State of Alaska
Alaska Retirement Management Board
INVESTMENT ADVISORY COUNCIL APPLICATION FORM
RFS #2023-0400-0016

INSTRUCTIONS: Please provide the following information in the space provided. Attach additional sheets as necessary.

| CONTACT INFORMATION | | | |
|---|---|---|---|
| Name: | | | |
| Home Address: | | | |
| Home Phone: | | Cell Phone: | |

| EMPLOYER INFORMATION | | | |
|---|---|---|---|
| Employer: | | Business Phone: | |
| Position: | | | |
| Business Address: | | | |

1. List all colleges, universities, and graduate schools attended, including dates attended, degrees awarded and addresses:

| COLLEGE/UNIVERSITY & ADDRESS | DATES ATTENDED | DEGREE AWARDED |
|---|---|---|
| | | |
| | | |
| | | |

2. Please provide names used while attending such colleges, universities, and graduate schools, if different than name above: _____

| 3. List all professional licenses, certificates, registrations and/or professional accreditation currently held in state, federal and national associations. Include dates obtained. |
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| |
| 4. Have you ever had any license or certificate suspended or revoked? If so, please explain: |
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| 5. List all academic affiliations: |
| |
| 6. With respect to any public pension benefit funds, foundations, or endowments, please list all previous and current advisory, management, or fiduciary roles to boards, including dates. Please include any current board seats, commission and/or directorship positions held: |
| |
| 7. Discuss responsibilities you assumed in the roles listed above in #6: |
| |

| 8. List three (3) publications, presentations, or combination thereof that you have authored on matters relevant to this application. Please submit copies of the listed publications/presentations as attachments with your application. |
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| 9. Briefly describe the nature of your current employment and your responsibilities. |
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| 10. Briefly describe your knowledge and/or involvement in, or historical perspective of the Alaska pension funds. |
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| 11. What is the governance structure for funds under your advisement/management? Please identify the fiduciaries and who has responsibility for investment policy and asset allocation. |
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| 12. Have you ever been party to or subject to an investigation for any reasons relating to financial or fiduciary conduct or the matters described in #6 above by a government agency or professional organization? If yes, please explain. |
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| 13. Have you ever been named as a defendant in a lawsuit? If yes, please explain. |
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| 14. Have you ever been convicted or charged with a misdemeanor involving moral turpitude or a felony of any kind? If yes, please explain and include a copy of your judgment. |
| |
| 15. Have you ever been terminated or asked to resign from any position in the past 15 years? If yes, please explain. |
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| 16. Describe any employment related or other potential limitations on your availability to participate in IAC business. |
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| 17. At this time, do you anticipate any potential areas of conflict? |
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| 18. To assist us with future recruitment efforts, please let us know how you learned about this position. |
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| APPLICANT SIGNATURE: | | DATE: | |
| --- | --- | --- | --- |

**NOTE:** All IAC members are required to file disclosure statements informing the Board of other current board service, companies in which you hold an interest, or other potential conflicts of interest.

## PROFESSIONAL REFERENCES

Please provide names and contact information for five (5) persons who can attest to your professional qualifications. Two (2) of the five references must be persons who have been members of a board for whom you have acted as a trustee or that you have provided services to.

| | | | | |
|---|---|---|---|---|
| 1 | **Name:** | | **Phone:** | |
| | **Address:** | | **Email:** | |
| | | | | |
| 2 | **Name:** | | **Phone:** | |
| | **Address:** | | **Email:** | |
| | | | | |
| 3 | **Name:** | | **Phone:** | |
| | **Address:** | | **Email:** | |
| | | | | |
| 4 | **Name:** | | **Phone:** | |
| | **Address:** | | **Email:** | |
| | | | | |
| 5 | **Name:** | | **Phone:** | |
| | **Address:** | | **Email:** | |