

**WESTERN NEW YORK COALITION POOLED
Friends and Family Trust**

JOINDER AGREEMENT

The undersigned (the "Donor") hereby establishes a Trust Account under the WESTERN NEW YORK COALITION FRIENDS AND FAMILY TRUST dated this _____day of _____, 20_____, in the initial sum of \$_____.

1. Name of Donor: _____ Social Security Number: _____

Address: _____

Telephone Number: _____

2. Name of Designated Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Telephone Number: _____

3. Name of Designated Beneficiary's Attorney: _____

Address: _____

Telephone Number: _____

4. Name of Designated Beneficiary's Legal Representative: _____

Relationship to Designated Beneficiary: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Telephone Number: _____

5. Upon the death of the Designated Beneficiary, twenty five percent (25%) of the net income in principal remaining in the Designated Beneficiary's account shall be equally split between People Inc. and Legal Services for the Elderly, Disabled or Disadvantaged of Western New York.

6. Upon the death of the Designated Beneficiary, seventy-five percent (75%) of the net income and principal remaining in the Designated Beneficiary's account shall be distributed by the Trustees to the following persons:

7. If any of the above beneficiaries predecease me I request that their share:

- a. Be distributed to the remaining beneficiaries: Yes No (pick one)
- b. Be given to the deceased beneficiaries heirs: Yes No (pick one)

8. Estimated payment dates for funding of Trust Account:

	<u>Amount</u>
Upon Acceptance of Joinder Agreement	
_____	_____
_____	_____
_____	_____
Total Amount	_____

The Donor, or her legal representative on behalf of the Donor, if this Joinder Agreement is being executed by the Donor's guardian, attorney-in-fact or other duly authorized legal representative, hereby acknowledges and agrees:

- A. That the signing of this document constitutes a legal agreement and contributions to the Trust Account may have tax consequences. I have been advised to consult with my attorney and tax advisor before signing this Joinder Agreement, and have done so to the extent I felt necessary to knowingly enter into this Joinder Agreement. I did not receive any legal advice from the Trust or Trustees and waive any and all claims against them in the event my involvement with this Trust results in any loss or cost to me. I understand that the beneficiary or his/her representative is solely responsible for advising the Trust of any changes to the information set forth above and to any changes in benefits the beneficiary receives, including Medicaid, SSI, HUD and all other public benefits programs concerning his/her involvement in the Trust; and to provide information to the extent deemed necessary by the Trust or Trustees. I understand that the Trust and the Trustees have the right to communicate with any individual or entity, including, but not limited to Medicaid, Medicare, SSI, HUD and all other public benefits programs concerning the beneficiary's trust and will provide information to the extent deemed necessary by the Trust or Trustees. I will be solely responsible to settle any Social Services, Medicaid or Medicare liens, if any, prior to entry of funds into the Trust and I will hold the Trust and Trustees harmless for any loss I suffer or any amounts due the government for failing to resolve any such claims.
- B. That all contributions made to the Trust Account will be held and administered pursuant to the provisions of the WESTERN NEW YORK COALITION FRIENDS AND FAMILY TRUST dated the 20th day of December, 2004, including any amendments to the Trust made after the date of this Joinder Agreement. The provisions of the WESTERN NEW YORK COALITION FRIENDS AND FAMILY TRUST are incorporated herein by reference. I have received and reviewed a copy of the WESTERN NEW YORK COALITION FRIENDS AND FAMILY TRUST prior to signing this Joinder Agreement.
- C. That a potential conflict of interest exists in the administration of the Western New York Coalition Friends and Family Trust. People, Inc. and Center for Elder Law & Justice (the "Agency Trustees") may have an interest in retaining funds in the Trust accounts for the benefit of other disabled individuals, and in the administration of the Trust, the Trustees are permitted to disburse Trust funds to the agency Trustees 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.

Donor/Executor

Date

State of New York)
County of Erie) ss.:

On the _____ day of _____ in the year 20__ before me, the undersigned, a notary public in and for said state, personally appeared _____ personally known to me or proved to me on a basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity as Donor, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Donor's/Executor's Attorney

Date

Accepted by the Trustees of the Western New York Coalition Pooled Friends and Family Trust:

Trustee

Trustee

Trustee

State of New York)
County of Erie) ss.:

On the _____ day of _____ in the year 20__ before me, the undersigned, a notary public in and for said state, personally appeared _____ personally known to me or proved to me on a basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity as Trustee, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

State of New York)
County of Erie) ss.:

On the _____ day of _____ in the year 20__ before me, the undersigned, a notary public in and for said state, personally appeared _____ personally known to me or proved to me on a basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity as Trustee, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

State of Ohio)
County of Cuyahoga) ss.:

On the _____ day of _____ in the year 20__ before me, the undersigned, came _____, to me known, who, being by me duly sworn, did depose and say that he/she resides in _____ of _____; and the he/she is the _____ of **KEY BANK TRUST COMPANY**, the corporation described in and which executed the above instrument, and that he/she signed his/her name thereto by authority of the board of directors of said corporation.

Signature and Office of Individual taking
Acknowledgment (affix stamp)