



**Arizona Community Third Party Trust
JOINDER AGREEMENT**

This joinder agreement is a binding legal document between you the Grantor _____, and Planned Lifetime Assistance Network of Arizona, Inc. (PLAN of Arizona), a not-for-profit tax exempt corporation and Trustee of the Arizona Community Third Party Trust.

GRANTOR INFORMATION

Relationship to Beneficiary: Parent(s) Grandparent Guardian Other

Name: _____ Tax Payer EIN/SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

The Grantor wishes to contribute the assets listed below to the Arizona Community Third Party Trust for the benefit of _____ (the trust's beneficiary) and establish a Sub-Trust account in accordance with the terms and conditions of the Arizona Community Third Party Master Trust Agreement that was given to the Grantor for their review on _____. The Master Trust Agreement may be amended from time to time.

The Trust will be funded in the future: Yes No

SOURCE OF FUNDING *Check all that apply*

Inheritance Life Insurance Annuity Sale of Real Estate Other _____

The Trust will be funded now: Yes No

The undersigned ("Grantor") hereby transfers the amount of \$_____ and/or will transfer funds in the future as described in Article IV; for deposit into an individual sub-account in the Trust; for the benefit of the Beneficiary named above. The Trust is a third-party Supplemental Needs Trust (SNT). Funds are pooled for management and investment purposes. Interest on each sub-account is taxable to the Grantor (s) while the trust remains revocable and to the Beneficiary once the trust becomes irrevocable.

SOURCE OF FUNDING *Check all that apply*

Cash at time of enrollment Annuity Inheritance Life Insurance

Family Contribution over time Other _____

Select one and initial:

The Trust can be amended or revoked so long as any GRANTOR is living and competent. The Grantor will be determined to lack capacity if two (2) physicians, one of whom is the Grantor's regular treating physician, determine that he lacks capacity, or if a Guardian or Conservator is appointed for the Grantor by a Court of competent jurisdiction.

Yes No initials _____

The Trust cannot be revoked. **GRANTOR(s)** hereby expressly waive and surrender any right to revoke or terminate, either in whole or in part, the Trust hereby created.

Yes No initials _____

BENEFICIARY'S INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Beneficiary's SSN: _____ Beneficiary's DOB _____

Emergency Contact: _____ Relationship: _____

Phone Number: Home _____ Cell _____

What government benefits does the Beneficiary receive: SSI Yes No Applying

ALTCs Yes No Applying SSDI Yes No Applying Food Stamps

Housing assistance: Housing Voucher HUD Section 8

Medicaid Program: Yes No Medicaid member number: _____

Medicare Program: Yes No Medicare member number: _____

Other government benefits: _____

What is the nature of the Beneficiaries disability: _____

REMAINDER BENEFICIARY INFORMATION

If funds remain after the distribution to the PLAN of Arizona's Remainder Share, list below the persons or entities that you would like to receive the funds.

If any Final Remainder Beneficiary is deceased or cannot with reasonable diligence be found, or has died without alternates surviving at the time of distribution, the funds that would have been distributed to that beneficiary will instead be distributed to his or her legal heirs, *per stirpes*. If a Final Remainder Beneficiary does not have descendants, then his or her share shall lapse and the funds will be redistributed based on the percentages listed below.

If no Final Remainder Beneficiaries are living, or cannot with reasonable diligence be found, or have died without alternates surviving, the distribution will be considered a gift to PLAN of Arizona.

Locating Final Remainder Beneficiaries

Grantor acknowledges that PLAN of Arizona may incur additional costs if Final Remainder Beneficiaries or the beneficiaries of the Grantors estate cannot be easily located. Grantor acknowledges and agrees that PLAN of Arizona may recover its reasonable costs and expenses associated with locating such beneficiaries.

Include the full names, addresses and telephone numbers of each Final Remainder Beneficiary. If a final Remainder Beneficiary is an entity, include the entity's full name and business address.

PLAN of Arizona's Remainder Share: (optional) 10% 25% 50% 100% _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATE OF BIRTH: _____ PERCENTAGE OF FINAL REMAINDER: _____

EMAIL: _____ RELATIONSHIP TO GRANTOR: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATE OF BIRTH: _____ PERCENTAGE OF FINAL REMAINDER: _____

EMAIL: _____ RELATIONSHIP TO GRANTOR: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATE OF BIRTH: _____ PERCENTAGE OF FINAL REMAINDER: _____

EMAIL: _____ RELATIONSHIP TO GRANTOR: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATE OF BIRTH: _____ PERCENTAGE OF FINAL REMAINDER: _____

EMAIL: _____ RELATIONSHIP TO GRANTOR: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

DATE OF BIRTH: _____ PERCENTAGE OF FINAL REMAINDER: _____

EMAIL: _____ RELATIONSHIP TO GRANTOR: _____

****** TOTAL OF PERCENTAGES (THE TOTAL MUST BE 100%): _____**

The Grantor confirms that he/she have read, understands and agrees to be bound by all provisions of the PLAN of Arizona Master Trust Agreement, as amended, which is attached to this Joinder Agreement and made a part hereof.

The Grantor acknowledges by his/her signature below that:

1. The Grantor recognizes that all expenditures and distributions of funds from the Beneficiaries Sub-Trust account are at the Trustee's sole discretion;
2. The Grantor agrees that all fees shall be deducted from the Beneficiaries Sub-Trust account when due;
3. A current Fee Schedule will be provided annually. The fee schedule is subject to change with 30 days' notice.
4. The Grantor acknowledges that PLAN of Arizona, Inc., Trustee, the Charitable Corporate Trustee, cannot, will not, and has not made any representation to the Grantor or Beneficiary and/or Beneficiary's legal representatives as to the legal and/or tax consequences to the Beneficiary and/or legal Representative or to Grantor, and all parties agree to rely upon his/her own tax advisor.
5. That the assets contributed to the Beneficiaries Sub-Trust account are not deductible as charitable gifts;
6. The Grantor is responsible for filing gift tax returns and paying gift taxes that may be required as a consequence of establishing or adding to a Beneficiaries Sub-Trust account;
7. To the extent there is a conflict between the terms of this document and the Trust and the governing law as from time to time amended, the governing law shall control.

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

IN WITNESS WHEREOF, the undersigned Grantor has reviewed and signed this Joinder Agreement, understands it, and agrees to be bound by its terms.

Grantor

Grantor

State of _____)
) ss.
 County of _____)

On _____, before me, the undersigned Notary Public, _____
 _____ personally appeared and proved to me on the basis of satisfactory evidence to be the
 person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that they executed the same.
 WITNESS my hand and official seal:

My Commission Expires: _____
 NOTARY PUBLIC

PLAN of Arizona has accepted and signed this Joinder Agreement this _____ day of _____, 20____, as Trustee.

By: _____
 PLAN of Arizona, Executive Director