

Special Needs Trust Foundation

P. O. Box 1890



Lakeside, CA 92040



(619) 201-2672

1st Party/Self-Settled Joinder Agreement Acknowledgment

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

- Receipt of 1st Party/Self-Settled Master Trust
- Receipt and completion of 1st Party/Self-Settled Joinder Agreement
- Receipt of 1st Party/Self-Settled Investment Policy adopted April 13, 2007, revised November 16, 2007, revised October 13, 2010.
- Receipt and completion of 1st Party/Self-Settled Fee Statement
- I have been advised that the trust account is to maintain a minimum balance of no less 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.

For Spanish speaking only:

- I acknowledge receipt of a copy of an unexecuted Spanish language translation of the 1st Party/Self-Settled Master Trust, Joinder Agreement, Investment policy, and Fee Statement, prior to signing a completely filled in copy of these documents in English.

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 1st Party/Self-Settled Special Needs Trust.

Beneficiary Signature

Date

Or Beneficiary's Legal Representative (state relationship) _____

SNTF-SD Representative

Date