

**WEST VIRGINIA RACING COMMISSION RETIREMENT PROGRAM FOR BACKSTRETCH
PERSONNEL FOR MOUNTAINEER RACE TRACK**

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 Program. 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

NOTE: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

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)