

TBD Consultant

By: _____, as authorized signatory

By: _____
Name: _____
Title: _____

**CITY OF PHOENIX EMPLOYEES'
RETIREMENT SYSTEM**

By: _____
Name: Aaron Avila
Title: Chair

**ATTESTED TO:
City Clerk**

By: _____
Date: _____

**APPROVED AS TO FORM:
Julie M. Kriegh, City Attorney:**

By: _____
Assistant Chief Counsel