

# BIAWA POOLED BASIC SUPPORT AND MAINTENANCE TRUST

## JOINDER AGREEMENT

**THIS JOINDER AGREEMENT** is entered into and shall be effective as of the date set forth below, by and between the Brain Injury Association of Washington, d/b/a the Brain Injury Alliance of Washington (“BIAWA” herein) and the Account Founder whose signature is set forth on this Joinder Agreement.

### DEFINITIONS

**Account Founder:** The individual or entity that executes the Joinder Agreement for the purposes of establishing an Individual Trust Account for a Beneficiary.

**Beneficiary:** A person for whom an Individual Trust Account is established under the BIAWA Pooled Basic Support and Maintenance Trust. The Beneficiary may also be the Account Founder, as defined above.

**Disbursement Plan:** A plan, submitted by the Account Founder at the time of enrollment, that identifies the goods or services most likely to be appropriate to the needs of the Beneficiary, the anticipated duration of the Trust, and any potential future funds which may be contributed. The Disbursement Plan may be periodically changed by amending this Joinder Agreement as provided in Article IV of the Terms & Agreement.

**Disposition Plan:** A plan that directs how funds will be distributed on the death of the Beneficiary. See Article V of the Terms & Agreement below.

**Donor:** A third party, including the Account Founder, who is not a Beneficiary, and who contributes his or her, or its own assets to an Individual Trust Account under the Trust Agreement for the benefit of a Beneficiary, whether such contribution is by gift, will, beneficiary designation, contract, or agreement.

**Final Remainder:** Any assets remaining in a Beneficiary’s Individual Trust Account at the time of his or her reaching the age provided in Paragraph V(B).

**Individual Trust Account:** An account established and maintained by the Trustee under the terms of the BIAWA Pooled Basic Support and Maintenance Trust Agreement for an individual Beneficiary. The Individual Trust Account shall reflect:

- The initial value of the assets contributed to this Trust.
- Any additional contributions of assets to this Trust.
- The Individual Trust Account’s proportionate share of the Trust’s earnings and appreciation.
- The Individual Trust Account’s proportionate share of the Trust’s taxes, expenses, depreciation, investment losses, and the fees set forth in the Joinder Agreement.
- Any distribution from this Trust for the Beneficiary.

**Joinder Agreement:** This agreement establishing the Account Founder’s consent to the BIAWA Pooled Basic Support and Maintenance Trust and establishing the distribution, fees, and management of the Individual Trust Account for the Beneficiary.

**Trust Manager:** Any individual or entity who the Trustee may delegate acts and duties to pursuant to the BIAWA Pooled Basic Support and Maintenance Trust Agreement.

**Trustee:** The Brain Injury Alliance of Washington, as designated in the BIAWA Pooled Basic Support and Maintenance Trust.

**Trustor:** The Brain Injury Alliance of Washington, as designated in the BIAWA Pooled Basic Support and Maintenance Trust.

### **TERMS & AGREEMENT**

The undersigned Account Founder hereby enrolls in, and adopts and consents, to the BIAWA Pooled Basic Support and Maintenance Trust Agreement dated \_\_\_ day of \_\_\_\_\_, 20\_\_\_, which is incorporated herein by reference.

**I. Parties:** Although other parties may be identified below, the Account Founder, Beneficiary, and his or her legal representative, if any, hereby agree that they are the only parties who are authorized to receive information about the Beneficiary’s Individual Trust Account from the BIAWA or the contractors hired by the BIAWA. The Account Founder, Beneficiary, and his or her legal representative, if any, agree to update the identity of and contact information for any of the parties listed below by promptly notifying the BIAWA of any such changes. The BIAWA is not responsible for determining if such updates are needed and will rely solely upon the information provided by the Account Founder, Beneficiary, and the Beneficiary’s legal representative, if any.

**Account Founder:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Email:

Relationship to Beneficiary:

**Beneficiary:**

Name:

Address:

Phone:

Email:

Birthdate:

Social Security Number:

**Legal Representative(s), if any:**

Name:

Address:

Phone:

Email:

Relationship to Beneficiary:

Name:

Address:

Phone:

Email:

Relationship to Beneficiary:

**Case Manager, if any:**

Name:

Address:

Phone:

Email:

Relationship to Beneficiary:

**Caregiver(s), if any:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

**Other Interested Parties:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

**II. Current Government Benefits:**

Medicaid:	Yes _____ No _____ If so, Medicaid card number? _____
Medicare:	Yes _____ No _____ If so, Medicare number? _____

Supplemental Security Income (SSI)	Yes _____ No _____ Amount: \$ _____ / month
Social Security Disability Insurance (SSDI), Survivor's Benefits, or Childhood Disability Benefits (CDB)	Yes _____ No _____ Amount: \$ _____ / month
Section 8 Housing	Yes _____ No _____ Amount of Subsidy: \$ _____ / month Which Housing Authority? _____
Veteran's Administration Benefits	Yes _____ No _____ Amount: \$ _____ / month

Please list all other forms of local, state and government assistance that the Beneficiary receives:

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Please list all other forms of non-government assistance that the Beneficiary receives:

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**III. Funding of the Individual Trust Account:** The Beneficiary's Individual Trust Account may be funded with the Beneficiary's own assets or assets belonging to someone other than the Beneficiary.

\_\_\_\_\_ (*initials*) This Individual Trust Account is being established with the proceeds from a settlement approved by the \_\_\_\_\_ County Superior Court. A copy of the Order that approves the settlement and the Order that directs the settlement proceeds to this Trust are attached to this Joinder Agreement.

\_\_\_\_\_ (*initials*) This Individual Trust Account is being established with the proceeds from a wrongful death or other action, which was intended to compensate the Beneficiary for the



**V. Disposition Plan:**

A. Disposition if Termination Prior to Death of Beneficiary. Neither the Beneficiary, the Account Founder, nor any Donor has a right to terminate or revoke an Individual Trust Account in the BIAWA Pooled Basic Support and Maintenance Trust.

B. Duration of Trust. The Individual Trust Account will terminate upon the earlier of the Beneficiary attaining the age below, or at the death of the Beneficiary, subject to any Order of the Court of competent jurisdiction regarding the term of this Trust. When the Beneficiary reaches \_\_\_\_\_ years of age, the Individual Trust Account shall terminate, subject to the terms of the BIAWA Pooled Basic Support and Maintenance Trust, and the net assets remaining shall pass and be distributed to the Beneficiary outright.

C. Distribution on Death of Beneficiary. If funds remain in the Individual Trust Account when the Beneficiary dies, the remaining funds will be paid in the following order:

1. Taxes and other reasonable fees and costs for administration of the Individual Trust Account;
2. Other expenses associated with the winding up and closing of the Individual Trust Account;
3. Supplemental funeral and burial expenses; and
4. If any funds remain, they will be passed to the Final Remainder Beneficiaries.  
See Paragraph V(D) below.

D. Final Remainder Beneficiaries. If the Beneficiary dies prior to termination at the age specified in Paragraph V(B) above, the Trust provides as follows:

1. If the Beneficiary has executed a valid Will or Power of Appointment, the balance of the Individual Trust Account shall be distributed in accordance with the provisions of such Will or Power.
2. If the Beneficiary has not executed a valid Will or Power of Appointment, the balance of the Individual Trust Account shall be distributed in accordance with the laws of Intestate Succession for the state in which the Beneficiary resides at the date of his or her death.

E. Locating Final Remainder Beneficiaries. The Account Founder acknowledges that the Trustee may incur additional costs if Final Remainder Beneficiaries of the Individual Trust Account cannot be located easily. The Account Founder acknowledges and agrees that entities representing the Trustee may recover their reasonable costs and expenses associated with locating such beneficiaries from the Individual Trust Account prior to disbursement pursuant to the provisions above.

F. Custodial Account for Minor Beneficiaries. Except as provided in Paragraph V(G) below, in the event that any remainder beneficiary is under the age of eighteen (18) years, then any assets that would otherwise pass to that minor beneficiary shall instead be held in a Custodial Account for the minor pursuant to the Trust terms. You may designate a Custodian to serve below. If no Custodian is designated, the BIAWA will designate the custodian.

**Custodian:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_



**Alternate Custodian:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

G. Trust for Remainder Beneficiaries. The Account Founder may, but is not required to, direct that a remainder beneficiary's share be held in an Individual Trust Account in the BIAWA Pooled Basic Support and Maintenance Trust until the remainder beneficiary reaches a certain age. The age is to be determined by the Account Founder. To make such a direction complete the following:

\_\_\_\_\_ (*initials*) In the event a remainder beneficiary of the Individual Trust Account has not yet reached \_\_\_\_\_ years of age, his or her share shall be held in an Individual Trust Account in the BIAWA Pooled Basic Support and Maintenance Trust for the benefit of the remainder beneficiary until he or she reaches \_\_\_\_\_ years of age.

VI. **Fees:** \_\_\_\_\_ (*initials*) The Account Founder agrees to the payment of the enrollment fees, trustee fees, disbursement fees, and annual tax filing fees set forth in the Trustee's Fee Schedule, which is attached hereto as Schedule A, from the Individual Trust Account. The Trustee's Fee Schedule may be amended from time to time. The Trustee will provide written notice of such change. The Trustee is authorized to charge any and all fees set forth on Schedule A to the Beneficiary's Individual Trust Account. Fees are non-refundable.

VII. **Amendment of Joinder Agreement:** The provisions of this Joinder Agreement may be amended as the Account Founder, the Trustee, and the Beneficiary or his or her legal representative, if any, may jointly agree, so long as such amendment is consistent with the BIAWA Trust and applicable law.

### **VIII. Disclosure Regarding Taxes:**

A. The Account Founder and the Beneficiary or his or her legal representative, if any, acknowledge that the Trustee has made no representation to the Account Founder that contributions to the BIAWA Pooled Basic Support and Maintenance Trust are deductible as charitable gifts or otherwise.

B. The Account Founder and the Beneficiary or his or her legal representative, if any, acknowledge that the Trustee has made no representation as to the estate, gift, or income tax consequences of contributing funds to the BIAWA Pooled Basic Support and Maintenance Trust and that the Account Founder and the Beneficiary or his or her legal representative, if any, have been advised to seek independent legal and tax advice with respect to establishing an Individual Trust Account and execution of this Joinder Agreement.

C. Individual Trust Account income, whether paid in cash or distributed in other property, may be taxable to the Beneficiary subject to applicable exemptions and deductions. It is recommended that the Account Founder and the Beneficiary or his or her legal representative, if any, seek professional tax advice. The Trustee shall pay any income tax liability of the Beneficiary that is reported on the Beneficiary's income tax return(s), provided that such an amount is specified in writing and delivered to the Trustee. The funds used to pay such tax liability shall be paid by the Trustee either directly to the appropriate tax authority or, if the Beneficiary has paid such tax liability, the Trustee may in its discretion reimburse the Beneficiary.

D. Individual Trust Account income may be taxable to the Individual Trust Account, and when this is the case, such taxes shall be payable from the applicable Individual Trust Account.

**IX. Acknowledgement:** The Account Founder and the Beneficiary or his or her legal representative, if any, acknowledge that they have been advised to have the BIAWA Pooled Basic

Support and Maintenance Needs Trust and this Joinder Agreement reviewed by his or her own attorney prior to the execution of this Joinder Agreement. In addition to and not in limitation of the provisions of the BIAWA Pooled Basic Support and Maintenance Trust, the Account Founder, and the Beneficiary or his or her legal representative, if any, agree to the following:

A. The Account Founder and the Beneficiary or his or her legal representative, if any, acknowledge that the Trustee shall not be considered an insurer of the BIAWA Pooled Basic Support and Maintenance Trust or any Individual Trust Account.

B. The Account Founder and the Beneficiary or his or her legal representative, if any, acknowledge that upon execution of this Joinder Agreement by the Account Founder, the Beneficiary or his or her legal representative, if any, and the Trustee, and the funding of the Individual Trust Account for a Beneficiary, that the BIAWA Pooled Basic Support and Maintenance Trust and the Individual Trust Account, as to the Account Founder and the Beneficiary, is irrevocable. The Account Founder further acknowledges that after the funding of the Individual Trust Account, the Account Founder shall have no further interest in and does thereby relinquish and release all rights in, control over, and all incidents of ownership of any kind or nature in and to the contributed assets and all income and appreciation thereon.

C. The Account Founder and the Beneficiary or his or her legal representative, if any, acknowledge that past performance of the Trust does not guarantee future results, and that current performance of the Trust may be lower or higher than past data presented.

D. The Account Founder and the Beneficiary or his or her legal representative, if any, acknowledge that investments carry inherent risk and that the investments within an Individual Trust Account may lose value.

E. The Account Founder and the Beneficiary or his or her legal representative, if any, represent, warrant, and agree that they have not been provided with, nor are they relying on, any representation of or any legal advice by the Trustee, its agents, employees, or representatives, in deciding to execute this Joinder Agreement.

F. The Account Founder and the Beneficiary or his or her legal representative, if any, further represent, warrant, and agrees:

1. That he or she is entering into this Joinder Agreement voluntarily, as his or her own free act and deed;
2. That he or she has been provided a true and correct copy of the BIAWA Pooled Basic Support and Maintenance Trust and this Joinder Agreement prior to signing this Joinder Agreement;
3. That if he or she has not had the BIAWA Pooled Basic Support and Maintenance Trust or Joinder Agreement reviewed by his or her own attorney, that he or she voluntarily waives and relinquishes such right;
4. That he or she has reviewed and understands to his or her full satisfaction the legal, economic, and tax effects of these instruments; and
5. That the BIAWA, BIAWA Pooled Basic Support and Maintenance Trust, BIAWA Pooled First Party Special Needs Trust, BIAWA Pooled Third Party Special Needs Trust, or their designee may be a Final Remainder Beneficiary of a portion of the Individual Trust Account established upon the death of the Beneficiary.

**X. BIAWA Pooled Basic Support and Maintenance Trust Controls:** In the event there are any inconsistencies between this Joinder Agreement and the Master Trust Agreement for the

BIAWA Pooled Basic Support and Maintenance Trust, the provisions of said Master Trust Agreement shall control. To the extent there is a conflict between the terms of this Joinder Agreement, the Master Trust Agreement for the BIAWA Pooled Basic Support and Maintenance Trust and the applicable laws and regulations of the State of Washington, the laws and regulations control.

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IN WITNESS WHEREOF, the undersigned Account Founder and the Beneficiary or his or her legal representative, if any, has 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\_\_.

ACCEPTED BY ACCOUNT FOUNDER:

\_\_\_\_\_  
By: \_\_\_\_\_,  
Account Founder

STATE OF \_\_\_\_\_ )  
                                  ) ss.  
COUNTY OF \_\_\_\_\_)

ON THIS DAY before me personally appeared \_\_\_\_\_, to me known to be the individual described in and who executed the within and foregoing Joinder Agreement as the Account Founder, and acknowledged to me that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
  (print name)  
Notary Public in and for the State of \_\_\_\_\_,  
Residing at \_\_\_\_\_.  
My commission expires \_\_\_\_\_.

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ACCEPTED BY TRUSTEE:  
BRAIN INJURY ALLIANCE OF WASHINGTON

\_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

ON THIS DAY before me personally appeared \_\_\_\_\_,  
\_\_\_\_\_ of the Brain Injury Alliance of Washington, to me known to be the  
individual described in and who executed the within and foregoing Joinder Agreement as the  
Trustee, and acknowledged to me that she signed the same as her free and voluntary act and deed,  
for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
(print name)  
Notary Public in and for the State of \_\_\_\_\_,  
Residing at \_\_\_\_\_.  
My commission expires \_\_\_\_\_.

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