

BIAWA POOLED THIRD PARTY SPECIAL NEEDS 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 and provides the funds for the initial funding of the Individual Trust Account.

Beneficiary: A person for whom an Individual Trust Account is established under the BIAWA Pooled Third Party Special Needs Trust. The Beneficiary cannot be the Account Founder.

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 supplemental needs of the Beneficiary, the anticipated duration of the Trust, and any potential future funds which may be contributed to the Trust. The Account Founder may periodically change the Disbursement Plan by amending this Joinder Agreement. See Article IV.

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, her, or its own assets to an Individual Trust Account, 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 death.

Final Remainder Beneficiaries: The individuals or entities named in this Agreement to receive any funds remaining in an Individual Trust Account upon the death of the Beneficiary and termination of the Account.

Individual Trust Account: An account established and maintained by the Trustee under the terms of the BIAWA Pooled Third Party Special Needs Trust Agreement for an individual Beneficiary. The Individual Trust Account shall reflect:

- The initial value of 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 Third Party Special Needs 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 Third Party Special Needs Trust Agreement.

Trustee: The Brain Injury Alliance of Washington, as designated in the BIAWA Pooled Third Party Special Needs Trust.

Trustor: The Brain Injury Alliance of Washington, as designated in the BIAWA Pooled Third Party Special Needs Trust.

TERMS & AGREEMENT

The undersigned Account Founder hereby enrolls in, and adopts and consents, to the BIAWA Pooled Third Party Special Needs Trust Agreement dated ___ day of _____, 20___, which is incorporated herein by reference.

I. Parties: Although other parties may be identified below, the Account Founder, the 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:

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

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

IV. Disbursement Plan: The Account Founder recognizes that all disbursements are discretionary, as directed by the Trustee. To assist the Trustee in making these decisions, please answer the following:

A. Anticipated expenses of Beneficiary: _____

B. Anticipated Duration of Trust: _____

C. Anticipated Future Funds to be Contributed: _____

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 Third Party Special Needs Trust during the Beneficiary's lifetime.

B. 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;
4. The Account Founder may leave some or all of the remaining funds in the Beneficiary's Individual Trust Account
 - i. as a charitable donation to the general operating account of the BIAWA; OR
 - ii. to be held for the benefit of other beneficiaries of the BIAWA Pooled Third Party Special Needs Trust. See Paragraph V (C) below; and
5. If any funds remain, they will be passed to the Final Remainder Beneficiaries. See Paragraph V(E) below.

C. Optional Percentage to the BIAWA. The Account Founder may choose to have some or all of the funds remaining in the Beneficiary's Individual Trust Account be given as a charitable donation to the BIAWA. Funds donated to the BIAWA will be placed in the BIAWA general operating account.

Percentage Retained by BIAWA General Operating Account: _____%

D. Optional Percentage for Other Trust Beneficiaries. The Account Founder may choose to have some or all of the funds remaining in the Beneficiary's Individual Trust Account be retained by the Trustee and held in the BIAWA Pooled Third Party Special Needs Trust for the benefit of other beneficiaries. The Trustee will determine the timing and amount paid to the other beneficiaries.

Percentage Retained by Trust for Other Beneficiaries: _____%

E. Final Remainder Beneficiaries. When the Beneficiary dies and if anything remains in the Individual Trust Account after the optional percentages chosen above to be retained by the Trustee for the benefit of other BIAWA Pooled Third Party Special Needs Trust beneficiaries or to be given to the BIAWA general operating account as a charitable donation, the Trust provides that the Account Founder may direct how the funds are to be distributed. The Account Founder directs any such remaining funds are to be distributed as follows:

1. _____ (*initials*) The balance of the Individual Trust Account shall be distributed to the following individuals and/or entities:

- a. Name: _____
- Address: _____
- Phone: _____
- Email: _____
- Relationship to Beneficiary: _____
- Amount or Percentage of Final Remainder: _____

Is this Person currently a beneficiary of an Individual Trust Account in the BIAWA Pooled First Party Special Needs Trust, Third Party Special Needs Trust, or Basic Support and Maintenance Trust? Yes No

If yes, which Trust? _____

If yes, would you like their share to pass directly their Individual Trust Account? Yes No

b. Name: _____
Address: _____
Phone: _____
Email: _____
Relationship to Beneficiary: _____
Amount or Percentage of
Final Remainder: _____

Is this Person currently a beneficiary of an Individual Trust Account in the BIAWA Pooled First Party Special Needs Trust, Third Party Special Needs Trust, or Basic Support and Maintenance Trust? Yes No

If yes, which Trust? _____

If yes, would you like their share to pass directly their Individual Trust Account? Yes No

c. Name: _____
Address: _____
Phone: _____
Email: _____
Relationship to Beneficiary: _____
Amount or Percentage of
Final Remainder: _____

Is this Person currently a beneficiary of an Individual Trust Account in the BIAWA Pooled First Party Special Needs Trust, Third Party Special Needs Trust, or Basic Support and Maintenance Trust? Yes No

If yes, which Trust? _____

If yes, would you like their share to pass directly their Individual Trust Account? Yes No

d. Name: _____
Address: _____
Phone: _____

Email: _____
Relationship to Beneficiary: _____
Amount or Percentage of
Final Remainder: _____

Is this Person currently a beneficiary of an Individual Trust Account in the BIAWA Pooled First Party Special Needs Trust, Third Party Special Needs Trust, or Basic Support and Maintenance Trust? Yes No

If yes, which Trust? _____

If yes, would you like their share to pass directly their Individual Trust Account? Yes No

2. _____ (*initials*) 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. 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.

F. Deceased Final Remainder Beneficiary. If any of the Final Remainder Beneficiaries listed above are deceased at the time of distribution, the funds that would have been distributed to that beneficiary will instead be distributed as follows (choose one or both):

1. _____ (*initials*) _____

2. _____ (*initials*) To the Final Remainder Beneficiary’s lineal descendants, per stirpes and not per capita. If such deceased beneficiary listed above does not have any lineal descendants, then his or her share shall lapse and be distributed in proportionate shares to the remaining Final Remainder Beneficiaries.

G. Locating Final Remainder Beneficiaries. The Account Founder acknowledges that the Trustee may incur additional costs if the 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.

H. Custodial Account for Minor Beneficiaries. Except as provided in Paragraph V(I) 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: _____

I. 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 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 Basic Support and Maintenance Trust for the benefit of the remainder beneficiary until he or she reaches _____ years of age.

J. No Beneficiaries. If no remainder beneficiary named in this Joinder Agreement survives the Beneficiary or can be identified with reasonable efforts within a reasonable period of time following the death of the Beneficiary, then all of the funds remaining in the Beneficiary's Individual Trust Account will pass as a charitable donation to the BIAWA. Funds donated to the BIAWA will be placed in the BIAWA general operating account.

VI. Fees: _____ (*initials*) The Account Founder agrees to the payment of the enrollment fee, trustee fees, disbursement fees, and annual tax filing fees set forth in the Trustee's Fee Schedule, which is attached hereto as Schedule A. The Trustee's Fee Schedule may be amended from time to time, from the Individual Trust Account. 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 follows:

A. The Account Founder shall have sole authority amend the Disposition Plan provided for in this Joinder Agreement under Article V hereinabove and may amend that Disposition Plan at any time for any reason.

B. The Account Founder and Trustee may jointly agree to amend all other portions of this Joinder Agreement, so long as such amendment is consistent with the BIAWA Pooled Third Party Special Needs Trust and applicable law.

VIII. Disclosure Regarding Taxes:

A. The Account Founder acknowledges that the Trustee has made no representation to the Account Founder that contributions to the BIAWA Pooled Third Party Special Needs Trust are deductible as charitable gifts or otherwise.

B. The Account Founder acknowledges that the Trustee has made no representation as to the estate, gift, or income tax consequences of contributing funds to the BIAWA Pooled Third Party Special Needs Trust and that the Account Founder, has 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 such 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 acknowledges that he or she has been advised to have the BIAWA Pooled Third Party Special 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 Third Party Special Needs Trust, the Account Founder agrees to the following:

A. The Account Founder acknowledges that the Trustee shall not be considered an insurer of the BIAWA Pooled Third Party Special Needs Trust or any Individual Trust Account.

B. The Account Founder acknowledges that upon execution of this Joinder Agreement by the Account Founder and the Trustee, and the funding of the Individual Trust Account for a Beneficiary, that the BIAWA Pooled Third Party Special Needs Trust and the Individual Trust Account, as to the Account Founder, the Beneficiary, and any other Donor, is irrevocable. The Account Founder further acknowledges that after the funding of the Individual Trust Account, the Account Founder and any other Donor 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 acknowledges that past performance of the Trust does not guarantee future performance results, and that current performance of the Trust may be lower or higher than past data presented.

D. The Account Founder acknowledges that investments carry inherent risk and that the investments within an Individual Trust Account may lose value.

E. The Account Founder represents, warrants, and agrees that he or she has not been provided with, nor is he or she 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 further represents, warrants, 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 the Beneficiary is not the contributor of the assets and that the assets contributed to this BIAWA Pooled Third Party Special Needs Trust are not owned or contributed by the Beneficiary;
3. That he or she has been provided a true and correct copy of the BIAWA Pooled Third Party Special Needs Trust and this Joinder Agreement prior to signing this Joinder Agreement;
4. That if he or she has not had the BIAWA Pooled Third Party Special Needs Trust or Joinder Agreement reviewed by his or her own attorney, that he or she voluntarily waives and relinquishes such right;
5. That he or she has reviewed and understands to his or her full satisfaction the legal, economic, and tax effects of these instruments; and
6. That the BIAWA, BIAWA Pooled Third Party Special Needs Trust, BIAWA Pooled First Party Special Needs Trust, BIAWA Pooled Basic Support and Maintenance Trust, or its designees may be a Final Remainder Beneficiary of a portion of the Individual Trust Account established upon the death of the Beneficiary.

X. BIAWA Pooled Third Party Special Needs Trust Controls: In the event there are any inconsistencies between this Joinder Agreement and the Master Trust Agreement for the BIAWA Pooled Third Party Special Needs 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 Third Party Special Needs 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 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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