

WEST VIRGINIA RACING COMMISSION
RETIREMENT PROGRAM FOR BACKSTRETCH PERSONNEL

2021 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 2021.** 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 PLAN FOR BACKSTRETCH PERSONNEL
ENROLLMENT FORM FOR THE 2021 PLAN YEAR**

Trainer proof of eligibility is proven by running a BRISNET 5105, Trainer Report. The report must list proof of total starts from January 1, 2021 through December 31, 2021 inclusive.

All other applicants must provide a copy of proof of income of not less than \$7,500 from a West Virginia employer 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 the 2021 year. FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RENDER AN INDIVIDUAL INELIGIBLE FOR THE RETIREMENT PROGRAM.

All applicants must attach a copy of your 2021 West Virginia Racing Commission Permit or 2021 photo ID issued by Mountaineer or Charles Town. All applicants must sign up every year to be considered for a contribution.

Choose ONLY one AND ATTACH COPY OF APPROPRIATE 2021 PERMIT OR PHOTO ID ISSUED BY MOUNTAINEER or CHARLES TOWN.

- Trainer Assistant Trainer Groom Pony Person
 Stable Person Hot Walker Exercise Rider

2021 WVRC License Type _____ 2021 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 2021 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 under the Plan.

By signing this form, I certify that I have read the eligibility requirements for this Plan, that I meet those requirements and that I understand that if I have provided false information, that I will lose eligibility permanently from the Plan, will forfeit all benefits under the Plan and will be responsible to pay any and all administrative and legal costs relating to the determination and recovery of such amounts. Specifically, I agree that the 1099 or W-2 Form is accurate and relates to backstretch services that are the subject of this Plan.

Also, I acknowledge that I have received a copy of this form and if there is any discrepancy as to whether I have signed up, it will be my responsibility to produce it as verification that I did sign up for the Plan.

Date _____ Signature _____

Reviewed by the Administrator: ELIGIBLE INELIGIBLE HOLD

By: _____ 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.