

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM  
**INSTRUCTIONS**  
**FORM 603 – GOVERNING ENTITY CONTACT INFORMATION**

**PURPOSE**

The Governing Entity Contact Information form is used to collect accurate information about the authorized signatory and financial personnel of the Governing Entity and to identify the primary contact person for TESRS-related communications.

**INSTRUCTIONS**

**1. LOCAL ENTITIES**

Enter the name of the Participating Department and Governing Entity.

1. LOCAL ENTITIES: Enter the name of the Participating Department and the Governing Entity.	
<b>DEPARTMENT NAME:</b>	
<b>GOVERNING ENTITY NAME:</b>	

**2. SIGNATORY**

Provide the name, title, and contact information for the signatory of the Governing Entity.

2. SIGNATORY: Enter the name and contact information for the person authorized to enter into contracts on behalf of the Governing Entity.			
<b>SIGNATORY NAME:</b>			
<b>TITLE:</b>			
<b>SIGNATORY E-MAIL ADDRESS:</b>			
Signatory Mailing Address:			
City/State/Zip Code:			
Signatory Street Address:		Phone Number:	
City/State/Zip Code:		Fax Number:	

**3. FINANCE**

Provide the name, title and contact information for the financial officer of the Governing Entity.

3. FINANCE: Enter the name and contact information for the person responsible for financial transactions on behalf of the Governing Entity.			
<b>NAME:</b>			
<b>TITLE:</b>			
<b>FINANCE E-MAIL ADDRESS:</b>			
Finance Mailing Address:			
City/State/Zip Code:			
Finance Street Address:		Phone Number:	
City/State/Zip Code:		Fax Number:	

**4. PRIMARY CONTACT**

Provide the name of the person who is the Governing Entity’s primary contact for communications about the TESRS Pension Fund.

4. PRIMARY CONTACT: Enter the name and contact information for the person assigned as the primary contact for the Governing Entity.			
<b>NAME:</b>			
<b>TITLE:</b>			
<b>CONTACT E-MAIL ADDRESS:</b>			
Primary Contact Mailing Address:			
City/State/Zip Code:			
Primary Contact Street Address:		Phone Number:	
City/State/Zip Code:		Fax Number:	

**5. SIGNATURE**

The form is signed by the person who provides this information to TESRS.

5. SIGNATURE: Enter the name and title of the person providing the above information.			
Name:		Title:	
Signature:	<b>X</b>	Date:	

**6. SUBMIT THE FORM TO TESRS**

The form shall be submitted to TESRS as follows:

- E-mail the completed form as an attachment to [benefitsteam@tesrs.texas.gov](mailto:benefitsteam@tesrs.texas.gov);
- Fax the completed form to 512-936-3480; or
- Mail the original form to TESRS at  
 P.O. Box 12577  
 Austin, Texas 78711

Keep a copy of the form for reference.