

Exhibit "A"  
Grantor and Beneficiary Information

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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.

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**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:

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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: \_\_\_\_\_

\_\_\_\_\_

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 “B”

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

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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.

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A) Please explain how you would like to see assets in the Beneficiary’s Pooled Trust 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 “C”

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

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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.

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#### **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 <b>and a copy of the Court Order</b> authorizing you to sign the Joinder Agreement.         |
| 5. Court as Grantor.           | If you are acting at the direction of a Court, <b>include a copy of the Court Order</b> 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

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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

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1. Annual Trustee Fee. The annual Trustee fee as of the date the Agreement is accepted and approved shall be a total of 2% 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.

Dated the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Grantor