

Joinder Agreement for the Springhill First-Party Pooled Trust

This is a legal document. You are encouraged to seek independent, professional advice before signing.

This is an irrevocable contract. The purpose of this contract is to establish a sub-account with the Springhill First-Party Pooled Trust for the sole benefit of _____.
("Beneficiary")

By signing this contract, I acknowledge and agree to the following terms and conditions:

1. This contract is irrevocable.
2. I have received and reviewed the *Springhill First-Party Pooled Trust*.
3. I agree to the terms set forth in the *Springhill First-Party Pooled Trust*.
4. I am funding the sub-account with the property listed in Schedule A.
5. Unless I have designated otherwise in Schedule B, upon the death of the Beneficiary, any assets that remain in the Beneficiary's sub-account shall be deemed surplus Trust property.
6. I acknowledge that the Trustee and/or Trust Administrator fees will be charged according to Schedule C.
 - a. I understand that fees will be taken directly from the sub-account without prior notice.
 - b. I understand that Schedule C is subject to change from time to time without notice.
7. I understand that funeral expenses cannot be paid after the death of the beneficiary.

Date: _____

Signature: _____

Printed Name: _____

Relation to Beneficiary: Self Parent Grandparent Guardian Conservator Power of Attorney
Created by Court Order: Yes No (If yes, please attached a copy of the Court Order)

State of _____)
County of _____) §

The foregoing contract was acknowledged before me on _____ by _____, who:
 Is personally known to me; or
 Produced _____ identification.

[Seal]

_____, Notary Public

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 \$100.00 per hour for Trust Administration and \$90 per hour for Trust Assistant and Accounting Department time billed in increments. An annual administrative/investment advisor fee of 1.4% will be charged to all funded sub-accounts 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.