

Exhibit "A"

Declaration of Trust Goes Here

Please Note: After you have completed your Joinder Agreement, please return to the Download Page. Download and print a copy of the Declaration of Trust which will become Exhibit "A" of your Joinder Agreement.

Exhibit "B"
Grantor and Beneficiary Information

Please be as thorough as possible when completing this section. This information is necessary for administering the Trust for the Beneficiary's best possible interest.

Grantor Information

(This is the person who will sign the Joinder Agreement)

Name: _____

Address: _____

Telephone: (day) _____ (evening) _____

Birth date: _____

Social Security Number: _____

Relationship to Beneficiary: _____

Beneficiary Information

(This is the person who will be a Beneficiary of the Pooled Trust)

Name: _____

Address: _____

Telephone: (day) _____ (evening) _____

Birth date: _____

Social Security Number: _____

Medicaid Card Number: _____

If the Beneficiary is a Minor, Please Provide:

Mother's Name: _____ SS# _____

Father's Name: _____ SS# _____

Does the Beneficiary have a legal representative? ___ Yes. ___ No. If yes, please provide the representative's name, address, telephone number, and relationship to the Beneficiary.

Name: _____

Address: _____

Telephone: (day) _____ (evening) _____

Relationship: _____

Please check the description that best describes the correct legal relationship:

___ Legal Guardian ___ Representative Payee ___ Durable Power of Attorney

Other (please explain) _____

What is the specific nature of the Beneficiary's disability? If the Beneficiary's condition has been medically diagnosed, what is that diagnosis?

What is the Beneficiary's current prognosis?

Government Assistance

Please indicate all forms of government assistance that the beneficiary receives.

Social Security Yes _____ No _____ Not Sure _____

Supplemental Security Income (SSI) Yes _____ No _____ Not Sure _____

Social Security Disability
Income (**SSDI**) Yes _____ No _____ Not Sure _____

Institutional Care Program
(Long Term Nursing Home Care) Yes _____ No _____ Not Sure _____

Medically Needy Program Yes _____ No _____ Not Sure _____

MEDS-AD Yes _____ No _____ Not Sure _____

Medi-Kids Yes _____ No _____ Not Sure _____

Protected Medicaid Yes _____ No _____ Not Sure _____

Home or Community
Based Medicaid Waiver Programs Yes _____ No _____ Not Sure _____

Optional State Supplementation (OSS) .. Yes _____ No _____ Not Sure _____

Home Care for the
Elderly and Disabled (HCE/DA) Yes _____ No _____ Not Sure _____

Food Stamps Yes _____ No _____ Not Sure _____

List any other government assistance that the Beneficiary receives or has applied for:

List all forms of government assistance which have been denied or discontinued to the Beneficiary, including the approximate dates:

Insurance Information

If the Beneficiary is covered under any policy of health care insurance, please provide the insurer's name, address, and the policy number.

Insurer: _____

Address: _____

Policy
Number: _____

If the Beneficiary is covered under any prepaid funeral or burial insurance, please provide the insurer's name, address, and the policy number.

Insurer: _____

Address: _____

Policy
Number: _____

Exhibit “D”

Proof of Grantor’s Status to Establish Trust on Behalf of Beneficiary

Under current law, only the beneficiary’s parents, grandparents, legal guardian, the beneficiary himself or herself, or someone acting at the direction of a court may establish the Trust on behalf of the beneficiary. If you are anyone other than the beneficiary, then please include documents that verify that you fall within one of these permissible categories.

ALL GRANTORS SHOULD PROVIDE A PHOTOCOPY OF THEIR DRIVER’S LICENSE OR OTHER PHOTO IDENTIFICATION

In addition to the Grantor’s photo I.D., the list below illustrates the types of documents that should be submitted to establish the Grantor’s relationship to the Beneficiary and/or the status to contribute to the Trust.

- | | |
|--------------------------------|--|
| 1. Beneficiary as the Grantor. | Your photo I.D. will be enough. |
| 2. Parent(s) as Grantors. | Include a copy of your son or daughter’s birth certificate. |
| 3. Grandparent(s) as Grantors. | Include a copy of your son or daughter’s birth certificate and a copy of your grandchild’s birth certificate. |
| 4. Legal Guardian as Grantor. | Include a copy of your Letters of Guardianship and a copy of the Court Order authorizing you to sign the Joinder Agreement. |
| 5. Court as Grantor. | If you are acting at the direction of a Court, include a copy of the Court Order that directs you to execute the Joinder Agreement. |

The documents listed above are examples only and are not intended to be exhaustive or all inclusive. Any document that establishes the Grantor’s relationship to the Beneficiary, and the status to establish the Trust on behalf of the Beneficiary, will be sufficient. Please note, however, that the documents provided must clearly and unequivocally establish the Grantor’s status.

Exhibit "E"

Disclaimer Regarding Legal Advice

BY MY SIGNATURE below, I freely and openly acknowledge the following.

1) Neither the Non-Profit Trustee, the Co-trustee, if any, nor any of their employees and/or agents, including but not limited to any and all law firms engaged by the Non-Profit Trustee or Co-trustee, if any, have offered or given me any legal advice regarding: a) the Joinder Agreement and/or the Trust; b) the suitability of the Joinder Agreement and/or the Trust as it may apply to my particular circumstances; and, c) the suitability of the Joinder Agreement and/or the Trust as it may apply to the particular circumstances of the Beneficiary.

2) I have been encouraged to, and have had a full, complete, and fair opportunity to seek independent legal counsel.

Dated the ____ day of _____, _____.

Grantor

Exhibit "F" Trustee Fees

1. Annual Trustee Fee. The annual Trustee fee as of the date the Agreement is accepted and approved shall be a total of 1.50% of the assets held in the Beneficiary's Pooled Trust sub-account. The annual Trustee fee covers basic fiduciary and administrative services, custodial services, cash flow management, and monitoring of public assistance benefits. In circumstances where income is assigned to, and/or deposited in, the Beneficiary's sub-account, the annual projected income shall be included when valuing the sub-account and calculating the annual fee. In circumstances where periodic payments from a structured settlement are assigned to, and/or deposited in, the Beneficiary's sub-account, the present value of the underlying qualified funding asset will be used when valuing the sub-account and calculating the annual fee.
2. Administrative Fee. A one-time administrative fee of \$2,500.00 for setting up the Beneficiary's Trust sub-account.
3. Additional Costs. Additional costs will be charged as additional services become necessary or advisable. Some examples of additional costs include costs for asset management fees; professional fees for attorneys, guardians, and care managers; real estate management, termination fees, and supplementary administrative services.
4. Extraordinary Services. The Trustee reserves the right to charge for unusual or extraordinary services. In the event any such charges are incurred, the Trustee shall provide notice to the Beneficiary or the Beneficiary's representative by means of an interim Trust Accounting. In the event an annual Trust Accounting is due within sixty days of the extraordinary services being charged, notice of the charges shall be provided by means of the annual Trust Accounting.