

Special Needs Trust Foundation

P. O. Box 1890

Lakeside, CA 92040

(619) 201-2672

3rd Party Special Needs Trust Limitations Disclosure

I have been informed of, and understand the nature of the following:

_____ The fees associated with this trust as outlined in the Joinder Agreement.

_____ I have been advised that the trust account is to maintain a minimum balance of no less than \$5,000 to be used towards any final fees, taxes, filing fees, etc. for a reasonable period of time before final distribution can be made on the Beneficiary's behalf.

_____ I have been advised to seek professional advice on the tax consequences of trust sub-account income and/or gain.

_____ I have been advised that the Master Pooled Trust is a supplemental trust and that it cannot disburse cash, nor funds for food or shelter expenses, without it potentially affecting the Beneficiary's government benefits. The funds are budgeted for supplemental items which, in the trustee's discretion, are deemed appropriate to the sub-account Beneficiary's needs.

_____ I have been advised that if the funds are disbursed for food or shelter that the Beneficiary must be willing to take a reduction in SSI, and that it is the Beneficiary's responsibility, or that of the Beneficiary's legal representative, to report the funds received to Medi-Cal and SSI.

_____ To the best of my knowledge, there are no liens or claims against the trust sub-account funds.

_____ To the best of my knowledge, the Beneficiary meets the definition of having a disability according to the Social Security Administration.

_____ I have been advised that I may join the Special Needs Trust Foundation and that my money will be put into a pooled account. I have chosen this option freely.

_____ I have been advised that once the Special Needs Trust for the benefit of _____ with the Special Needs Trust Foundation is funded, it is an irrevocable trust, and that the trust may only be terminated in accordance with the provisions of this Declaration of Trust.

_____ I have been advised that the Special Needs Trust Foundation as Trustee may, at its sole discretion, disburse trust income or principal to purchase property or services for the Beneficiary, consistent with the purpose and objective of this Trust. Disbursements shall be made according to the Beneficiary's interests and needs, taking into account the services and financial resources available to the Beneficiary from any sources.

_____ I have been advised that the Special Needs Trust Foundation has the right to refuse the Joinder Agreement.

_____ I acknowledge that I have received, read, understood and completed the 3rd Party Master Trust, Joinder Agreement, and Investment Policy Statement.

_____ I have been advised that trust account balances under \$10,000 will not be invested and will be held in a cash account.

For Spanish speaking only:

_____ I acknowledge receipt of a copy of an unexecuted Spanish language translation of the 3rd Party Master Trust, Joinder Agreement, and Investment Policy Statement, prior to signing a completely filled in copy of these documents in English.

Donor Signature

Date

Donor Signature

Date