

# Trainer/Driver Retirement Savings Plan

## Harness Horseman's Association of New England Participation Statement



P.O. Box 1811  
Plainville, MA 02762

I hereby apply for participation in the Harness Horseman's Association of New England Retirement Savings Plan for Trainers and Drivers. I have been advised I must be a member in good standing of the HHANE by May 31<sup>st</sup> 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 HHANE.

I certify to the Committee that my date of birth is:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

My Social Security Number is

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
Last First Middle Initial Suffix (if applicable)

Physical Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from physical address above)

\_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone No. \_\_\_\_\_ Secondary Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

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

#### \*\* TO BE SIGNED IN FRONT OF NOTARY \*\*

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned notary public, personally appeared \_\_\_\_\_ proved to me through satisfactory evidence of identification, being (check whichever applies): \_\_\_ driver's license or other state/federal government document bearing a photographic image, \_\_\_ oath or affirmation of a credible witness known to me who knows the above signatories, or, \_\_\_ my own personal knowledge of the identity of the signatories, to be the persons whose names are signed above, and acknowledged the foregoing to be signed by them voluntarily for its stated purpose.

Notary \_\_\_\_\_ Date \_\_\_\_\_

**Please complete, sign, and date the beneficiary election(s) form on the other side of this form.**

\*\*\* For Office Use Only \*\*\*

Date RSP app rec'd \_\_\_\_\_  
Membership status \_\_\_ Yes \_\_\_ No  
Vested \_\_\_ Yes Date \_\_\_\_\_  
Committee approval by \_\_\_\_\_ on \_\_\_\_\_

Residency status: \_\_\_ Non-MA \_\_\_ MA by means of \_\_\_ MA drivers lic \_\_\_ MA tax return  
\_\_\_ MA real estate tax bill  
\_\_\_ other proof \_\_\_\_\_