

## **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 Trust Beneficiary**

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 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.

**#5 Trust 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.

**#6 Trust Beneficiary’s Current Benefits**

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

Monthly Gross Income Sources – please list all sources of income

Government Benefits – select N/A if there are no government benefits, and then select “applying for” next to all programs the beneficiary intends to apply for. For the balance of the questions, complete each line with either yes, no, or applying for.

**#7 Contribution to Trust**

Income Contribution – enter the estimated amount the beneficiary will contribute to the trust each month

Lump Sum Contribution – enter the estimated amount the trust will be funded with, and where the funds are coming from, i.e. checking account, savings account, sale of home, inheritance, personal injury settlement, etc.

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

#### **#8 Distribution of Remainder Upon Termination of Beneficiary's IBA**

8(a.) If the Beneficiary would like any amounts remaining in the account upon death to be retained by the Trust as surplus Trust property for purposes as described in Section 8, select Option One – One Hundred Percent (100%). There will be no Medicaid payback. Then check the box in section 8(b.), at the top of Page 7, for Not Applicable – 100% Retention by Trust was selected above.

8(a.) If the Beneficiary would like to name Final Remainder Beneficiaries after satisfying Medicaid payback obligations, complete Option Two and complete the % that the Beneficiary would like the Trust to retain as surplus Trust property (minimum of 10%). Under 8(b.), at the top of page 7, select Named Individuals as follows. Then, complete the section underneath with the distribution %, and the name and contact information 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.

Please note: Final Remainder Beneficiaries cannot be changed after the Joinder is signed.

#### **#14 Disbursements from the Individual Benefit Account**

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.

#### **#16 Addendum or Addenda Attached**

Please contact AGED if you plan on attaching an Addendum.

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The person authorized to establish the Trust signs as Grantor 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.