

**WEST VIRGINIA RACING COMMISSION
RETIREMENT PLAN FOR BACKSTRETCH PERSONNEL
(For Contributions beginning with 2010 – the “New Plan”)**

DISTRIBUTION ELECTION FORM – DEATH BENEFITS

By completing this Distribution Election Form, I verify that I am the Beneficiary entitled to death benefits under the Plan.

Name: _____ SSN: _____

Mailing Address: _____ DOB: _____

Email: _____ Phone: _____

Please attach a copy of the Death Certificate to this Form.

If the Participant died prior to beginning to receive benefits, then the death benefits under this Plan will be paid to you in a lump sum cash payment. If the Participant had begun receiving monthly benefits from the Plan, then the remaining of those benefits will continue to be paid to you in monthly payments.

If you would like your monthly payments to be deposited directly into a bank account for you, please complete the reverse side of this page.

It is your responsibility to notify the Plan Administrator of any change of address.

By signing this Election Form, you are agreeing that all of the information is true, accurate and complete.

Dated this ____ day of _____, 20__.

Beneficiary

Plan Administrator

Mountaineer Park Race Track

Charles Town Race Track

DIRECT DEPOSIT REQUEST

Direct Deposit Request: By supplying your bank info, you are agreeing to have your funds directly deposited to you on the 15th of every month until your balance is paid out. Please note that it could take up to a month for payments to be directly deposited.

Do not complete unless you want your funds directly deposited.

Bank Name: _____

Routing Number: _____ Checking Account #: _____

Please see the picture below to show you where to find the Routing Number and Checking Account Number on your checks.

