Trainer / Driver Retirement Savings Plan

PHHA
PENNSYLVANIA HARNESS
Horsemen's Association

Pennsylvania Harness Horsemen's Association Participation Statement

I hereby apply for participation in the Pennsylvania Harness Horsemen's Association Retirement Plan for Trainers and Drivers. I have been advised that I must be a member of the P.H.H.A. for the current calendar year.

You have informed me that a copy of this Plan is available for review at the Harrah's Philadelphia and Mohegan Sun offices upon my request.

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

☐☐ – ☐☐ – ☐☐☐☐

Month *Day* *Year*

My Social Security Number is:

☐☐☐ – ☐☐ – ☐☐☐☐

Personal Information

NAME

STREET ADDRESS

CITY STATE ZIP

BENEFICIARY

RELATION

It is your obligation to notify the offices of the Pennsylvania Harness Horsemen's Association of any changes due to death, separation, divorce, etc.

SIGNATURE DATE

NOTARY DATE