

WEST VIRGINIA RACING COMMISSION
RETIREMENT PROGRAM FOR BACKSTRETCH PERSONNEL

2017 PLAN YEAR

This receipt is verification that I have signed up for the **West Virginia Racing Commission Retirement Program for Backstretch Personnel for plan year 2017.** This does not guarantee eligibility.

I am aware that I must sign up **every year** to determine if I am eligible to receive a contribution.

I acknowledge that I have received a copy of this receipt and if there is any discrepancy as to whether I have signed up, it will be my responsibility to produce this receipt as verification that I did sign up for the **West Virginia Racing Commission Retirement Program for Backstretch Personnel.**

Print Name

Date

Signature

Witness

Date

WEST VIRGINIA RACING COMMISSION RETIREMENT PROGRAM
FOR BACKSTRETCH PERSONNEL

BENEFICIARY DESIGNATION

Name of Member: _____

Pursuant to the provisions of the Program permitting the designation of a beneficiary or beneficiaries by a member, I hereby designate the following person or persons as primary and secondary beneficiaries of my Account Balance under the Program payable by reason of my death:

PRIMARY BENEFICIARY

Percentage	Name of Beneficiary	Address	Relationship
_____%	_____	_____	_____
_____%	_____	_____	_____
_____%	_____	_____	_____

CONTINGENT BENEFICIARY

Percentage	Name of Beneficiary	Address	Relationship
_____%	_____	_____	_____
_____%	_____	_____	_____
_____%	_____	_____	_____

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Administrator will pay all sums payable under the Program by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Administrator will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Administrator will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

I am am not married.

Date of this Designation Signature of Member

NOTE: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.