

NEW YORK STATE THOROUGHBRED BREEDING & DEVELOPMENT FUND

FORM FOR DESIGNATION/CHANGE OF INDIVIDUAL RECEIVING AWARD CHECKS

The purpose of this form is to notify the Fund of who should be the recipient of awards checks in cases in which there are multiple partners for a horse. **ALL PARTNERS OR OWNERS, AS APPLICABLE, MUST PROVIDE WRITTEN CONSENT BEFORE THE CHANGE CAN BE MADE.**

AWARDS

HORSE(S)

BREEDER	_____	_____
OWNER	_____	_____
STALLION	_____	_____

ENTITY NAME

ENTITY PARTNERS & SIGNED CONSENT

PRINT NAME	_____	SIGNED	_____
PRINT NAME	_____	SIGNED	_____
PRINT NAME	_____	SIGNED	_____
PRINT NAME	_____	SIGNED	_____
PRINT NAME	_____	SIGNED	_____

PARTNER DESIGNATED TO RECEIVE CHECKS

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

Filing Instructions:

The completed form should be signed by all partners and sent to the Fund's offices at 19 Roosevelt Drive . Suite 250, Saratoga Springs NY 12866. Alternatively, a signed form may be scanned into pdf format and emailed to: nybreds@nybreds.com

Notary