



Appendix 2
Joinder Agreement
Personal Support Self-Funded Trust

THIS IS A LEGAL DOCUMENT. YOU ARE ENCOURAGED TO SEEK PROFESSIONAL LEGAL ADVICE BEFORE SIGNING.

Date of Joinder Agreement _____

A. The undersigned hereby enrolls in and adopts the Personal Support Self-Funded Trust Agreement dated July 16, 1999 which is incorporated herein by reference.

B. **Trust Participant Number** _____

C. Grantors:

Grantor #1 Name _____

Address _____

Telephone (Home) _____ (Cell) _____

Social Security Number _____

Birth date: _____ Email: _____

Relationship to Beneficiary _____

Grantor #2 Name _____

Address _____

Telephone (Home) _____ (Cell) _____

Social Security Number _____

Birth date: _____ Email: _____

Relationship to Beneficiary _____



Grantor #3 Name _____

Address _____

Telephone (Home) _____ (Cell) _____

Social Security Number _____

Birth date: _____ Email: _____

Relationship to Beneficiary _____

D. Beneficiary: Name _____

Address _____

Telephone (Home) _____ (Cell) _____

Social Security Number _____

Birth date: _____ Email: _____

Place of Birth (Hospital, City/ State) _____

Mother's name: _____ SSN _____

Father's name: _____ SSN _____

E. Legal Guardian, Conservator, Representative Payee, Agent under a Power of Attorney, trustee, or other legal representative:

Name _____

Address _____

Telephone: (H) _____ (C) _____

Relationship _____ Email: _____

F. Primary Representative: The Primary Representative is the person who will have primary responsibility for interacting with the Trust Manager. The Primary Representative will request and receive disbursements, receive tax information and otherwise be the main point of contact (if the beneficiary is unable to do so him/herself) with regard to the Beneficiary's sub-account. Unless the Grantor requests otherwise, and until the Grantor is no longer able to serve as such, the Grantor shall be the Beneficiary's Primary Representative. When the Grantor is no longer able to act as the Beneficiary's Primary Representative, the Conservator, if one is appointed, will serve as the Primary Representative. Each Beneficiary may have two Primary Representatives at any given time. The first one listed will be the first point of contact for the Trust Manager.

Primary Representative #1

Name _____

Address _____

Telephone (H) _____ (C) _____

Relationship _____ Email _____

Primary Representative #2

Name _____

Address _____

Telephone (H) _____ (C) _____

Relationship _____ Email _____

If none of the named Primary Representatives or successors are able to serve, how would you like for the Manager to select another Primary Representative?



G. Trust Property

_____ The Grantor transfers, assigns, and grants to the Trustee concurrent with the execution of this joinder agreement, property described in Schedule A of the Joinder Agreement.

H. Distribution of the Remainder upon the Beneficiary’s Death

1. The trustee may, in its discretion, pay from the Beneficiary’s sub-account, claims and expenses, including, but not limited to federal estate taxes and state death taxes of the Beneficiary, and other administrative and termination fees. Claims for reimbursement for services by any state providing Medicaid benefits to the Beneficiary shall be satisfied in accordance with 11.2(d) of the trust agreement.

2. In lieu of reimbursement to Medicaid, the trust may distribute any balance to the Personal Support Trust Self-Funded Trust to help support the ongoing services and supports to others with disabilities.

_____ Yes, I wish to leave 100% to The Personal Support Self-Funded Trust.

3. Assets remaining in the Beneficiary’s sub-account after payment of expenses and any Medicaid reimbursement shall be distributed to the following individuals and/or organizations in the percentages indicated:

I wish to leave _____% to The Arc of Northern Virginia

Name _____ Percentage of Remainder _____

Address _____

Phone _____ SSN _____

Date of Birth _____ Relationship to Beneficiary _____

Name _____ Percentage of Remainder _____

Address _____

Phone _____ SSN _____

Date of Birth _____ Relationship to Beneficiary _____



Name _____ Percentage of Remainder _____

Address _____

Phone _____ SSN _____

Date of Birth _____ Relationship to Beneficiary _____

Name _____ Percentage of Remainder _____

Address _____

Phone _____ SSN _____

Date of Birth _____ Relationship to Beneficiary _____

Name _____ Percentage of Remainder _____

Address _____

Phone _____ SSN _____

Date of Birth _____ Relationship to Beneficiary _____

4. If any Final Remainder Beneficiary is deceased at the time of distribution, the funds that would have been distributed to that beneficiary will instead be distributed to his or her descendants, per stirpes. If a Final Remainder Beneficiary does not have descendants, then his or her share shall be distributed among the other beneficiaries, including the sub-account retained by and in the name of the Trust.

5. If, after the Beneficiary's death, the Trustee receives funding designated for that beneficiary's account, that funding shall be distributed proportionately to all of the remaindermen named in H.3. above, including The Trust's sub-account, if designated.

6. Grantor acknowledges that The Manager may incur additional costs if final Remainder Beneficiaries cannot be easily located. Grantor acknowledges and agrees that the Manager may recover its reasonable costs and expenses associated with locating such beneficiaries.

I. Early Termination of the sub-account.

The Trust provides that under certain circumstances, a sub-account (or the trust) may be terminated prior to the beneficiary's death. In the event of early termination, the Manager, in its sole discretion, will either distribute the sub-account's funds to the Beneficiary; will enter into an agreement with a person or organization to receive the funds and use them for the benefit of the disabled person; or distribute the funds as if the Beneficiary had died. In the event of early distribution, who would you recommend to receive funds?

J. Fees.

1. Grantor agrees to pay fees in accordance with Schedule B that is attached hereto and that may be amended from time to time. If fees are not paid in advance by Grantor, the Manager and Trustee are authorized to charge fees to a Beneficiary's sub-account.
2. Fees are not refundable.
3. The enrollment fee of \$ _____ is the current fee in effect when joinder is signed.
4. The annual administrative fee for an unfunded sub-account shall be _____ and will not be changed without notification.
5. All other fees are subject to Schedule B and may be amended.

K. Disbursements.

The Grantor recognizes and affirms that all disbursements are discretionary and will be made by the Manager in its sole discretion. The Manager will use the Trust Plan, attachment A, as a reference in making disbursement decisions.

L. Taxes

1. The Grantor acknowledges that contributions to The Trust are not deductible as charitable gifts or otherwise.
2. Trust sub-account income, whether paid in cash or distributed in other property, may be taxable to the Beneficiary subject to applicable exemptions and deductions. Such taxes shall be payable from the Beneficiary's sub-account. Professional tax advice is recommended.
3. The Grantor may be subject to a gift tax. Again, professional tax advice is recommended.

M. Amendments.

Provisions of the Joinder Agreement, as entered into this ____ day of _____ 20 ____, may be amended by the parties hereto in writing, so long as any such amendment is consistent with the Master Trust.

N. Miscellaneous

1. The Personal Support Self-Funded Trust is only available to Disabled Beneficiaries whose Grantors are in good standing with the Trust. To be in good standing, a Grantor shall have paid the initial enrollment fee and shall have paid the required annual renewal fee(s) within the prescribed time.
2. A trust sub-account cannot attain the status of Funded Enrollment, Distributions Authorized if the Grantor is not in good standing with the Trust.
3. If the Grantor terminates his or her Joinder Agreement and if the trust sub-account has not yet been funded, The Personal Support Self-Funded Trust and this Joinder Agreement shall then become null and void as to the Grantor, the Disabled Beneficiary, and The Foundation of the Arc of Northern Virginia.
4. This Joinder Agreement and The Personal Support Self-Funded Trust may be terminated by The Foundation, as to the Grantor and the Beneficiary upon nonpayment of any required fees.



THE PERSONAL SUPPORT SELF-FUNDED TRUST FOR

BENEFICIARY (Print Name)

PARTICIPANT NUMBER

ADDRESS

ACCOUNT NUMBER

DATE OF ENROLLMENT

GRANTOR (Print Name)

GRANTOR SIGNATURE

City/County of _____ Commonwealth of Virginia
This forgoing instrument was acknowledged before me this _____ day of _____
20__ by _____.

Notary Public Signature _____

My Commission Expires _____

GRANTOR (Print Name)

GRANTOR SIGNATURE

City/County of _____ Commonwealth of Virginia
This forgoing instrument was acknowledged before me this _____ day of _____
20__ by _____.

Notary Public Signature _____

My Commission Expires _____

ACCEPTED BY:

FOUNDATION OF THE ARC OF
NORTHERN VIRGINIA

TRUSTEE

DATE

DATE



SCHEDULE A:

DESCRIPTION OF PROPERTY TO BE DEPOSITED IN
THE PERSONAL SUPPORT SELF-FUNDED TRUST

SCHEDULE B:

FEE SCHEDULE

For funded Trusts:

The combined annual Management Fee* for Trust Manager and Trustee, drawn monthly as described below:

Account Balance	Annual Fee*
Up to \$1,000,000.00	1.44% (0.12%/month)
Portion of balance from \$1,000,000.00 - \$2,000,000.00	1.19% (0.099%/month)
Portion of balance over \$2,000,000.00	1.09% (0.09%/month)

For unfunded Trusts:

An annual Maintenance Fee* of \$65.00 is required. This fee will no longer apply when the Trust is funded.

Tax Preparation Fee*:

The annual Tax Preparation Fee of \$40.00 is charged by the Trustee.

Termination Fee*: \$250.00

*Fees are subject to change.



ATTACHMENT A:

TRUST PLAN