WEST VIRGINIA RACING COMMISSION RETIREMENT PLAN FOR BACKSTRETCH PERSONNEL

**ENROLLMENT FORM FOR THE 2019 PLAN YEAR**

Trainer proof of eligibility is proven by running a 2019 All Starts Trainer Report from Equibase. The report must list proof of total starts from January 1, 2019 through December 31, 2019 inclusive.

**All other applicants must provide a copy of proof of income of not less than $7,500 from a West Virginia employer(s) for work performed at Mountaineer and/or Charles Town Race Tracks and/or approved West Virginia training facilities and/or farms associated with racing at Mountaineer or Charles Town Race Tracks as evidenced by a Form W-2 and/or Form 1099 for 2019. FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RENDER AN INDIVIDUAL INELIGIBLE FOR THE RETIREMENT PROGRAM.**

**All applicants must attach a copy of your 2019 West Virginia Racing Commission Permit or 2019 photo ID issued by Mountaineer or Charles Town.**

**Choose ONLY one AND ATTACH COPY OF APPROPRIATE 2017 PERMIT OR PHOTO ID ISSUED BY MOUNTAINEER or CHARLES TOWN.**

**🞏 Trainer 🞏 Assistant Trainer 🞏 Groom 🞏 Pony Person 🞏 Stable Person 🞏 Hot Walker 🞏 Exercise Rider**

If you are not a trainer, who did you work for in 2019 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2019 WVRC License Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2019 WVRC License No. \_\_\_\_\_\_\_\_\_\_\_Date Issued\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_

Marital Status: SINGLE MARRIED SEPARATED DIVORCED

Check this box if you are married and designate your spouse to receive any death benefits under this Retirement Plan

If you are married and want to designate a beneficiary other than your spouse, or you are unmarried, you must complete a separate beneficiary designation form.

Did you miss any time during 2019 due to giving birth or adoption: YES NO (If yes, complete Form ML)

I understand that by completing this document and providing a copy of my West Virginia Racing Commission license and W2 or Form 1099 there is no guarantee that I will receive such an allocation since the program administrator for all applicants will impose other requirements in a uniform and non-discriminatory manner. By signing this form, I hereby certify that the information is correct and accurate to the best of my knowledge and that the W2 and/or Form 1099, that I presented is genuine and to the best of my knowledge and properly filed with the appropriate authorities under penalty of disqualification. By signing below, I agree to the release of my information to other racing entities for the tracking of eligibility for this and other retirement plans.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

Reviewed by the Administrator: ELIGIBLE INELIGIBLE - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOLD

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEST VIRGINIA RACING COMMISSION

RETIREMENT PROGRAM FOR BACKSTRETCH PERSONNEL

# 2019 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 2019.** 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.