

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

DISTRIBUTION ELECTION FORM - PARTICIPANT

By completing this Distribution Election Form, I verify that I am entitled to a distribution pursuant to the distribution provisions of the Plan.

Name: _____ SSN: _____

Mailing Address: _____ DOB: _____

Email: _____ Phone: _____

ELGIBLE DISTRIBUTION EVENTS

Please check the box beside either “Retirement Age Distribution” or “Disability Distribution” to verify that you meet the Plan Distribution Requirements.

Retirement Age Distribution

I have attained 60 years of age. **Please attach proof of age (for example a copy of your, Driver’s License, State Identification Card or Birth Certificate)**

Disability Distribution You must check both boxes to verify eligibility for a Disability Distribution.

I have a physical or mental condition resulting from bodily injury, disease, or mental disorder which renders me unable to work. **Note, that if you check this box, you are verifying that you can no longer work and thus will not be able to claim eligibility for contributions while you are disabled.**

I have received a final determination of total and permanent disability from the Social Security Administration. **Please attach a copy of the Social Security determination.**

If your vested interest in the Plan is \$5,000 or less, you will receive a lump sum distribution.

If your vested interest in the Plan is greater than \$5,000, you will receive monthly payments of \$1,000 until such time as your Account Balance is reduced to below \$1,000, and then you will receive a lump sum of the remaining amount. 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 and complete and that you understand that if you are not eligible to receive a distribution and have falsified this Form, the Administrator may forfeit your benefits.

Dated this ____ day of _____, 20__.

Participant

Mountaineer Park Race Track

Plan Administrator

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.

