

WEST VIRGINIA RACING COMMISSION
RETIREMENT PROGRAM FOR BACKSTRETCH PERSONNEL

2023 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 2023.** 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

CONSENT OF SPOUSE

I, the undersigned spouse of the Member named in the foregoing "Beneficiary Designation," hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation is my spouse's account balance under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation I understand I must file a similar consent to the new designation, or my consent is no longer effective.

Print full name of spouse _____
First Middle Last

Signature of spouse _____ Date _____

STATE OF _____ }
COUNTY OF _____ } ss.

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires: _____

(SEAL)

**IF YOU HAVE AN EMPLOYEE EITHER ON THE
BACKSIDE OR AT A FARM PLEASE COMPLETE THE
FOLLOWING FORM**

TRAINER'S AFFIDAVIT
Participant Eligibility for 2023 Plan Year
West Virginia Racing Commission Retirement Plan
For Backstretch Personnel

Trainer's Name: _____

Backstretch Worker's Name: _____

Under penalties of perjury, I hereby declare and confirm the following:

- I am a licensed horse trainer by the West Virginia Racing Commission.
- I trained horses for racing at the Mountaineer and/or Charles Town Race Tracks (an "Eligible Race Track") in the year 2023.
- In the year 2023, the individual named above performed services for me in the capacity as a groom, stable foreperson, hot walker, pony boy, pony girl, or exercise rider ("Backstretch Work") with respect to horse(s) intending to race at Eligible Tracks.
- In the year 2023, the individual named above received \$ _____ or more for Backstretch Work at an Eligible Race Track, an approved training facility and/or farm associated with thoroughbred racing at an Eligible Race Track.
- I understand and agree that any false claim that is made to cause an individual to receive a contribution under the Plan constitutes fraud and appropriate legal action will be taken against the individual and claimant.

Signed on this ____ day of _____, 2024.

Trainer's Name

SUBSCRIBED, sworn to and acknowledged before me by _____, ("Trainer")
this ____ day of _____, 2024.

(Notarial Seal) _____
Notary Public