….FRANKLIN REGIONAL RETIREMENT SYSTEM
BOARD MEMBER ELECTION

INSTRUCTIONS TO CANDIDATES

- Prior to circulating nomination papers: Read and certify eligibility by signing the Affidavit of Eligibility (Page 1)
- Print your name at the top of the Nomination Form (Page 2).
- Obtain a minimum of five (5) signatures and addresses of active and/or retired members of the Franklin Regional Retirement System supporting your nomination. For ease of verification of signatures, please make sure that signers clearly print their names and addresses.
- Complete the Affidavit of Acceptance of Nomination (Page 3).
- Submit all three pages to the offices of the Franklin Regional Retirement System, 101 Munson Street, Suite 108, Greenfield, MA 01301. Bring (Page 4) with you and have it signed by staff as receipt of your nomination paper(s).
- Return nominations no later than 2:00 p.m. on Friday, October 30, 2026 in the office of the Franklin Regional Retirement System, 101 Munson Street, Suite 108, Greenfield, Massachusetts. Late forms will not be accepted for any reason.
- The Election Board will certify nominations. If there are two or more qualified nominees, an election will be conducted by mail according to M.G.L. Chapter 34B Section 19, and 840 CMR 7.00.
- Nominee statements will not be included with ballots. Those who want to provide a statement to the electorate must do so at their own expense. Law prohibits the Franklin Regional Retirement System from releasing member and retiree names, addresses and telephone numbers. If a nominee wants the retirement office to send a statement to the electorate, the nominee must provide sealed envelopes including postage, with the statement inside, to the retirement office. The office will affix address labels and mail the envelopes. **The retirement office will charge for labor and materials**.

If you have questions regarding the election process, please contact the office of the Franklin Regional Retirement System at (413) 774-4837.

FRANKLIN REGIONAL RETIREMENT SYSTEM
BOARD MEMBER ELECTION

Affidavit of Eligibility

NOMINATION OF _____
(Candidate's printed name)

840 CMR 1.03: Prohibition Against Certain Persons Holding Certain Positions

No individual who has been convicted of robbery, bribery, extortion, embezzlement, fraud, grand larceny, burglary, arson, a felony violation of state or federal law defined in Section 102(a) of the Comprehensive Drug Abuse Prevention and Control Act of 1970, murder, rape, kidnapping, perjury, assault with intent to kill, any crime described in Section 9(a)(1) of the Investment Company Act of 1940 (15 U.S.C. 80a-9(a)(1)), a violation of Section 302 of the Labor-Management Relations Act, 1947 (29 U.S.C. 186), a violation of Chapter 63 title 18, United States Code, a violation of Section 874, 1027, 1503, 1505, 1506, 1510, 1951, or 1954 of Title 18 United States Code, a violation of the Labor-Management Reporting and Disclosure Act of 1959 (29 U.S.C. 401), any felony involving abuse or misuses of such person's position or employment in a labor organization or employee benefit plan to seek or obtain an illegal gain at the expense of the members of the labor organization or the beneficiaries of the employee benefit plan, or conspiracy to commit any such crimes, or a crime in which any of the foregoing is an element or has been found by the Commission or any court to have violated his/her fiduciary duty or has been found by the Ethics Commission or any court to have violated M.G.L. c. 268A, shall serve or be permitted to serve:

(1) As a member, administrator, fiduciary, officer, trustee, custodian, counsel, agent, employee or representative in any capacity of a board.

(2) As a consultant, manager or provider of goods or services to a board.

(3) In any capacity that involves decision making authority or custody or control of the monies, funds, assets or property of any system.

I,_____, have read and understand the above prohibition and hereby certify under the pains and penalties of perjury that I am not prohibited from holding a position with the Franklin Regional Retirement Board. I also certify that I am an active* or retired member of the Franklin Regional Retirement System and an eligible candidate for the position of elected member of the Franklin Regional Retirement Board.

_____ _____
Signature of Candidate Date

*Members inactive have the right to vote in board elections, but do not have the right to serve as a board member.

FRANKLIN REGIONAL RETIREMENT SYSTEM
BOARD MEMBER ELECTION

Nomination Form

NOMINATION OF_____
(Candidate's printed name)

We the undersigned, hereby state that we are qualified members/retirees of the Franklin Regional Retirement System, and in accordance with the provisions of Massachusetts General Laws Chapter 32, we hereby nominate the above named member as a candidate for an elected member to serve on the Franklin Regional Retirement Board for the three-year term expiring December 31, 2029.

Name (print clearly)	Signature	Address

FRANKLIN REGIONAL RETIREMENT SYSTEM
BOARD MEMBER ELECTION

Affidavit of Acceptance of Nomination

I,_____, hereby certify that I am an active or retired member of the Franklin Regional Retirement System, that I have read and signed the affidavit on Page 1 pursuant to 840 CMR 1.03, and that I accept the nomination as a candidate for the position of an elected member of the Franklin Regional Retirement Board for the three-year term expiring December 31, 2029.

Signature of candidate _____ Date _____

Address of candidate _____

Phone number and/or email _____

Name and title to be placed on Ballot: Name_____

Title _____

Town/Unit_____

A minimum of five qualified signatures and addresses are required for valid nomination. Nomination papers must be filed in the Franklin Regional Retirement Office, 101 Munson Street, Suite 108, Greenfield, Massachusetts 01301 no later than 2:00 pm on Friday, October 30, 2026.

FRANKLIN REGIONAL RETIREMENT SYSTEM
BOARD MEMBER ELECTION

RECEIPT FOR FILING OF NOMINATION FOR CANDIDACY

ELECTED MEMBER

FOR THE REMAINDER OF THE TERM OF JANUARY 1, 2027 THROUGH DECEMBER 31, 2029

_____
Name of Candidate

The above named person has submitted nomination papers as a candidate for the election of a member to serve on the Franklin Regional Retirement Board for the three-year term January 1, 2027 to December 31, 2029.

_____ _____ _____
Signature of Staff Member **Date of Filing** **Time**

Candidate/ Nominee: Please bring this form with you when returning the completed Nomination Form.

Franklin Regional Retirement System

Candidate Questionnaire and Contact Information

Election of Fourth Member to the Franklin Regional Retirement Board for the three-year term effective January 1, 2027 to December 31, 2029

Instructions:

The purpose of this form is to provide the voters with some basic information about you, (the candidate) and some ways to contact you if the voter has further questions. This form will be scanned as a static PDF on a special page on our website (FRRSMA.com). Your participation is optional, as is the detail of information you provide. However, if you chose not to fill out this form, a blank form with your name on it and the words “This candidate chose not to provide information.” will be included on our website so the voters will not be confused if there is no form for you there.

The retirement system’s Advisory Council serves as the election board, and it reserves the right to redact and/or return for edits, any offensive information on this form. Please keep your information on this form quickly informative, and reserve lengthier statements for your other media modes (website, phone conversation, email, etc.) separate from this outlet.

When you are done, please return the completed form to the retirement office with your other nomination paperwork.

Thank you.

Franklin Regional Retirement System

Candidate Questionnaire and Contact Information

Election of Fourth Member to the Franklin Regional Retirement Board for the three-year term effective January 1, 2027 to December 31, 2029

The following information has been provided to the voters in the above election as an aid. The retirement system – Advisory Council, Board, and staff are in no way endorsing this candidate by providing this service. The goal is to connect the voters to the candidates.

Name: |_____|

Address: |_____|

Phone (H): |_____| (W): |_____| (C): |_____|

Email: |_____|

Website: |_____|

Social media page: |_____|

Member or retiree?: |_____|

Work history or related experience:

Describe what you know about the role of a board member:

Explain your interest in serving as a member of the board: