HARNESS HORSEMEN'S RETIREMENT PLAN

In 1984 the Ohio legislature created the Harness Horsemen's Retirement Plan through House Bill 639. The plan is a balanced forward plan with the intent to provide a fixed retirement plan for Ohio drivers, trainers, breeding farm employees and grooms who signed up to participate. It is a non-qualified plan with no roll-overs and no contributions from participants. It is not an IRA or 401k, it is under IRS guidance and is not an ERISA.

ELIGIBLE PARTICIPANTS

Each participant must be a permanent and current Ohio resident and must meet the requirements of being employed full-time in their employment category and 75% of their gross income must be derived from said employment. Form W2 or other proof of salary may be required. The following are the specific eligibility requirements for each category.

GROOMS must have a current license from the Ohio State Racing Commission and be a member of the Ohio Harness Horsemen's Association. They must have six months of full-time employment in the Harness Racing Industry prior to becoming eligible.

BREEDING FARM EMPLOYEES must have six months full-time employment in the Harness Racing Industry and be employed by a qualified Ohio breeding farm.

DRIVERS must have a current license from the Ohio State Racing Commission. Drivers must complete at least 75 drives during the year.

TRAINERS must have a current license from the Ohio State Racing Commission and be a member of the Ohio Harness Horsemen's Association. Trainers must complete at least 50 starts during the year.

Driving and training starts may not be combined with each other in order to achieve eligibility under the plan. Drivers and trainers will not be credited with starts made outside Ohio. A person may qualify for both training and driving starts if they meet the minimum requirements of each.

CONTRIBUTIONS

The contributions for each participant will be determined on a yearly basis by the Trustees of the plan.

DISTRIBUTIONS

Participants will receive their account balance upon attaining age 65. Payment will be made in five annual installments with the first payment occurring within 90 days of their birthday. If a participant's account is less than $50,000 at the time of distribution, it will be paid in a lump sum within 90 days of their 65th birthday.

An earlier distribution may only occur in the following events:

- A participant's death;
- A participant becoming disabled (as defined by the Plan);
- A participant incurring an unforeseeable emergency (as defined by the Internal Revenue Code and the Plan); or
- If the participant is no longer working in the industry and has a total account balance below an amount specified by the IRS each year (for 2026 that amount is $24,500).

HOW THE PLAN IS MANAGED

The legislation directed a corporation to be formed to administer the plan. It further stated that a Board of Trustees be established to oversee the program. The Trustees are appointed by the Ohio Racing Commission. The current serving Trustees are Hugh "Sandy" Beatty, Bradley Wallace and Steve Zeehandler.

All monies received are to be spent only to administer the plan and to finance benefits. Past funding has been derived from breakage at Ohio's four commercial harness tracks but now includes funding from monies received from VLT Racino funds. The amount contributed to the fund will vary each year.

INVESTMENT OF FUNDS

The funds are invested through the direction of the Trustees in a manner that will achieve a safe but competitive rate of return. The Trustees have chosen Fifth-Third Bank as the fund's manager. Monthly reports are provided to the Trustees and participants are provided quarterly statements covering asset performance and yearly contribution.

Bricker Graydon Wyatt LLP, a law firm in Ohio, act as legal advisors.

PLAN ADMINISTRATOR

Questions concerning the plan or its applicability to you should be addressed to the Plan Administrator, Frank Fraas, 2237 Sonora Dr., Grove City, OH 43123. Phone 614-221-3650

HARNESS HORSEMEN'S HEALTH & RETIREMENT
ENROLLMENT FORM

BREEDING FARM / DRIVER / GROOM / TRAINER
(Please circle one)

I. Participant Information

SS#_____-_____-_____ Date of Birth_____/_____/_____

Name _____ _____

Address _____

City, State, Zip Code _____

Phone (_____) _____ - _____ Email _____

OSRC License.#_____ USTA License # _____

□ Ohio Resident

II. Employment Information

□ Self-Employed □ Employed by Employer

Employer Name _____

Employer's Address _____

City, State, Zip Code _____

Date of Employment _____

Employer's Signature _____

III. Beneficiary Designation

Beneficiary Name _____ SS#_____-_____-_____

Beneficiary Address _____

City, St., Zip _____

Beneficiary Phone Number (____) ____ – _____ Beneficiary E-mail _____

Beneficiary Relationship _____ (Over)

IV Contingent Beneficiaries

Beneficiary Name _____ SS#_____-_____-_____

Address _____

City, St, Zip _____

Beneficiary Phone Number (____) ____ – _____ Beneficiary E-mail _____

Beneficiary Relationship _____ Percentage _____

Name _____

Address _____

City, St, Zip _____

Beneficiary Phone Number (____) ____ – _____ Beneficiary E-mail _____

Beneficiary Relationship _____ Percentage _____

V. Certification

I certify that I meet the requirements as a full time Breeding Farm Employee, Driver, Groom or Trainer in the Standardbred Industry under the Harness Horsemen's Retirement Plan and that at least 75% of my earned income in my initial plan year of eligibility is derived from Ohio harness racing industry. I also certify that the above information is accurate and further understand that any falsification provided in this enrollment form shall result in the termination of my benefits under the Harness Horsemen's Retirement Plan coinciding with and retroactive to the date of application.

_____Date _____
Signature of Breeding Farm Employee, Driver, Groom or Trainer

ANY INCOMPLETE ENROLLMENT FORM WILL NOT BE PROCESSED

Office Use Only:

Date Enrolled_____ Date Terminated_____