Exhibit "A"

Master Declaration of Trust Goes Here

Please Note:

This page is just a placeholder.

Because you should have already received and reviewed a copy of the Master Declaration of Trust, it is not necessary to return a copy to the Center when you submit your signed Joinder Agreement.

After your signed Joinder Agreement is accepted and signed by the Center, the Center will return a fully signed copy of your Joinder Agreement along with a copy of the Master Declaration of Trust that will be attached and marked as Exhibit "A."

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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 and fund 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 the Beneficiary of the Trust sub-account)

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# ____________

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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?

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What is the Beneficiary's current prognosis?

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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 _____

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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:

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

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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: ______________________________________

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Insurer: ______________________________

____

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: ____________________

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Remainder Beneficiary Exhibit "C"
Grantor's Distribution Instructions Upon the Beneficiary's Death
(please attach additional signed sheets if necessary)

Upon the death of the Beneficiary, and after first applying the Endowment calculation below, the Trust shall terminate and the balance of the Trust property, including any accrued and undistributed income, shall be distributed according the following distribution instructions.

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In the event that the Beneficiary is not survived by the above named remainder beneficiary(ies), or in the event the above distribution instructions should fail due to any reason whatsoever, then the Trust estate shall be distributed to those persons who would be the heirs of the Beneficiary had the Beneficiary died intestate. For such purposes, distribution of the Trust estate shall be to those heirs as reasonably determined by the Trustee, in its sole discretion, according to the laws of descent and distribution for intestate estates of the State where the Beneficiary last resided. In fulfilling its duties in this regard, the Trustee shall not impose unreasonable standards of genealogical proof but shall seek to distribute the Trust estate in the most practical and economical manner possible taking all then salient factors into consideration. The Trustee's determination shall be final and binding on all parties.

Calculation of the Endowment: Upon the death of the Beneficiary, and prior to following the Grantor's distribution directions above, an amount equal to __5__ % of the then current value of the trust sub-account, not to exceed __$10,000.00__, shall vest in the Theresa Community Trust to be used in furthering the purpose of the Theresa Alessandra Russo Foundation, Inc. and/or similar not-for-profit corporations that serve people with disabilities.

____
Grantor

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Exhibit "D"

Desires of Grantor for Use of Distributions From Trust Sub-Account During Life of Beneficiary

Please be as thorough as possible when completing this section. The information you provide can be useful to the Trustee when reviewing requests for distributions.

A) Please explain how you would like to see assets in the Beneficiary's Trust sub-account used to improve the Beneficiary's quality of life. You may provide this explanation in any way that makes sense given your particular circumstances.

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B) If possible, please provide the name and address of anyone who can be consulted if reassessing the Beneficiary's supplemental needs becomes useful or necessary in the future. Examples might include family members, a care manager, or even a care management company.

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Exhibit "E"

Disclaimer Regarding Legal Advice

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

1) Neither the Settlor, the Non-Profit Trustee, and/or 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 Settlor, the Non-Profit Trustee, and/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 without regard to whether I have actually done so or not.

Dated the ____ day of ________________, _____.

____

Grantor

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