

**WESTERN NEW YORK COALITION POOLED TRUST ONE  
Under 65 Trust**

(A Trust For Persons with Disabilities)

JOINDER AGREEMENT

The undersigned hereby establishes a Trust Account under the WESTERN NEW YORK COALITION POOLED TRUST ONE dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the initial sum of \$ \_\_\_\_\_.

**1. Name of Donor/Beneficiary:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**2. Name of Donor/Beneficiary's Legal Representative, if any:**

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Relationship to Designated Beneficiary: \_\_\_\_\_  
(POA, HCP, Friend or Family Member)

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**3. Name of Donor/Beneficiary's Attorney:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

5. Estimated payment dates for funding of Trust Account:

	<u>Amount</u>
Upon acceptance of Joinder Agreement by Trustees	\$ _____
Date of Additional contribution _____	\$ _____
Date of Additional contribution _____	\$ _____
Date of Additional contribution _____	\$ _____
Date of Additional contribution _____	\$ _____
Date of Additional contribution _____	\$ _____

(If no contributions are anticipated other than the initial contribution upon acceptance of the Joinder Agreement by the Trustee, enter "NA")

Total Amount \$ \_\_\_\_\_

**The undersigned Beneficiary, or his/her legal representative on behalf of the Beneficiary, if this Joinder Agreement is being executed by the Beneficiary'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 or impact my benefits that I currently receive or may in the future. 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 am solely responsible for advising the Trust of any changes to the information set forth above and to any changes in benefits I receive. I grant the Trust and the Trustees the right to communicate with any individual or entity, including, but not limited to,

Medicaid, SSI, HUD and all other public benefits programs, concerning my involvement in the Trust and to 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 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 liener for failing to resolve any such liens.

- B. That all contributions made to the Trust Account will be held and administered pursuant to the provisions of the Western New York Coalition Pooled Trust One dated the 25<sup>th</sup> day of February, 2004, including any amendments to the Trust made after the date of this Joinder Agreement. The provisions of the Western New York Coalition Pooled Trust One are incorporated herein by reference. I have received and reviewed a copy of the Western New York Coalition Trust One and the current fee schedule prior to signing this Joinder Agreement.
- C. That a potential conflict of interest exists in the administration of the Western New York Coalition Pooled Trust One. 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. 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.

\_\_\_\_\_  
Beneficiary or Legal Representative

\_\_\_\_\_  
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 the 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

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Beneficiary's Attorney

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Date

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**Accepted by the Trustees of the Western New York Coalition Pooled Trust One:**

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Trustee

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Trustee

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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 the 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 the 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 that he/she is the \_\_\_\_\_ (Title) 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  
Acknowledgement (affix stamp)