



# ACLD COMMUNITY TRUST A SPONSOR AGREEMENT

## SPONSOR INFORMATION

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

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

City/State/Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## DESIGNATED BENEFICIARY INFORMATION

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

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

City/State/Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If the Designated Beneficiary has a legal guardian, please provide the following information:

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

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

City/State/Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## REMAINDERMAN

As provided in the Trust Agreement and upon the death of the designated Beneficiary, the remainder of the Trust account shall be distributed 100% to Adults and Children with Learning and Developmental Disabilities, Inc. (ACLD). This designation may not be changed.

## INITIAL FUNDING OF THE TRUST ACCOUNT

The Sponsor contributes the sum of \$\_\_\_\_\_ to establish a Trust Account for the Designated Beneficiary.

Please note that the minimum initial contribution is \$10,000, payable \$2,000 upon acceptance of the Sponsor Agreement, and the balance of \$8,000 payable within two (2) years of the acceptance of the Sponsor Agreement. If the Sponsor does not make the minimum contributions as required, the Trustee may refund all principle amounts paid without interest, and upon return of only the principle amounts contributed, the Sponsor Agreement shall be null and void and neither party shall have any claim against the other.

The Sponsor Agreement shall be considered only in conjunction with and subject to the ACLD Community Trust for Disabled Individuals. The Trust Agreement is hereby incorporated herein as if set forth at length.

I hereby request that the Trustees of the ACLD Community Trust accept my contribution on behalf of the above Designated Beneficiary and establish a Trust Account for the benefit of the Designated Beneficiary. I hereby acknowledge that ACLD is the sole Remainderman of the Trust Account upon the death of the Designated Beneficiary. I have read the Trust Agreement and am familiar with its terms and provisions.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Name of Sponsor

Accepted by ACLD Community Trust

By \_\_\_\_\_  
Trustee