



1607 Cherrywood Lane
Longwood, FL 32750
Phone: 407-682-4111
Fax: 407-682-5511
www.trustaged.org

AGED Pooled Special Needs Trust Instructions for Completing Joinder Agreement

#1 First paragraph: By this Joinder Agreement, on the ____ day of ____, 20__
Complete the date the Grantor executes the Joinder Agreement

#2 Trust Established by

This is the person who will be signing the Joinder Agreement

#3 Beneficiary/Grantor

The Beneficiary is the disabled person for whom the Trust is being established. (Refer to Beneficiary and Grantor definitions in Appendix A). Complete this section with information pertaining to the Beneficiary.

Address – Use the beneficiary’s current physical location.

Is the Beneficiary a minor or incapacitated? Please note – if the answer is yes, the Trust must be established by a Statutory Representative, Agent under a valid Durable Power of Attorney, Guardian (with Letters of Guardianship), or Court Order.

#4 Parent/Grandparent

Complete only if the parent or grandparent is living and they are active in the beneficiary’s life.

#5 Agent under Durable Power of Attorney

Complete only if the Beneficiary Advocate, Beneficiary Co-Advocate, or person establishing the trust is named as Agent under a Power of Attorney document)

#6 and #7 Guardian / Court Order

Complete only if a Guardian has been or will be appointed by the Court

#8 Contribution to Trust

Please list **all** sources and amounts of Gross Income (income before deductions).

Lump Sum Contribution - the amount the trust will be funded with, and where the funds are coming from; ie, checking account, savings account, sale of home, inheritance, personal injury settlement, etc.

Structured Settlement - complete section only if trust will be funded with a structured settlement and/or annuity from a settlement agreement.

#9 Beneficiary Advocate

Please refer to definitions for Beneficiary Advocate in Appendix A. Name at least one Beneficiary Advocate. Co-Beneficiary Advocates and Successor Beneficiary Advocates are optional.

#10 Beneficiary's Impairment or Disability

Please be as detailed and descriptive as possible. This information is important to the Trustee and may be reviewed by DCF/Medicaid for disability determination.

#11 Beneficiary's Current Benefits

It is very important that AGED understand what type of public benefits the beneficiary is currently receiving or intends to apply for.

None – check if beneficiary does not currently receive any government benefits.

Intend to apply for – check which government program the beneficiary will be applying for. If the program is not listed, please write in the program; ie, QMB, HCBS, Meds-Ad, etc.

For the balance of the questions, complete each line with either **n/a** or information about the current benefits.

#12 Distribution of Remainder Upon Termination of Beneficiary's IBA

12a. If the Beneficiary would like all monies remaining in the account at death to be retained by the Trust as surplus Trust property for purposes as described in Section 12a, select the first box indicating 100%. There will be no Medicaid payback. Then check the box in Section 12c for Not Applicable – 100% Retention by Trust was selected above.

12a. If the Beneficiary would like to name Final Remainder Beneficiaries, check the second box and complete the % that the Beneficiary would like the Trust to retain as surplus Trust property (minimum of 10%). Then complete Section 12c with the named individuals, distribution %, and contact information. Include the last 4 digits of the social security number OR the date of birth for the named individuals. Charitable organizations may be named as Final Remainder Beneficiaries - provide address and phone number.

Should any of the Final Remainder Beneficiaries have a disability (Including seniors 72 and older), we recommend you contact AGED for additional options prior to signing the document.

#18 Disbursements

This is merely a guide to let AGED know what type of activity to expect. Specific requests should be made once the account is funded using AGED's Disbursement Request Form. It is sufficient to select 'Supplemental Services as described in the Trust' and 'Requests will be made on an as needed basis'.

#20 Addendum or Addenda Attached

Please contact AGED if you plan on attaching an Addendum.

Page 14

The person authorized to establish the Trust signs in front of two witnesses and a notary public in accordance with Florida law.

Please call AGED at 407-682-4111 or 1-888-277-1826 with any questions.

NOTICE: This is not legal advice: While some information contained herein may connect with legal issues, it does not constitute legal advice, and is not guaranteed to be legally appropriate, comprehensive or current. It is practical in nature, not legal counsel. The law is constantly changing, and varies depending on situation and circumstance. Therefore, it is recommended that you seek appropriate and competent legal counsel based on your needs and situation.