
| <b>Organization</b>                                                                                            | <b>Dates</b>          | <b>Position</b>                |
|                                                                                                                |                       |                                |
|                                                                                                                |                       |                                |
|                                                                                                                |                       |                                |
|                                                                                                                |                       |                                |
| <b>Professional Activities:</b> List involvement or recognition with committees or professional organizations. |                       |                                |
| <b>Organization</b>                                                                                            | <b>Dates</b>          | <b>Involvement/Recognition</b> |
|                                                                                                                |                       |                                |
|                                                                                                                |                       |                                |
|                                                                                                                |                       |                                |
| Attach additional pages if necessary.                                                                          |                       |                                |