

# Special Needs Trust Foundation

P. O. Box 1890



Lakeside, CA 92040



(619) 201-2672

## 1<sup>st</sup> Party/Self-Settled Joinder Agreement Acknowledgment

Please acknowledge receipt of the following by checking each box and signing at the bottom.

- Receipt of 1<sup>st</sup> Party/Self-Settled Master Trust
  
- Receipt and completion of 1<sup>st</sup> Party/Self-Settled Joinder Agreement
  
- Receipt of 1<sup>st</sup> Party/Self-Settled Investment Policy adopted April 13, 2007
  
- Receipt and completion of 1<sup>st</sup> Party/Self-Settled Fee Statement
  
- I have been advised that the trust account is to maintain a minimum balance of no more than \$5,000 to be used towards any final fees, taxes, filing fees, etc. for a reasonable period of time before final distribution can be made on behalf of the beneficiary

I acknowledge that I have received, read, understood and completed each of the above documents. I also acknowledge that I have met with a representative from the Special Needs Trust Foundation Board who has explained the details of a 1<sup>st</sup> Party/Self-Settled Special Needs Trust.

\_\_\_\_\_  
**Beneficiary Signature  
Or Beneficiary's Legal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**SNTF-SD Representative**

\_\_\_\_\_  
**Date**