

## NASSAU COUNTY AHRC COMMUNITY TRUST II

- **Sponsor Agreement**

The undersigned hereby establishes a Trust Account under the Nassau County AHRC Community Trust II dated \_\_\_\_\_, in the initial sum of \$ \_\_\_\_\_ (not less than \$10,000.00).

1. Name of Sponsor \_\_\_\_\_

2. Sponsor Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Daytime phone \_(\_\_\_\_\_)\_\_\_\_\_

Evening phone \_(\_\_\_\_\_)\_\_\_\_\_

4. Date of Sponsor Agreement \_\_\_\_\_

5. Name of Designated Beneficiary \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Designated Beneficiary Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Relationship of Sponsor to Designated Beneficiary \_\_\_\_\_

8. Is the Designated Beneficiary a recipient of or an applicant for any public benefit program?

Yes  No

If yes, please specify which program(s):

\_\_\_\_\_

\_\_\_\_\_

9. Does the Designated Beneficiary have a Guardian, attorney-in-fact, or other fiduciary?

yes Please specify name and title

\_\_\_\_\_

no

10. If the Designated Beneficiary's fiduciary is the Sponsor, has a successor been appointed or nominated?

yes Please specify name and title

\_\_\_\_\_

no

11. Name, address and social security number for individual who will receive annual statements subsequent to notification of the death of the Sponsor:

Name: \_\_\_\_\_

Relationship to Designated Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

12. Upon the death of the Designated Beneficiary, amounts remaining in the Designated Beneficiary's account as described below shall be retained in the Trust solely for the benefit of individuals who are disabled as defined in Social Security Law Section 1614(a)(3)[42 USC 1382c(a)(3)] and any subsequent definitions that are enacted into law.

13. Name, address and social security number for individual who will receive final accounting at the death of the Designated Beneficiary:

**Name** \_\_\_\_\_ **Relationship to Sponsor** \_\_\_\_\_

**Address** \_\_\_\_\_

**Soc. Sec. #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

14. Does the Designated Beneficiary have a will?

Yes

No

15. Have prior funeral arrangements been made for the Designated Beneficiary?

Yes

No

If "yes," copies of all contracts and documents must be included with this Sponsor Agreement.

16. Estimated payment dates for funding of Trust Account (\$25,000.00 minimum):

<u>Date</u>	<u>Amount</u>
Upon Acceptance of Sponsor Agreement by Trustees (minimum \$10,000)	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
Total Amount Pledged	\$ _____

17. The undersigned Sponsor hereby acknowledges:

- A. That the signing of this document constitutes a legal agreement and contributions to the Trust Account are irrevocable and may have tax consequences. I have been advised to consult with my attorney and tax advisor before signing this Sponsor Agreement.
- B. That I am obligated to make a minimum contribution to the Trust Account in the amount of \$25,000.00. An initial minimum contribution of \$10,000.00 is required to be made upon the acceptance of this Sponsor Agreement by the Trustees and the remaining amount of the pledge must be made within five (5) years after the date of this Sponsor Agreement.
- C. That all contributions made to the Trust Account will be held and administered pursuant to the provisions of the Nassau County AHRC Community Trust II dated \_\_\_\_\_ including any amendments to the Trust after the date of this Sponsor Agreement. The provisions of the Nassau County AHRC Community Trust II are incorporated herein by reference. I have received and reviewed a copy of the Nassau County AHRC Community Trust II prior to signing this Sponsor Agreement.

D. THAT A POTENTIAL CONFLICT OF INTEREST EXISTS IN THE ADMINISTRATION OF THE NASSAU COUNTY AHRC COMMUNITY TRUST II. THE TRUSTEES ARE APPOINTED BY NASSAU COUNTY AHRC FOUNDATION, INC. WHICH MAY HAVE INTEREST IN THE TRUST ACCOUNTS FOR THE BENEFIT OF OTHER DISABLED INDIVIDUALS. IN THE ADMINISTRATION OF THE TRUST, THE TRUSTEES ARE PERMITTED TO DISBURSE TRUST FUNDS TO NASSAU COUNTY AHRC FOUNDATION, INC. OR AFFILIATED AGENCIES ON BEHALF OF THE DESIGNATED BENEFICIARIES. I AM AWARE OF THE EXISTENCE OF THIS POTENTIAL CONFLICT OF INTEREST AND EXPRESSLY WAIVE ANY AND ALL CLAIMS AGAINST THE TRUSTEES ON ACCOUNT OF SELF-DEALING, CONFLICT OF INTEREST, OR ANY OTHER ACT.

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Sponsor

Accepted by the Trustees of the  
Nassau County AHRC Community Trust II

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Trustee

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Trustee