Maryland Race Track Employees Pension Fund 911 Ridgebrook Road Sparks, Maryland 21152-9451 Telephone: (410) 683-6500

(800) 638-2972

www.associated-admin.com

LAST DAY OF WORK STATEMENT

Dear Retiree Applicant:

Please indicate below the last day of work with your employer. This information is needed in order to complete the application process.

Please note that your pension cannot be processed without this form being completed and returned to the Fund Office.

| Name (Please Print): | | | |
|---|----------------|----------|-------------|
| Social Security Number: | | | |
| Address: | | | |
| | Street or Road | | |
| City: | | State: | _ Zip code: |
| Telephone Number: | | | |
| Date of Hire (if not known provide approximate year): | | | |
| Please circle the race tracks that you worked for: | | | |
| Laurel | Pimlico | Timonium | |
| Last Day of Employment: | | | |
| Date of Retirement: | | | |
| Signature: | | | Date: |