

# Special Needs Trust Foundation

P. O. Box 1890



Lakeside, CA 92040



(619) 201-2672

## 3rd Party Joinder Agreement Acknowledgment

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

- Receipt of 3<sup>rd</sup> Party Master Trust
  
- Receipt and completion of 3<sup>rd</sup> Party Joinder Agreement
  
- Receipt of 3<sup>rd</sup> Party Investment Policy adopted September 2003 and amended September 2006 & September 2007
  
- Receipt and completion of 3<sup>rd</sup> Party 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 3<sup>rd</sup> Party Special Needs Trust.

\_\_\_\_\_  
**Donor Signature**

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

\_\_\_\_\_  
**Donor Signature**

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

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

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