



Jewish Los Angeles Special Needs Financial Services Inc.

JOINDER AGREEMENT for

Jewish Los Angeles Special Needs Master Trust

1st Party Special Needs Trust

This is a legal document.

You are strongly encouraged to seek independent, professional advice before signing.

Definitions:

- JLA Trust: Jewish Los Angeles Special Needs Financial Services, Inc.
- SNT: Supplemental / Special Needs Trust
- The Trust: Jewish Los Angeles First Party Pooled Special Needs Trust
- Beneficiary: The sole (only) person who will benefit from the funds in the Trust
- Grantor/Settlor: A person who puts their own money into the Trust for the benefit of a Beneficiary
- Irrevocable: Cannot be cancelled or terminated

A. The undersigned hereby enrolls in and adopts Jewish Los Angeles Special Needs Pooled Trust Agreement dated July 1, 2016, as amended, which is incorporated herein by reference.

B. Trust Sub-Account Number: #

Date Joined:

(acct. # will be assigned by JLA Trust, upon enrollment)

C. Beneficiary:

Name: _____ Gender: _____

Address: _____ City _____ Zipcode _____

Social Security Number: _____ Birthdate: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Preference to receive communication via *(choose all that are applicable)*:

Email Cell Phone Home Phone Work Phone Text Message to Cell Phone

D. Grantor/Settlor (if not Beneficiary)

Relationship to Beneficiary: Self Parent Grandparent Agent under Power of Attorney

Court Appointed Guardian

Name: _____ Gender: _____

Address: _____ City _____ Zip Code _____

Social Security Number: _____ Birthdate: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Preference to receive communication via (*choose all that are applicable*):

Email Cell Phone Home Phone Work Phone Text Message to Cell Phone

E. Other Beneficiary Information:

Beneficiary's Marital Status: Single Married Spouse's Name if Married: _____

U.S. Citizen? Yes No Beneficiary's Place of Birth (City/State): _____

F. Beneficiary's Parent(s) Information (for minors only)

Mother's Name: _____ Father's Name: _____

Email: _____ Email: _____

Home Phone: _____ Home Phone (*if different*): _____

Cell Phone: _____ Cell Phone: _____

Birthdate: _____ Birthdate: _____

Social Security Number (*optional*): _____ Social Security Number (*optional*): _____

Home Address: _____

Home Address (*Father, if different*): _____

G. Conservator(s)/Beneficiary Advocates

As described in Section 2.04 of Jewish Los Angeles Special Needs Pooled Trust I, a Trust Beneficiary shall not normally serve as his own Beneficiary Advocate. However, if the Trust Beneficiary acts as his own Advocate, Jewish Los Angeles Special Needs Financial Services Inc. and/or a Trustee may, in its discretion, remove him from acting as own Beneficiary Advocate if it believes he is not acting in his own best interest. The Successor Beneficiary Advocate shall then assume responsibility of the acting as Beneficiary Advocate for Trust Beneficiary. Conservator(s) and other legal representatives can choose to be the primary Beneficiary Advocate, but must list a Successor Beneficiary Advocate.

Beneficiary's legal representative [e.g., parent of a minor, legal guardian, conservator, representative payee, agent acting under a durable power of attorney, trustee, or other legal representative or fiduciary]:

Name of the Beneficiary's Legal Representative: _____

Address: _____ City _____ Zip Code _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Relationship: _____ Birthdate: _____

Will the Beneficiary's Legal Representative listed here serve as the Primary Beneficiary Advocate for the JLA Special Needs Trust I? Yes No If no, please indicate who will be the Primary Beneficiary Advocate:

Primary Beneficiary Advocate Name (*if different than above*): _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Relationship: _____ Birthdate: _____

Successor Beneficiary Advocates: If the person above ceases to serve either by notification of Jewish Los Angeles Special Needs Financial Services Inc., incapacitation or death, please list below, in order, the persons that you would like to be successor Beneficiary Advocates:

1. First Alternate:

Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Relationship: _____

2. Second Alternate:

Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Relationship: _____

Additional successor beneficiary advocates can be named on a separate sheet provided in **Appendix A**.

Please note that in the event there is no Successor Beneficiary Advocate named in the Joinder, or the person named is unwilling to act in this capacity, Jewish Los Angeles Special Needs Financial Services, Inc., and/or a Trustee may request assessment and/or ongoing support from a professional care manager, social worker, fiduciary or otherwise qualified individual to serve as the Beneficiary Advocate. Expenses will be paid out of the Trust Beneficiary's Trust Account.

H. Current Benefits Please fill in as completely as possible.

Regional Center Client? Yes No If so, which one? _____

Service Coordinator: _____ Direct Phone: _____

Representative Payee: _____ Direct Phone: _____

Does Beneficiary receive any of the following?

- Supplemental Security Income (SSI)? Yes No If so, how much per month? _____

SSI Office Location: _____ Phone: _____

Address: _____

City, State, Zip: _____

- Social Security Disability Insurance (SSDI)? Yes No If so, how much per month? _____

- Medi-Cal? Yes No If so, what is the Medi-Cal card number? _____

- Medicare? Yes No If so, what is the Medicare card number? _____

- IHSS? Yes No If so, how many hours per month? _____

- Cal-Fresh (Food Stamps)? Yes No If so, how much per month? _____

- Section 8 Voucher? Yes No If so, how much is the voucher worth each month? _____

List any other forms of government assistance that the Beneficiary receives, and any relevant amounts:
(i.e. Veterans Benefits, Housing/Utility Subsidies)

Form of Assistance:

Amount of Benefit Received:

_____	_____
_____	_____

I. Private Health Insurance

If the Beneficiary is covered under any private health insurance policy, please complete the following.

Insurer Company: _____ Policy Number: _____

Primary Person Insured: _____

Phone: _____ Address: _____

J. Life Insurance

If the Beneficiary is covered under his/her own life insurance plan, please complete the following.

Insurer Company: _____ Policy Number: _____

Phone: _____ Address: _____

Who is (are) the named beneficiary(ies)? _____

K. Disability

What is (are) the beneficiary's diagnosed disability(ies)? _____

At what age what the beneficiary first diagnosed, and by whom? _____

L. Living Arrangements

Indicate the current living arrangements of the beneficiary:

- | | |
|--|---|
| <input type="checkbox"/> Independently, no supported living services | <input type="checkbox"/> In a licensed Group Home |
| <input type="checkbox"/> Independently, with supported living services | <input type="checkbox"/> In an ICF-DD |
| <input type="checkbox"/> With parent(s) | <input type="checkbox"/> In Assisted Living |
| <input type="checkbox"/> With siblings/other family members | <input type="checkbox"/> In a Nursing Home |

Other: _____

M. Source of Funds for Pooled Special Needs Trust (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Funds from beneficiary's own checking/savings accounts | <input type="checkbox"/> Structured settlement payment (please provide settlement order) |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Life Insurance (from parents / other relatives) |
| <input type="checkbox"/> Surplus Funds from employment | <input type="checkbox"/> Gift from Friends/Family |
| <input type="checkbox"/> Surplus Funds from SSI | <input type="checkbox"/> Other (please describe): _____ |
| <input type="checkbox"/> Lump sum legal settlement | _____ |

How much will be initially invested when you open a sub-account with JLA Trust? How do you intend to further add funds to the trust (if applicable)? This is not binding but rather to give JLA Trust a sense of your plans going forward. See *Policies and Procedures Guide* for more information.

Initial Investment Amount: \$ _____

Additional Investments: _____

Initial Investment Method: Wire EFT Check

Investment Option Selection: (Required) Conservative Conservative Growth Moderate Growth
 To Be Determined

N. Quarterly Statements (are *mailed* approximately two weeks after the end of the quarter)

Beneficiary: Should the beneficiary receive quarterly statements? Yes No

Beneficiary Advocate/Conservator/Parent: Would the advocate like to receive quarterly statements? Yes No

Are there any other authorized contacts who should receive the quarterly statement? Yes No

If yes, please list below:

Name: _____ Relationship to Beneficiary: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

O. Tax Information

Who should receive tax information for filing personal tax returns on behalf of the beneficiary (only one person can receive this tax information)?

- Beneficiary
- Legal Representative
- Beneficiary Advocate
- Tax Preparer or other authorized person:

Name: _____ Relationship to Beneficiary: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

P. Upon the Beneficiary's Death

Funeral / Burial Arrangements: SSI regulations require that funeral provisions be **prepaid** prior to death. Funeral expenses can't legally be paid after the beneficiary's death.

Are funeral provisions in place and prepaid? Yes No

Distribution of the Remainder:

The beneficiary's sub-trust individual account terminates upon his or death, as stated in Section 6.02 of the JLA Special Needs Master Trust I, in accordance with POMS Section SI 0 SI 01120.199F.1. In order to meet SSI regulations, the trust beneficiary cannot have the power to terminate the individual account and only the trust can terminate early an account prior to death of beneficiary. Upon the death of the beneficiary or early termination of the trust, the State receives the reimbursement for Medi-Cal services provided.

If the beneficiary passes away with funds remaining in their account:

- (a)** Jewish Los Angeles Special Needs Financial Services, Inc. will retain 10-50% of the entire Remainder Amount to use for charitable purposes outlined in the paragraph below.
- (b)** After that, repayment will be given to Medi-Cal or other state Medicaid agencies from whom the beneficiary received medical services, if any, as specified by state and federal law; and
- (c)** Then, the balance of funds in the beneficiary's account, if any, will go to named heirs.

The Trust's Remainder Share will be used in the Trustee's discretion as follows in accordance with Federal Law: "(a) for the benefit of other indigent Beneficiaries, (b) to add indigent disabled persons, as defined in 42 U.S.C. § 1382c(a)(3), to the Trust as Beneficiaries, or (c) to provide indigent disabled persons, as defined in 42 U.S.C. § 1382c(a)(3), with equipment, medication or services deemed suitable for such persons by the Trustee."

Remainder Allocations - Final Remainder Beneficiaries

Do you want to allocate 100% of any remainders to JLA Special Needs Trust? Yes No

If no, please list below the persons or entities that you would like to receive the beneficiary's portion of the remaining funds. The total of the percentage of final remainders MUST equal 100%.

1. Name: _____ Percentage of Final Remainder: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____ Birthdate: _____

2. Name: _____ Percentage of Final Remainder: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____ Birthdate: _____

3. Name: _____ Percentage of Final Remainder: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____ Birthdate: _____

Please Note: 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, based on established Civil Law practices of distributions to family members. If a Final Remainder Beneficiary does not have descendants, then his or her share shall lapse.

Locating Final Remainder Beneficiaries:

Grantor acknowledges that JLA Trust may incur additional costs if Final Remainder Beneficiaries or the beneficiaries of Grantor's estate cannot be located easily. Grantor acknowledges and agrees that the manager may recover its reasonable costs and expenses associated with locating such beneficiaries.

Q. Fees

Grantor agrees to pay the fees in accordance with **the fee schedule in the Policies and Procedures Guide** and that may be amended after this date. If fees are not paid in advance by Grantor, the Executive Director and Trustee are authorized to charge such fees to a Beneficiary's sub-account. Fees are not refundable.

R. Management of Trust Sub-Account/Disbursements

The Trust's individual accounts will be managed and administered for the sole benefit of the Beneficiary, as defined by Federal and State regulations.

Contributions/Deposits

1. All contributions made to the individual trust account will be held and administered pursuant to the provisions of the applicable Jewish Los Angeles Special Needs Financial Services, Inc. Trust I which are incorporated by reference in this document.
2. The Trustees shall have the sole and absolute right to accept or refuse additional deposits to the individual account.
3. In the event that a Beneficiary has a zero (\$0) individual account balance for 90 or more consecutive days, the Trustee shall retain the right to close the Beneficiary's individual trust account. Please be advised that the Trustee may continue to charge administrative fees for the management of the individual trust account prior to its closure.

Disbursements

1. All disbursements will be reviewed and approved on an individual basis.
2. The policy of the Trust is to not allow disbursements for the purchases of firearms, items related to illegal activity, bail or restitution.
3. All disbursements shall be made at the sole and absolute discretion of the Trustee, as outlined in Section 1.07 of the JLA Special Needs Pooled Trust I.
4. No disbursements shall be made after the death of a beneficiary, even for expenses incurred or due prior to death.

Taxes

1. The Grantor acknowledges that contributions to individual trust accounts, including enrollment fees, are not tax deductible as charitable gifts, or otherwise.
2. Individual trust account income may be taxable to the Beneficiary, subject to applicable exemptions and deductions. Professional tax advice is recommended.

Amendments

The provisions of this Joinder Agreement may be amended as the Grantor and the Executive Directors may jointly agree, so long as any such amendment is consistent with JLA Special Needs Pooled Trust I and the then-applicable law. Provided, however, that after an individual account is funded the Grantor may not revoke a transfer nor amend the named Beneficiary or Distribution of Remainder upon death of beneficiary of this Joinder Agreement.

Contact Information Regarding the location of Jewish Los Angeles Special Needs Financial Services, Inc.

All current contact information is included on our website, www.jlatrust.org, and may be amended from time to time. The location of this Trust for administrative, account and legal purposes shall be in the County of Los Angeles. The validity, construction and all rights under this agreement shall be governed by the laws of the State of California and Federal law in conformity with the provisions 42 USC 1396pd(4)(C); and Title 22 of the California Code of Regulations, Section 50489.9 (a) (4).

Disclosure of Potential Conflict of Interest

There may be a potential conflict of interest in the administration of the Trust since the Trust retains up to 50% of those funds remaining in an individual trust account at the time of death of the Beneficiary, after Medi-Cal has been paid for any medical services provided to the beneficiary over their lifetime. Funds remaining in the Trust may be used to pay for ancillary and/or

supplemental services for beneficiaries and potential beneficiaries in the community for services which may be rendered by Jewish Los Angeles Special Needs Financial Services, Inc.

The Grantor(s) executing this Joinder Agreement is/are aware of the potential conflicts of interest that exist in the Trustee's administration of the Trust. The Trustee shall not be liable to Grantor or to any party for any act of self-dealing or conflict of interest resulting from their affiliations with Jewish Los Angeles Special Needs Financial Services, Inc. or any sub-contractors.

S. Acknowledgment by the Grantor

By signing below, you affirm that you understand and agree to the following:

I have received and read a copy of the applicable Master Trust prior to the signing of this Joinder Agreement and acknowledge that I understand the contents of it. I also understand that said document may be amended from time to time. I have been provided with the applicable fee schedule and Enrollment Guide. I also understand there may be changes from time to time.

Each Grantor acknowledges that he or she has been advised to have the Jewish Los Angeles Special Needs Pooled Trust I Agreement and this Joinder Agreement reviewed by his or her own attorney prior to the execution of this Joinder Agreement.

Each Grantor acknowledges that upon execution of the Joinder Agreement by Grantor and the Manager (Jewish Los Angeles Special Needs Financial Services, Inc.) and the funding of a sub-account for a Beneficiary, that this Trust, as to the Grantor and the Beneficiary, is irrevocable.

Each Grantor acknowledges that the Beneficiary is disabled as defined in Social Security Law Section 1614(a)(3) [42 USC 1382c(a)(3)].

Each Grantor acknowledges and agrees that the Trustee may conclusively rely upon the paid staff members of Jewish Los Angeles Special Needs Financial Services, Inc., and the Trustee to identify programs that may be of social, financial, developmental or other assistance to Beneficiaries. The Trustee, its agents and employees, as well as their agents' and employees' heirs and legal personal representatives, shall not in any event be liable to any Grantor or Beneficiary or any other party for its acts as Trustee so long as the Trustee acts reasonably and in good faith.

Each Grantor recognizes and acknowledges the uncertainty and changing nature of the guidelines, laws, and regulations pertaining to governmental benefits and each Grantor agrees that the Jewish Los Angeles Special Needs Financial Services, Inc. as Manager, its agents and employees will not in any event be liable for any loss of benefits as long as the Manager acts in good faith.

Each Grantor acknowledges and agrees that Jewish Los Angeles Special Needs Financial Services, Inc., its agents and employees, as well as their agent's and employees' heirs and legal and personal representatives, shall not in any event be liable to any Grantor or Beneficiary or any other party for its acts as Manager so long as the Manager acts reasonably and in good faith.

Each Grantor acknowledges that upon execution of the Joinder Agreement by Grantor and the Manager and the funding of a sub-account for a Beneficiary, that this Trust, as to the Grantor and the Beneficiary, is irrevocable. Each Grantor acknowledges that after the funding of a sub-account, the Grantor shall have no further interest in and does thereby relinquish and release all rights in, control over, and all incidents of interest of any kind or nature in and to the contributed assets and all income generated.

Each Grantor represents, warrants and agrees that he or she has not been provided, nor is her or she relying upon, any

representation of or any legal advice by Jewish Los Angeles Special Needs Financial Services, Inc in deciding to execute this Joinder Agreement.

Each Grantor further represents, warrants, and agrees:

- that he or she is entering into this Joinder Agreement voluntarily, as his or her own free act and deed;
- that if he or she has not had JLA Special Needs Pooled Trust I Agreement or the Joinder Agreement reviewed by his or her own attorney, that he or she voluntarily waives and relinquishes such right;
- that he or she has access to the current version of JLA Special Needs Pooled Trust I Master Trust and this Joinder Agreement on the website prior to the signing of this Joinder Agreement;
- that he or she has reviewed and understands to his or her full satisfaction the legal, economic and tax effects of these instruments
- that Jewish Los Angeles Special Needs Financial Services, Inc or its designee may be a Remainder Beneficiary of a portion of the sub-account established hereby upon the death of the Beneficiary as provided in Section K(2)(b) of this Joinder Agreement; and
- that a copy of this signed Joinder and Master Trust will be sent to governmental agencies, if needed, as proof of having established a special needs trust.

T. Federal Taxes and Indemnification by Grantor

Each Grantor acknowledges that a trust individual account may be treated as a grantor trust for federal income tax purposes as provided under IRC §671 et. Seq. and the treasury income tax regulations thereunder. In such event, all allocable income, gains or losses shall be reported on the Grantor's federal income tax return and taxable to the Grantor. Each Grantor acknowledges that the Grantor, the primary representative, or the Beneficiary shall be responsible for mailing their own federal and/or state income tax returns to report the income of the Trust which is taxable to them as their interest may appear. Each Grantor hereby indemnifies the Trustee and the Manager from any and all claims for income tax liabilities of his or her individual account which is treated as a grantor trust for federal income tax purposes. If any taxes are due on an individual account, the funds for payments of the taxes will be automatically distributed from the individual account.

IN WITNESS WHEREOF:

Whereas the undersigned Grantor(s) have reviewed and signed this Joinder Agreement, understand it and agree to be bound by its terms. In addition, the Grantor stipulates that he/she is the legal representative of the beneficiary and has the full authority to act on his/her behalf.

Grantor Name: _____ Date: _____

Grantor Signature: _____

Grantor Name (*additional if applicable*): _____ Date: _____

Grantor Signature: _____

Please attach Notary Certificate

and the Manager has accepted this Joinder Agreement; **Jewish Los Angeles Special Needs Financial Services, Inc.**,

Manager's name: _____ Title: _____

Manager Signature: _____ Date: _____

the parties hereby execute this Joinder Agreement, to be effective as of the ____ day of _____, 20__.

Please attach Notary Certificate

Appendix A: Additional Successor Beneficiary Advocates

Additional Alternate:

Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Relationship: _____

Additional Alternate:

Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Relationship: _____

Additional Alternate:

Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Relationship: _____

Additional Alternate:

Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Relationship: _____



ACKNOWLEDGMENT OF RULES REGARDING TRUE LINK RESTRICTED-USE VISA CARD

- No cash will ever be allowed from the card
- Requests are not approved automatically. All requests **MUST BE PRE-APPROVED BY THE TRUSTEE, THIS CAN TAKE 2-3 BUSINESS DAYS TO PROCESS**
- Card must be used primarily for the beneficiary (not for gifts or for other family members or friends)
- Pre-approved categories and amounts per categories are based on Spending Plan
- Generally \$200 maximum per purchase unless previous arrangements have been made
- If on SSI, no money can be used for food in grocery stores/restaurants and rent/basic utilities unless a separate waiver is signed
- The first card is free, there's a \$5 card replacement charge
- If you want the trust to pay for an item or service outside of the monthly allowance, we must receive written/photo **documentation** such as an estimate or invoice, listing complete charges including taxes, delivery, etc.
- If rules are broken three (3) times, card use can be suspended

Signature of beneficiary (or legal representative)

Date (month/day/year)