

JOINDER AGREEMENT
FOR LUTHERAN SOCIAL SERVICE OF MINNESOTA'S
NORTH DAKOTA SELF-SETTLED POOLED TRUST
Instructions for Completing the Joinder Agreement

Please read this Joinder Agreement and the related Lutheran Social Service of Minnesota's ("LSS") North Dakota Self-Settled Pooled Trust Agreement ("Pooled Trust") in full and have it reviewed by your legal counsel before execution. The requested information assists us, as Trustee, in identifying individuals associated with you the Beneficiary, in identifying and planning for the needs and wants of the Beneficiary, and in updating information over time. Please do not leave any empty spaces; if a question does not apply to you, then indicate N/A in your response. You may attach extra sheets of paper for any question if the space provided is inadequate.

This Agreement is a binding legal document. You are encouraged to seek independent legal counsel if the beneficiary is **under the age of 65** and you have any doubts about your ability to complete this agreement properly or you have questions about the terms of this Agreement. You **will need** (LSS requires you) to seek independent legal counsel if the beneficiary is **age 65 or older**.

1. This is a non-revocable agreement. **Once established, you cannot ask for a return of your funds.** The funds contributed to the Self-Settled Pooled Trust must be funds that are those of the Beneficiary and not of a third party.
2. Please note that the Pooled Trust cannot disburse funds for basic needs (shelter or food) to the extent it replaces, reduces or substitutes a Beneficiary's government benefits. The funds are budgeted for supplemental items which are appropriate to the Sub-Account Beneficiaries' needs. Under current law, the Trustee can approve a lifetime disbursement for a pre-paid burial plan but cannot approve disbursements after the Beneficiary's death for a funeral.
3. Federal law requires that all unspent amounts in a Beneficiary funded Sub-Account at the Beneficiary's death must be used to reimburse the State or States (if the beneficiary has received aid from more than one State) for medical services received.
4. The "Beneficiary" (page 4 and Schedule B page 10) is the individual whose funds are contributed to the Special Needs Pooled Trust Sub-Account and who is the sole individual that may benefit from the Sub-Account created for his or her lifetime benefit. The Beneficiary of the Trust must meet the definition of having a disability to join the Trust. A Beneficiary shall provide written evidence to the Trustee of disability by providing confirmation of the Social Security Administration or the State Medical Review Team's (SMRT) determination of disability.
5. The "Grantor" (page 4, Page 8 and Schedule B page 10) of the Sub-Account must be the Beneficiary, the parent of the Beneficiary, the grandparent of the Beneficiary or a Legal Representative (Guardian or Conservator who signs the Joinder Agreement on behalf of the Beneficiary). Alternatively, the Court may establish the Sub-

Account on behalf of the Beneficiary. A Grantor enters into the Joinder Agreement using the Beneficiary’s own funds to establish the Sub-Account for the Beneficiary’s sole benefit.

6. The “Legal Representative or Designated Advocate” (Schedule B, Section 3 page 11) is the person who may request disbursements from the Sub-Account for the benefit of the Beneficiary and may receive copies of the financial reports and other fee information from the Trustee. If the Legal Representative is someone other than the Grantor, please provide the information for the Legal Representative or Designated Advocate on Schedule B, (page 11). We will need a copy of the document or documents that appoint the Legal Representative in his or her capacity (i.e. Copy of Power of Attorney, Guardianship or Conservatorship court appointment documentation.). Please provide an alternate Legal Representative, if there is one. This will ensure that Lutheran Social Service has someone to contact in the event the primary Legal Representative is unavailable.

7. Concerning distribution upon the death of the Beneficiary, on Schedule B, (page 14) please provide clear details regarding who the Grantor wishes to receive the funds remaining after satisfying the State’s claim for Medical Assistance/Medicaid reimbursement.

8. On the last page of the Joinder Agreement is the checklist for self-settled Sub-Accounts. Please review this checklist carefully. LSS strongly recommends that an attorney be consulted who is familiar with trust and benefits issues before signing the bottom of the checklist. If the Grantor chooses not to review the checklist with an attorney, please make note on the checklist that you are waiving that right and then sign and date the checklist.

In addition to the completed Agreement, please be sure to include the following items;

- a. **Proof of Beneficiary’s Disability** – Under current law, a beneficiary must meet the definition of being “disabled” in order to join the Trust. Therefore, please provide proof of the beneficiary’s “disability” by either providing written evidence of the Social Security Administration or the State Medical Review Team’s (SMRT) determination of disability. This written documentation must be provided at the time of submitting the Joinder Agreement to LSS.
- b. **Proof of Grantor’s Status to Establish Trust on Behalf of Beneficiary** – Under current law, only the beneficiary’s parents, grandparents, legal guardian, the beneficiary himself or herself, or someone acting at the direction of a court may establish the Trust on behalf of the beneficiary. If you are anyone other than the beneficiary, then please include documents that verify that you fall within one of the permissible categories. (The table below illustrates the types of documents that must be submitted. The list is examples only and is not intended to be exhaustive or all inclusive. The documents provided must clearly and unequivocally establish the Grantor's status)

If The Grantor is :	Documents we need
The same as the beneficiary	Your photo I.D. will be enough
The parent (s)	Include a copy of your son or daughter’s Birth Certificate
The Grandparent (s)	Include a copy of your son or daughter’s Birth Certificate and a copy of your grandchild’s birth certificate
Legal Guardian or Conservator	Include copies of your Letter of Guardianship/Conservatorship
Attorney – in- Fact or Power of Attorney	Include a copy of the Power of Attorney document.
Court	If you are acting at the direction of a court, include a copy of the Court Order that directs you to execute the Joinder Agreement.

The documents listed above are examples only and are not intended to be exhaustive or all inclusive. Any document that establishes the Grantor's relationship to the Beneficiary, and the status to establish the Trust on behalf of the Beneficiary, will be sufficient. Please note, however, that the documents provided must clearly and unequivocally establish the Grantor's status.

- c. **Photocopies of ID** - All Grantors, Beneficiaries, and those Authorized to Request Distributions (Legal Representatives and Trust Advocates) must provide a photocopy of their Driver’s License or other Photo Identification.
- d. **W9** - The Beneficiary and all those authorized to Request Distributions must complete and sign a W9.
- e. **Grantor’s Wishes** - Ideas of what the **Grantor considers to be “Life Enhancing purchases and Experiences.”**
- f. **Authorization for Disclosure** – Allows LSS to both provide and receive financial information with other agencies

9. Funding Instructions: To fund the Sub-Account, please make the check payable to: “Lutheran Social Service of Minnesota, fbo (for the benefit of) [Beneficiary’s name]” or alternatively LSS can provide wire instructions at the time the Joinder Agreement is signed. Please send checks and the completed Joinder Agreement, to:

Attn: LSS Trust Administrator
Lutheran Social Service of Minnesota
1605 Eustis Street, Suite 310
St. Paul, MN 55108

10. Please note that LSS has the right to enter into a Joinder Agreement and the Joinder Agreement is not effective until and unless it is executed by an authorized representative of LSS.

11. If you have any questions, please contact the LSS Trust Administrator, (651) 310-9400.

12. The trusts created pursuant to the Trust Agreement and the Joinder Agreement are subject to the requirements of state and federal law and may be amended as deemed necessary or appropriate by LSS to remain in compliance with applicable legal requirements for pooled trusts governed by 42 U.S.C. 1396(p) and North Dakota Century Code Chapter 59-08.

**JOINDER AGREEMENT
FOR
LUTHERAN SOCIAL SERVICE OF MINNESOTA'S NORTH
DAKOTA SELF-SETTLED POOLED TRUST**

**This is a legal document. You are encouraged to seek
independent, legal advice before signing.**

This Joinder Agreement ("Joinder Agreement") is by and between Lutheran Social Service of Minnesota ("LSS" and "Trustee") and [name] _____, a North Dakota resident ("Grantor"), for the benefit of [name] _____ ("Beneficiary") for the purpose of enrolling in and adopting the Lutheran Social Service of Minnesota's North Dakota Self-Settled Pooled Trust Agreement ("Pooled Trust") which is incorporated herein by reference.

1. Adoption of Lutheran Social Service of Minnesota's North Dakota Self-Settled Pooled Trust Agreement. The Grantor, hereby agrees to transfer the sum of _____ (\$ _____) for the benefit of the Beneficiary into the Pooled Trust sub-account number _____ ("Sub-Account") to be administered by the Trustee in accordance with the terms and conditions contained in the Pooled Trust Agreement.

2. Distributions of the Remainder upon the Beneficiary's death. All unspent amounts in the Beneficiary's Sub-Account at the Beneficiary's death must be used to reimburse the state or states for medical services received ("State Reimbursement Claims"). If there are funds remaining in the Beneficiary's Sub-Account after the State claims have been satisfied, and after payment of taxes plus any allowable expenses, the remaining amounts are available to be distributed to the Remainder Beneficiaries appointed under Schedule B of this Joinder Agreement.

3. No Early Termination of Sub-Account. The Trust provides that a Sub-Account may not be terminated prior to the Beneficiary's death.

4. Locating Remainder Beneficiaries. Grantor acknowledges that the Pooled Trust may incur additional costs if the Remainder Beneficiaries listed in Schedule B of this Joinder Agreement cannot be located easily. Grantor acknowledges and agrees that the Trustee may recover its reasonable costs and expenses associated with locating such Remainder Beneficiaries.

5. Fees. Grantor agrees to pay the fees in accordance with Schedule A that is attached hereto and that may be amended from time to time in the sole discretion of the Trustee. If fees are not paid in advance by Grantor, the Trust Funds Manager and Trustee are authorized to charge such fees to a Beneficiary's Sub-Account. The Trustee shall give notice of any amendment to Schedule A at least thirty (30) days prior to the effective date of the amendment by giving written notice to the Grantor or Legal Representative. Please note that fees are not refundable.

6. Informational Forms. Schedule B contains the relevant information regarding the Beneficiary and eligibility for participation in the Pooled Trust and Grantor has completed this Schedule B accurately and

truthfully with the intention that LSS will rely on the information provided in establishing the Sub-Account and managing the funds deposited into the Sub-Account.

7. Management of Sub-Account. The Trust Sub-Account will be managed and administered for the benefit of the Beneficiary. Pending the preparation of the Beneficiary's case assessment and special needs plan, disbursements for any non-support items for the benefit of the Beneficiary may be made when, in the discretion of the Trustee, such supplemental care or special needs are not being provided by any public agency, or are not otherwise being provided by any other source available to the Beneficiary. The Trustee may also make other disbursements from the Beneficiary's Sub-Account for the Beneficiary to the extent it does not replace, reduce or substitute a Beneficiary's public agency benefits. The Grantor recognizes that all disbursements are discretionary, as directed by the Trustee. With this in mind, the Grantor may express Grantor's desires as to how funds in the Sub-Account might be used at the time of signing the Joinder Agreement on the separate "Wishes" form provided by LSS of Minnesota.

8. LSS Contact Information. Contact information for Pooled Trust and the Trust Funds Manager are included on Schedule C, and may be amended from time to time.

9. Amendment. The provisions of this Joinder Agreement may be amended as the Grantor and the Trustee may jointly agree, so long as any such amendment is consistent with the Pooled Trust Agreement and the then-applicable law. Provided, however, that after a Sub-Account is funded, the Grantor may not revoke a transfer pursuant to this Joinder Agreement.

10. Taxes. The Grantor acknowledges that the Trustee has made no representation to the Grantor that contributions to the Trust are deductible as charitable gifts, or otherwise. Grantor acknowledges that the Trustee has made no representations as to the gift or tax consequences of directing funds to the Trust and has recommended that the Grantor seek independent legal and tax advice. Sub-Account income, whether paid in cash or distributed in other property, may be taxable to the Beneficiary subject to applicable exemptions and deductions. Professional tax advice is recommended. Sub-Account income may be taxable to the Trust, and when this is the case, such taxes shall be payable from the applicable Sub-Accounts. Upon the Beneficiary's death, taxes due from the trust to the State(s) or federal government because of the death of the beneficiary and inclusion of the trust in the estate may be paid (except inheritance taxes) prior to reimbursement of the State(s) for medical assistance.

11. Additional Sub-Accounts. If the Grantor intends to enroll more than one Beneficiary under a Trust Sub-Account, an additional agreement is required between the Grantor and the Trustee regarding such matters as the enrollment fee or consultation fees for funded enrollments, Special Assessments, and other fees (as described on Schedule A).

12. Federal and State Law Control. This Trust managed by the Trustee is a pooled trust, governed by the laws of North Dakota (North Dakota Century Code Chapter 59-08) in conformity with the provisions of 42 U.S.C. § 1396p, amended August 10, 1993, by the Omnibus Budget Reconciliation Act of 1993. To the extent there is a conflict between the terms of the Trust or this Joinder Agreement and the governing law, the law and regulations shall control. The Trustee may amend the Pooled Trust and/or this Joinder Agreement from time to time in its discretion to meet the requirements of applicable law.

13. *Acknowledgments By Grantor.*

Each Grantor acknowledges:

- (i) Unless waived below, that he or she has been advised to have the Pooled Trust Agreement and this Joinder Agreement reviewed by his or her own attorney prior to the execution of this Joinder Agreement;
- (ii) that the Trust Funds Manager is a financial institution and is not licensed or skilled in the field of social services;
- (iii) that the Trust Funds Manager may conclusively rely upon the Trustee to identify programs that may be of social, financial, developmental or other assistance to Beneficiaries;
- (iv) that the Trust Funds Manager, its agents and employees, as well as their agents' and employees' heirs and Legal and Personal Representatives, shall not in any event be liable to any Grantor or Beneficiary or any other party for its acts as Trust Funds Manager so long as the Trust Funds Manager acts reasonably and in good faith;
- (v) the uncertainty and changing nature of the guidelines, laws, and regulations pertaining to governmental benefits and each Grantor agrees that the Trustee will not in any event be liable to any Grantor or Beneficiary or any other party for any loss of benefits or any other liability as long as the Trustee acts reasonably in good faith;
- (vi) that upon execution of the Joinder Agreement by Grantor and the Trustee, and the funding of a Sub-Account for a Beneficiary, that this Trust, as to Grantor and Beneficiary, is irrevocable. Each Grantor acknowledges that after the funding of a Sub-Account, the Grantor shall not have further interest in and does thereby relinquish and release all rights in, control over, and all incidents of interest of any kind or nature in and to the contributed assets and all income thereon;
- (vii) that he or she has not been provided, nor is he or she relying upon, any representation of or any legal advice by LSS in deciding to execute this Joinder Agreement;
- (viii) that he or she is entering into this Joinder Agreement voluntarily, as his or her own free act and deed;
- (ix) that if he or she has not had the Lutheran Social Service of Minnesota's North Dakota Self-Settled Pooled Trust Agreement or the Joinder Agreement reviewed by his or her own attorney, that he or she voluntarily waives and relinquishes such right;
- (x) that if he or she has not had the Lutheran Social Service of Minnesota's North Dakota Self-Settled Pooled Trust Agreement or the Joinder Agreement reviewed by his or her own CPA, that he or she voluntarily waives and relinquishes such right;
- (xi) that he or she has been provided a true and correct copy of the Lutheran Social Service of North Dakota Minnesota's Self-Settled Pooled Trust Agreement and this Joinder Agreement prior to the signing of this Joinder Agreement;
- (xii) that the Trustee shall file accountings only as required under North Dakota law;

(xiii) that he or she has reviewed and understands to his or her full satisfaction the legal, economic and tax effects of these instruments.

14. Federal Taxes; Indemnification by Grantor. Each Grantor acknowledges that a trust Sub-Account may be treated as a grantor trust for federal income tax purposes as provided under IRC § 671 et. seq. and the income tax regulations thereunder. In such event, all allocable income, gains or losses shall be reported on the Grantor's federal income tax return and taxable to the Grantor. Each Grantor acknowledges that the Grantor, the primary representative, or the Beneficiary shall be responsible for mailing their own federal and/or state income tax returns to report the income of the Trust which is taxable to them as their interest may appear. Each Grantor hereby indemnifies the Trustee and the Trust Funds Manager from any and all claims for income tax liabilities of his or her Sub-Account which is treated as a grantor trust for federal income tax purposes.

IN WITNESS WHEREOF, the undersigned Grantor(s) have reviewed and signed this Joinder Agreement, understand it, and agree to be bound by its terms, and the Trustee has accepted this Joinder Agreement. The parties hereby execute this Joinder Agreement to be effective as of the ____ day of _____, 20____.

Lutheran Social Service of Minnesota
as Trustee of the Lutheran Social Service of
Minnesota's North Dakota Self-Settled
Pooled Trust

By:

.....
Grantor signature

.....
Authorized Signature

.....
Grantor signature

.....
Typed name & title

STATE OF NORTH DAKOTA)
) ss.
COUNTY OF _____)

This instrument was acknowledged before me by _____ and _____, as
Grantor(s), on the ____ day of _____, 20____.

Notary Public

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

This instrument was acknowledged before me by _____, an authorized
representative of Lutheran Social Service of Minnesota, on the ____ day of _____, 20____.

Notary Public

SCHEDULE A
TO THE LUTHERAN SOCIAL SERVICE OF MINNESOTA'S
NORTH DAKOTA SELF-SETTLED POOLED TRUST JOINDER
AGREEMENT

FEE INFORMATION

The following Fees are established as of January 1, 2024 for sub-accounts to the Lutheran Social Service of Minnesota's North Dakota Self-Settled Pooled Trust. All fees will be deducted from sub-account balances. LSS and Bell Bank, as the Trust Fund Manager, each reserve the right to change its fees by giving Client no less than thirty days advance written notice.

FEES TO LSS:

1. One Time Enrollment Fee	\$1,200.00
2. Hourly Fee Rate*	\$108.00/hour
3. Annual Fee**	
0 disbursements	\$432.00/year
1-11 disbursements	\$324.00/year
12+ disbursements	\$216.00/year

* Hourly Fees will be charged only for work performed by LSS employees in reference to the sub-account management.

**The annual fee is based on the number of disbursements made from the account since the last annual accounting. It includes the cost of the annual accounting and account review.

FEES TO BELL BANK:

Fees are based on the combined market value of all of the assets of the sub-accounts in the Pooled Trust, and then divided proportionately and charged to each sub-account monthly.

These fees are as follows:

\$0-\$500,000	1.10%
\$500,001 -\$1,000,000	.95%
\$1,000,001-\$1,500,000	.75%
\$1,500,001 -\$2,000,000	.70%
\$2,000,001-\$3,000,000	.50%
\$3,000,001-\$5,000,000	.45%
\$5,000,001 and greater	.30%

Additional fees may be charged for extraordinary and/or special services.

SCHEDULE B
TO THE LUTHERAN SOCIAL SERVICE OF MINNESOTA'S
NORTH DAKOTA SELF-SETTLED POOLED TRUST
JOINDER
AGREEMENT

INFORMATION FOR SUB-ACCOUNT

Lutheran Social Service of Minnesota's North Dakota Self-Settled Needs Pooled Trust Sub-Account Numbers:	
Sub-Account Tax Identification Number:	

1.	Beneficiary:				SSN:		
	Address:						
	Email:						
	Telephone:	Primary:		Alternate:		Gender:	
	Birth date:			Marital status:			
	County:			Employment status:			
	Beneficiary under court supervision:	<input type="checkbox"/> no <input type="checkbox"/> yes		Court file number:			
	Receive financial statements:	<input type="checkbox"/> none <input type="checkbox"/> monthly <input type="checkbox"/> quarterly		Authority to make disbursement requests:	<input type="checkbox"/> no <input type="checkbox"/> yes		

2.	Grantor ¹ :				SSN:		
	Address:						
	Email:						
	Telephone:	Primary:		Alternate:		:	
	Birth date:						
	Relationship to Beneficiary (if someone other than the Beneficiary):						
	Receive financial statements:	<input type="checkbox"/> none <input type="checkbox"/> monthly <input type="checkbox"/> quarterly		Authority to make disbursement requests:	<input type="checkbox"/> no <input type="checkbox"/> yes		

¹ The Grantor must be the Beneficiary, the parent, grandparent, or the legal guardian or legal conservator of such individual Beneficiary, or alternatively established by the court on behalf of the Beneficiary. Any individual Grantor, other than the Beneficiary or parent or grandparent, must provide documented evidence of his or her legal authority to sign this Joinder Agreement on behalf of the Beneficiary (i.e. Paperwork from the Court appointing a Guardian or Conservator of the Beneficiary or a Power of Attorney). In addition, all Grantors must provide a birth date and social security number when completing the Joinder Agreement. Please note that the birth date and social security number are required in order to open up the Sub-Account with the Special Needs Pooled Trust and are required as part of the "Know Your Client" under the United States Patriot Act.

3.	Conservators, Guardians or other Legal Representatives ² who are authorized to receive information, communicate with the Trustee and may request funds on behalf of the Beneficiary if the Beneficiary is unable to do so		SSN:	
Address:				
Email:				
Telephone:	Primary:		Alternate:	
Legal Relationship to Beneficiary:				
Receive financial statements:	<input type="checkbox"/> none <input type="checkbox"/> monthly <input type="checkbox"/> quarterly	Authority to make disbursement requests:	<input type="checkbox"/> no <input type="checkbox"/> yes	
Legal Representative	Unless the Grantor requests otherwise and until the Grantor is no longer able to serve as such, the Grantor shall be the Beneficiary's Legal Representative. When the Grantor is no longer able to act as the Beneficiary's Legal Representative, the Guardian or representative listed above shall be the Legal Representative (with a court-appointed Guardian or Conservator, if any, taking precedence). If the Conservator, Guardian or Legal Representative listed above ceases to serve, please list below, in order, the persons that you would like to be successor Legal Representatives:			
1 st Alternate Legal Representative:			SSN:	
Address:				
Email:				
Telephone:	Primary:		Alternate:	
Relationship to Beneficiary:				

If none of the named Legal Representatives or successors is able to serve, how would you like the Trustee to select another Legal Representative (i.e., family member, public official, non-profit corporation, court appointment)?

² If the Beneficiary has a Legal Representative (e.g., legal guardian or conservator, duly appointed agent acting under a durable Power of Attorney, trustee, or other legally appointed representative acting on behalf of the beneficiary, parent of a minor Beneficiary or other legal fiduciary), insert the name, address and relationship of such person to the Beneficiary. In addition, all individuals listed under this section must provide a birth date and social security number when completing the Joinder Agreement. Please note that the birth date and social security number are required in order to open up the Sub-Account with the Lutheran Social Service of Minnesota's North Dakota Self-Settled Pooled Trust and are required as part of the "Know Your Client" under the United States Patriot Act.

Another person, not already named, that has authority to make disbursement requests:		SSN:	
		Birth date:	
Address:			
Email:			
Relationship to Beneficiary:		Receive financial statements:	<input type="checkbox"/> none <input type="checkbox"/> monthly <input type="checkbox"/> quarterly

Another person, not already named, that should receive financial statements:		Receive financial statements:	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly
Address:			
Email:			
Relationship to Beneficiary:			

Other Support Contacts			
Emergency contact:		Relationship to Beneficiary:	
Address:			
Telephone:	Primary:	Alternate:	
Email:			
Social worker / Case Manager:			
		Title:	
Agency:		Telephone:	
Address:			
Email:			
Residential facility:			
		Type of care:	
Address:			
Care coordinator / Administrator:		Title:	
Agency:		Telephone:	
Email:			

Current Benefits	
1. Does Beneficiary receive Supplemental Security Income (SSI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If the answer to question 1 was yes, how much per month?	\$ /month
3. Does Beneficiary receive Supplemental Security Disability (SSDI)?	<input type="checkbox"/> Yes

	<input type="checkbox"/> No
4. If the answer to question 3 was yes, how much per month?	\$ /month
5. Does Beneficiary receive Medical Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If the answer to question 5 was yes, what is the Medical Assistance card number?	Card #
7. In the space below, list all other forms of government assistance that the Beneficiary receives:	
8. If the Beneficiary is covered under any policy of health insurance, what is the insurer's name and address, and what is the policy number?	
Insurer:	
Address:	
Policy Number:	
9. If the Beneficiary is covered under any prepaid funeral or burial insurance plan, what is the insurer's name and address, and what is the policy number?	
Insurer:	
Address:	
Policy Number:	
Disability	
10. What is the nature of the Beneficiary's disability?	
11. If the Beneficiary's condition has been medically diagnosed, what is the diagnosis?	
List one or more - MI / CD / Physical Disability / DD / Elderly / Other	
12. What is the prognosis at this time?	
13. Source of Funds (check one):	Describe source:
<input type="checkbox"/> Beneficiary's funds <input type="checkbox"/> Third party funds with support obligation for Beneficiary	

Grantor's Acknowledgment as to Handling of Sub-Account Remainder upon Termination

I acknowledge that remainder after the State(s) are paid should be paid over to the Remainder Beneficiaries listed below.

Recipient:					SSN:	
Address:						
Telephone:	Day:		Cell:		Evening:	
Relationship to Grantor:					Percentage:	

Recipient:					SSN:	
Address:						
Telephone:	Day:		Cell:		Evening:	
Relationship to Grantor:					Percentage:	

Recipient:					SSN:	
Address:						
Telephone:	Day:		Cell:		Evening:	
Relationship to Grantor:					Percentage:	

Please ensure that the applicable percentages to the Recipients above total 100%.

**SCHEDULE C
TO THE LUTHERAN SOCIAL SERVICE OF MINNESOTA'S
NORTH DAKOTA SELF-SETTLED POOLED TRUST JOINDER
AGREEMENT**

CONTACT INFORMATION

For information regarding a Beneficiary's Sub-Account, or for requests for disbursements, call or write LSS at:

LUTHERAN SOCIAL SERVICE OF MINNESOTA'S NORTH DAKOTA SELF-SETTLED POOLED TRUST

LUTHERAN SOCIAL SERVICE OF MINNESOTA

ATTENTION: LSS TRUST ADMINISTRATOR

1605 Eustis Street, #310

St. Paul, MN 55108

651-310-9400

651-227-2797 Fax

lsspooledtrust@lssmn.org

ADDITIONAL DOCUMENTS TO PROVIDE LSS OF MINNESOTA

Proof of Beneficiary's Disability

Under current law, a beneficiary must meet the definition of being “disabled” in order to join the Trust. Therefore, please provide proof of the beneficiary’s “disability” by either providing written evidence of the Social Security Administration or the State Medical Review Team’s determination of disability. Written documentation must be provided at the time of submitting the Joinder Agreement to LSS of Minnesota.

Proof of Grantor's Status to Establish Trust on Behalf of Beneficiary

Under current law, only the beneficiary's parents, grandparents, legal guardian, the beneficiary himself or herself, or someone acting at the direction of a court may establish the Trust on behalf of the beneficiary. If you are anyone other than the beneficiary, then please include documents that verify that you fall within one of these permissible categories.

ALL GRANTORS MUST PROVIDE A PHOTOCOPY OF THEIR DRIVER'S LICENSE OR OTHER PHOTO IDENTIFICATION

In addition to the Grantor's photo I.D., the list below illustrates the types of documents that must be submitted to establish the Grantor's relationship to the Beneficiary and/or the status to contribute to the Trust.

- | | |
|---|---|
| 1. Beneficiary as the Grantor. | Your photo I.D. will be enough. |
| 2. Parent(s) as Grantors. | Include a copy of your son or daughter's birth Certificate. |
| 3. Grandparent(s) as Grantors. | Include a copy of your son or daughter's birth certificate and a copy of your grandchild's birth certificate. |
| 4. Legal Guardian/Conservator as Grantor. | Include copies of your Letters of Guardianship/ Conservatorship. |
| 5. Court as Grantor. | If you are acting at the direction of a Court, include a copy of the Court Order that directs you to execute the Joinder Agreement. |

The documents listed above are examples only and are not intended to be exhaustive or all inclusive. Any document that establishes the Grantor's relationship to the Beneficiary, and the status to establish the Trust on behalf of the Beneficiary, will be sufficient. Please note, however, that the documents provided must clearly and unequivocally establish the Grantor's status.

It is not the intent of LSS to provide legal advice. Attorneys working with families should be experienced in trust and government benefit issues. LSS urges attorneys who are not experienced in these areas for persons with disabilities to direct families on to attorneys who have such experience.

**Please submit this checklist with the Joinder Agreement
Attorney’s Checklist For Self-Settled Sub-Accounts
Lutheran Social Service of Minnesota’s North Dakota Self-Settled Pooled Trust**

- My client has been advised of the tax consequences of Trust Sub-Account profit.
- I have advised my client that the Pooled Trust cannot disburse funds for basic needs (shelter or food to the extent it replaces, reduces or substitutes my the Beneficiary’s government benefits) because it is a supplemental trust. The funds are budgeted for supplemental items which are appropriate to the Sub-Account Beneficiaries’ needs. The trust account can approve a disbursement for a pre-paid burial plan but cannot approve disbursements after the Beneficiary’s death for a funeral.
- I have advised my client that federal law requires that all unspent amounts in a Beneficiary funded Sub-Account at the Beneficiary’s death (remaining after payment of the remainder share) must be used to reimburse the State or States for medical services received before any disbursement is made to Remainder Beneficiaries.
- There are no Medicaid liens against these funds.
- There are no other liens or claims against the Trust Sub-Account funds.
- The Beneficiary of the Trust meets the definition of having a disability according to the Social Security definition (check appropriate options). The Beneficiary is currently eligible for SSI SSDI Medicaid or the Beneficiary has obtained a disability determination by other means allowable by law.
- Under current law, only the beneficiary's parents, grandparents, legal guardian, the beneficiary himself or herself, or someone acting at the direction of a court may establish the Trust on behalf of the beneficiary. If you are anyone other than the beneficiary, then please include documents that verify that you fall within one of these permissible categories.
- I have advised my client that, under 42 U.S.C. § 1396(p)(c), certain transfers of assets for less than fair market value (including but not limited to the purchase of an annuity that will not pay back to the purchaser the amount paid for it) can result in a period of ineligibility for certain types of Medicaid, including long-term care Medicaid, home or community-based waiver services, home health care services, home and community care for functionally disabled elderly individuals, and personal care services; and I have further advised my client that the act of joining the Lutheran Social Service of Minnesota’s North Dakota Self-Settled Pooled Trust is not considered such a transfer of assets for less than fair market value, but I have so advised my client that if such a transfer of assets for less than fair market value has occurred, as would be penalized under 42 U.S.C. § 1396(p)(c), joining the Lutheran Social Service of Minnesota’s North Dakota Self-Settled Pooled Trust will not avoid or mitigate the penalty period. Additionally, I have advised my client that joining the Lutheran Social Service of Minnesota’s North Dakota Self-Settled Pooled Trust when the Beneficiary is over age 65 is a disqualifying transfer under Medicaid pursuant to 42 U.S.C. § 1396(p).

Attorney name, print or type

Client name, print or type

Signature

Signature

Date

Date

I (We) have read the above Attorney Checklist and waive review by an attorney:

Signature

Signature

Date

Date