

**New York State Thoroughbred Breeding and 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 award checks in case 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.**

**AWARD TYPE**

**HORSE(S)**

Breeder: \_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_

\_\_\_\_\_

Stallion Owner: \_\_\_\_

\_\_\_\_\_

**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 1 Broadway Center, Suite 601, Schenectady, NY 12305. Alternatively, a signed form may be scanned into pdf format and e-mailed to [nybreeds@nybreeds.com](mailto:nybreeds@nybreeds.com).

**NOTARY**