

Disclaimer Regarding Transfers to Pooled Trust  
for SSI Recipient Age 65 or Older

BY MY SIGNATURE below, I freely and openly acknowledge the following:

- 1) I understand the Social Security Administration, not Florida Medicaid, determines eligibility for Supplemental Security Income (“SSI”) benefits.
- 2) I understand that the Social Security Administration may treat contributions to a Pooled Trust by individuals age 65 and older as a disqualifying transfer or a transfer for less than fair market value that could impact the Beneficiary’s continued eligibility for SSI benefits, including, but not limited to the potential imposition of a penalty period during which time the person may be ineligible for SSI.
- 3) I understand that if the Social Security Administration determines that a contribution to a Pooled Trust by an individual age 65 or older does result in a loss of SSI, such beneficiary’s automatic eligibility for Medicaid benefits based on receipt of SSI may also be terminated.
- 4) Neither Advocates and Guardians for the Elderly and Disabled, Inc. (“AGED”), any Trustee of the AGED Pooled Special Needs Trust, nor any of their employees and/or agents, including but not limited to any and all law firms that may be engaged by AGED or any Trustee of the AGED Pooled Special Needs Trust have offered or given me any legal advice regarding the Master Trust, Joinder Agreement, the suitability of the Joinder Agreement and/or the Trust as it may apply to my particular circumstances; and/or the suitability of the Master Trust and/or Joinder Agreement as it may apply to the particular circumstances of the Beneficiary, including, but not limited to the Beneficiary’s eligibility or continued eligibility for SSI and/or Medicaid benefits if such beneficiary makes contributions to the Pooled Trust after attaining the age of 65.
- 5) I have been encouraged to, and have had a full, complete and fair opportunity to seek independent legal counsel to obtain advice with respect to the potential joinder to the AGED Pooled Special Needs Trust, including, but not limited to, independent legal counsel regarding the Master Trust, Joinder Agreement, the suitability of the Joinder Agreement and/or the Trust as it may apply to my particular circumstances, and/or the suitability of the Master Trust and/or Joinder Agreement as it may apply to the particular circumstances of the Beneficiary, including, but not limited to the Beneficiary’s eligibility or continued eligibility for SSI and/or Medicaid benefits if such beneficiary makes contributions to the Pooled Trust after attaining the age of 65.

6) To the extent that I choose to make a transfer to the AGED Pooled Trust after I have attained the age of 65, I acknowledge that I have the sole responsibility to inform the Social Security Administration of such transfer and that neither AGED nor any Trustee of the AGED Pooled Special Needs Trust, nor any of their employees and/or agents shall have any obligation or requirement to report such transfer on behalf of a Beneficiary and makes no assurances or guarantees regarding the consequences of such transfer and/or the impact of such transfer on the Beneficiary's eligibility or continued eligibility for SSI and/or Medicaid benefits.

7) The undersigned agrees to hold AGED, any Trustee of the AGED Pooled Special Needs Trust and any of their employees and/or agents harmless if the Social Security Administration and/or Florida Medicaid imposes a penalty or other adverse consequence to the Beneficiary's eligibility or continued eligibility for SSI and/or Medicaid benefits if such beneficiary makes contributions to the Pooled Trust after attaining the age of 65.

Dated the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Grantor Signature

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Grantor Printed Name