

**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.

You understand that beginning with elections made on and after January 1, 2020, you will not be eligible for contributions to the Plan for the year of your election and the following two plan years, and that thereafter, your number of years of service will be restarted at one.

You understand and agree that if you have falsified your information so as to be eligible for benefits or for more benefits under this Plan, then your benefits will be completely forfeited and you will not be entitled to further participation in the Plan.

By signing this Election Form, you are agreeing that all of the information is true and complete.

Dated this _____ day of _____, 20____.

Participant

Plan Administrator

Mountaineer Park Race Track

Charles Town Race Track

DIRECT DEPOSIT REQUEST

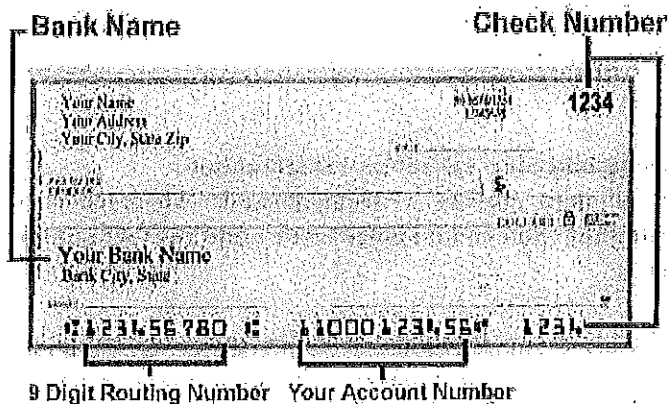
Direct Deposit Request: By supplying your bank info, you are agreeing to have your funds directly deposited to you on the 15th of every month until your balance is paid out. Please note that it could take up to a month for payments to be directly deposited.

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.



PARTICIPANT'S INCOME TAX WITHHOLDING ELECTION

**West Virginia Racing Commission Retirement Plan
For Backstretch Personnel**

NOTICE OF RIGHT TO ELECT NOT TO HAVE INCOME TAX WITHHOLDING APPLY

You have received this Form as a Participant who has elected to receive distribution from the West Virginia Racing Commission Retirement Plan for Backstretch Personnel (the Plan).

The distribution that you are entitled to receive will be subject to tax, unless the amounts have been previously taxed. The Plan is required to withhold 10% of your yearly distributions and pay that amount to the IRS as a prepayment of your taxes, unless you elect to not have taxes withheld. If you make an election to not have taxes withheld, you will receive a check of the 10% that would have been payable to the IRS in the first quarter of the following year to help you to pay for the taxes that will apply. If you make this election to not have taxes withheld, it shall continue to apply to subsequent years unless you contact your HBPA and inform them that you would like to have taxes withheld.

If you would like to elect to not have taxes withheld, you must complete the information below and share it with your HBPA Administrator within 15 days after you file your request for distributions. If you elect not to have withholding apply, you may be responsible for payment of estimated taxes. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

ELECTION TO NOT HAVE INCOME TAX WITHHOLDING APPLY

If you do not want any Federal income tax withheld from your distribution, sign and date this election and return it to your HBPA Administrator. Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

- I **DO NOT** want to have Federal income tax withheld from my distribution.
- I **DO** want to have Federal income tax withheld from my distribution.

Signature: _____

Print Name: _____

Date: _____