



P.O. Box 9, Nichols, NY 13812

Southern Tier Harness Horseman's Association
TRAINER/DRIVER RETIREMENT SAVINGS PLAN
Participant Application

Mail or fax the completed form to the Third- Party Plan Administrator listed on the bottom of this form.

Participant's Full Name (First, MI, Last, Suffix)				Date
Marital Status: Single, Married, Divorced, Widowed		Country of Citizenship	Phone #	Email Address
Physical Address		City	State	Zip Code
Mailing Address (if different)		City	State	Zip Code
I certify to the Committee that my Date of Birth is:		(MM/DD/YY)	My Social Security Number is: (XXX-XX-XXXX)	

BENEFICIARY DESIGNATION

As a Participant in the above Plan, I hereby revoke any prior beneficiary designation and direct that any benefits payable upon my death be paid to the following beneficiary/beneficiaries. Primary percentage must total 100%. If applicable, Contingent percentages must also total 100%. Use whole percentage points only. Decimals and fractions are not permitted. If none of the beneficiaries designated below survive me, payment shall be made pursuant to the applicable provisions of the Plan. **Important - If the participant is married and chooses to delegate a primary beneficiary other than their spouse as the 100% primary beneficiary, the spouse must agree to the designation by signing the attached Spousal Beneficiary Consent Form in the presence of a Notary Public.**

Primary Beneficiary Full Name	Address	Social Security #	Relation	Share %	Citizenship
Primary Beneficiary Full Name	Address	Social Security #	Relation	Share %	Citizenship
If none of the Primary Beneficiaries designated above survive me, payment shall be made to the following Contingent Beneficiary(ies).					
Contingent Beneficiary Full Name	Address	Social Security #	Relation	Share %	Citizenship
Contingent Beneficiary Full Name	Address	Social Security #	Relation	Share %	Citizenship
Contingent Beneficiary Full Name	Address	Social Security #	Relation	Share %	Citizenship
Contingent Beneficiary Full Name	Address	Social Security #	Relation	Share %	Citizenship

It is your obligation to notify the offices of the Southern Tier Harness Horseman's Association of any changes due to address, death, separation, divorce, etc.

I hereby apply for participation in the Southern Tier Harness Horseman's Association Retirement Savings Plan for Trainers and Drivers.

☐ I have been advised I must enroll as a member of the STHHA by May 31st of each year and must maintain my good standing at all times.

☐ You have informed me a copy of this Plan is available for review by contacting STHHA.

Signature of Participant	Name of Participant (print or type)	Date
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Southern Tier Harness Horseman's Association
TRAINER/DRIVER RETIREMENT SAVINGS PLAN
Spousal Beneficiary Consent Form

P.O. Box 9, Nichols, NY 13812

Mail or fax the completed form to the Third- Party Plan Administrator listed on the bottom of this form.

If the participant is married and chooses to delegate a primary beneficiary other than their spouse as the 100% primary beneficiary, the spouse must agree to the designation by submitting this signed and notarized Spousal Beneficiary Consent Form to the RSP Third-Party Administrator.

- ☐ I hereby acknowledge that under the **Southern Tier Harness Horseman's Association** Retirement Savings Plan (RSP), I am entitled to benefits at the time of my spouse's death.
- ☐ I understand that my spouse has designated the person indicated on the attached *Participant Application* form as the primary beneficiary for the plan benefits OR that my spouse has designated, in addition to me, an additional Beneficiary(ies) as the primary beneficiary under the RSP (as designated on the attached *Participant Application* form).
- ☐ I understand that depending on my spouse's primary beneficiary designation, I will not be entitled to or will receive reduced benefits under the RSP.

I am, hereby, specifically granting my consent to this designation.

I acknowledge that by signing this Consent that I will not be entitled to benefits under the RSP or will be entitled to reduced benefits.

Signature of Participant's Spouse

Name of Participant's Spouse (*Print/type*)

Witnessed by:

State of: _____

County of: _____

On the _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his/her signature on the instrument, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public Signature

Notary Public, State of _____
My Commission (is permanent/expires)

Send Completed Form to the Third-Party Administrator: Roberts Accounting, CPAs, P.C.

15 Regency Oaks Blvd, Ste 100, Rochester, NY 14624

Email: info@rac-co.com

Fax: 585.625.0024