

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
Fees

Please review our "Notice of Fees" for current fee schedule. Any revision to the fee schedule will be communicated in writing at least 30 days in advance of the change.