

2026 TRAINER/DRIVER RETIREMENT SAVING PLAN

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I hereby apply for the 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.

USTA #

MEMBERSHIP TYPE (CHOOSE ONE)

DRIVER TRAINER

DATE (MM/DD/YYYY)

SSN

FIRST NAME

LAST NAME

MOBILE PHONE

HOME PHONE

STREET ADDRESS

CITY

STATE

ZIPCODE

EMAIL ADDRESS

PRIMARY BENEFICIARY I

BENEFICIARY NAME

SSN/TIN

RELATIONSHIP TO INSURED

BIRTH DATE (MM/DD/YYYY)

PERCENTAGE

MAILING ADDRESS

PHONE

BENEFICIARY NAME

PRIMARY BENEFICIARY II

SSN/TIN

RELATIONSHIP TO INSURED

BIRTH DATE (MM/DD/YYYY)

PERCENTAGE

MAILING ADDRESS

PHONE

SIGNATURE

DATE (MM/DD/YYYY)

NOTARY

DATE (MM/DD/YYYY)