

Exhibit "A"
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: _____



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY NAME: The Center for Special Needs Trust Administration, Inc.

BENEFICIARY'S NAME: _____

NAME OF BENEFICIARY'S LEGAL REPRESENTATIVE: _____
(Power of Attorney, Guardian, etc.)

I (we) hereby authorize The Center for Special Needs Trust Administration, Inc.
hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account
(select one) indicated below at the Depository Financial Institution named below, hereinafter called
DEPOSITORY, and to debit the same to such account.

First Month's withdrawal date: _____

Day of the month on which the re-occurring withdrawal should occur: _____
(for example, the 5th of every month)

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ABA/ROUTING # _____ ACCOUNT # _____

AMOUNT _____

This authorization is to remain in full force effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____

(PLEASE PRINT)

SIGNED: _____

DATE: _____

NAME: _____

(PLEASE PRINT)

SIGNED: _____

DATE: _____

In Addition to the Above Information, Please Attach a Voided Check
(Please note that deposit slips are not acceptable)

Exhibit “C”

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 "D"

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 "E"
Trustee Fees

Pooled Income Trust Sub-accounts are subject to the three separate fees described in 1) through 3) below, which will be automatically deducted from the Sub-account. By contrast, the charges described in 4) will only be assessed as incurred or requested, and notice will be provided to the beneficiary or representative.

- 1) A One-Time Opening Fee of \$175.00.
- 2) A Monthly Service Fee according to the Schedule below.

<u>Monthly Deposit</u>		<u>Monthly Fee</u>
\$0	to \$300	\$25
\$301	to \$600	\$35
\$601	to \$900	\$45
\$901	to \$1,200	\$70
\$1,201	to \$1,700	\$85
\$1,701	to \$2,200	\$105
\$2,201	to \$2,700	\$140
\$2,701	and above	\$200

- 3) A Monthly Maintenance Fee not to exceed .00073 calculated against the preceding month's account balance.
- 4) Extraordinary Charges are not anticipated but will be charged if incurred or requested by a beneficiary or a beneficiary's representative. Examples include, but are not limited to, overnight mail requests, stop payment requests, insufficient fund charges on monthly deposits, or any other bank charges that are not the result of the Trustee's actions.

Dated the ____ day of _____, _____.

Grantor