

**PENNSYLVANIA THOROUGHBRED HORSEMEN'S ASSOCIATION  
TRAINER'S RETIREMENT PLAN  
Beneficiary Designation Form**

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Social Security #: \_\_\_\_\_ Phone # \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

I hereby designate the following individual(s) as my primary and contingent Beneficiaries in the event of my death prior to the date on which all my benefits have been paid under the Plan. If I fail to submit a completed Beneficiary Designation Form to the Plan, the terms of the Plan will determine how my benefits are paid following my death. **(Please print clearly or type.)**

**Primary Beneficiary(ies)**

Beneficiary(ies)	_____	_____
Address	_____	_____
	_____	_____
Birth Date	_____	_____
Phone	_____	_____
Social Security #	_____	_____
Relationship	_____	_____
Percentage	_____	_____
Email	_____	_____

**Contingent Beneficiary(ies)**

Beneficiary(ies)	_____	_____
Address	_____	_____
	_____	_____
Birth Date	_____	_____
Phone	_____	_____
Social Security #	_____	_____
Relationship	_____	_____
Percentage	_____	_____
Email	_____	_____

If you are designating more than two Primary or Contingent Beneficiaries, check here  and attach an additional sheet with the information requested above. This Beneficiary Designation revokes all prior designations.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_