

Schedule A
Amount to be funded into the Beneficiary's sub-account

Amount: \$ _____

Source of funds: Settlement Excess Social Security Inheritance

Other _____

Schedule B
Remainder Designation

_____ **Retained By Trust.** If money is left in the sub-account when the Beneficiary passes away then the funds shall be retained by the Trust to help the Springhill Housing Corporation with its important non-profit mission of serving individuals with disabilities.

_____ **State Payback Option.** If money is left in the sub-account when the Beneficiary passes away and the amount meets the requirements outlined in Article Eight of the Springhill First-Party Pooled Trust, then I want the money to be distributed as follows:

Beneficiary _____ Percentage _____

Address _____

Distribute funds outright, free of trust Maintain a sub-account with a third-party pooled trust

Beneficiary _____ Percentage _____

Address _____

Distribute funds outright, free of trust Maintain a sub-account with a third-party pooled trust

Beneficiary _____ Percentage _____

Address _____

Distribute funds outright, free of trust Maintain a sub-account with a third-party pooled trust

Beneficiary _____ Percentage _____

Address _____

Distribute funds outright, free of trust Maintain a sub-account with a third-party pooled trust

***Total percentage must equal 100%**

Schedule C
Trustee Fees

There is a one-time enrollment fee of \$500.00, which will be deducted from the initial deposit. There is a fee of \$80.00 per hour for Trust Administration and Accounting Department time billed in increments. An annual administrative/investment advisor fee of 1.4% will be charged to all funded subaccounts quarterly.

You may also be charged for extraordinary administrative services, expenses, or if an attorney or other staff needs to be consulted regarding your trust sub-account. Time will be billed in increments accordingly.