

**Joinder Agreement
for the Springhill Third-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 Third-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 Third-Party Pooled Trust.
3. I agree to the terms set forth in the Springhill Third-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: 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.

_____ **Remainder Beneficiaries.** If money is left in the sub-account when the Beneficiary passes away, after the provisions of Section 8.03 are met, 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 \$120.00 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.