

**COMMUNITY FUND MANAGEMENT FOUNDATION MASTER TRUST  
MASTER TRUST SUB-ACCOUNT**

**JOINDER AGREEMENT AND APPLICATION FOR  
ADMISSION AS GRANTOR**

TO BE ADMINISTERED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE COMMUNITY FUND MANAGEMENT FOUNDATION MASTER TRUST AGREEMENT, R.C. 5163.21(G), AND ANY AMENDMENTS THERETO. THE JOINDER AGREEMENT MAY BE ADMINISTERED IN ACCORDANCE WITH THE COLLECTIVE INVESTMENT FUND LAW, SECTION 12 C.F.R. 9.18, AS ANY MAY BE AMENDED. IN THE EVENT THERE IS A CONFLICT BETWEEN A JOINDER AGREEMENT AND ANY TERM OF THE MASTER TRUST AGREEMENT, THEN THE TERMS OF THE MASTER TRUST AGREEMENT SHALL GOVERN. THE MASTER TRUST AGREEMENT AND/OR THE JOINDER AGREEMENT MAY BE AMENDED AND/OR RESTATED FROM TIME TO TIME IN ORDER TO COMPLY WITH FEDERAL AND STATE LAWS. ANY SUCH AMENDMENT OR RESTATEMENT SHALL APPLY RETROACTIVELY TO ALL JOINDER AGREEMENTS.

1. AGREEMENT NUMBER: \_\_\_\_\_
2. TRUSTEE: EQUITY TRUST COMPANY, of Westlake, Ohio
3. TRUST ADVISOR: COMMUNITY FUND MANAGEMENT FOUNDATION (CFMF),  
an Ohio Non-Profit, tax exempt Corporation

4. NAME(S) OF GRANTOR(S):

Name of First Grantor: \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Name of Second Grantor: \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

CFMF Agreement Number: \_\_\_\_\_

5. BENEFICIARY INFORMATION:

Name of Beneficiary: \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Beneficiary's Disability (Check all that apply):

\_\_\_\_\_ ID (Intellectual Disability) \_\_\_\_\_ MH (Mental Health)  
\_\_\_\_\_ DD (Developmental Disability) \_\_\_\_\_ Other: \_\_\_\_\_

6. DESIGNATED ADVOCATE

The Designated Advocate is responsible for providing current and correct information about the Beneficiary and the government benefits applied for and/or received. The Designated Advocate is also responsible for requesting funds from the Trust and for providing supporting information for the requested funds. The Designated Advocate shall also serve as the Beneficiary Surrogate defined in R.C. 5801.01(D) for purposes of receiving notices as required by R.C. 5808.13. The person(s) establishing the Trust Sub-Account may change the Designated Advocate(s) at any time, subject to prior approval by CFMF.

ANY INDIVIDUAL OR ORGANIZATION MAY SERVE AS THE DESIGNATED ADVOCATE. MANY PEOPLE CONSIDER NAMING A FAMILY MEMBER AS A DESIGNATED ADVOCATE. HOWEVER, BECAUSE OF POSSIBLE CONFLICT OF INTEREST, EXPERIENCE INDICATES THAT THIS MAY NOT BE A GOOD IDEA, PARTICULARLY WHEN THE DESIGNATED ADVOCATE, OR HIS OR HER FAMILY, IS THE ULTIMATE RECIPIENT OF REMAINING TRUST ASSETS AFTER THE DEATH OF THE BENEFICIARY.

Name of Designated Advocate: \_\_\_\_\_

Type:  Individual  Organization / Contact Name: \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

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

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CFMF Agreement Number: \_\_\_\_\_

If the Designated Advocate is unable to serve, the person establishing the Trust Sub-Account appoints the following individuals in the order named to serve as Successor Designated Advocate. CFMF strongly recommends naming at least one Successor. If none of the Designated Advocates are able to serve, the last acting Designated Advocate may designate a successor in writing delivered to CFMF. If no successor is so designated, the Trust Advisor may consult with the Person Establishing the Trust, the Beneficiary, the Guardian of the Beneficiary, the Beneficiary’s caseworker, and/or any interested family member of the Beneficiary to identify a successor Designated Advocate. [Please attach additional pages if more than two successors are named.]

Name of First Successor Designated Advocate: \_\_\_\_\_

Type:  Individual  Organization / Contact Name: \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

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

Name of Second Successor Designated Advocate: \_\_\_\_\_

Type:  Individual  Organization / Contact Name: \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Dr.  Other: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

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

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

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

7. FEES

Fees are based on a published schedule. CFMF and the Trustee reserve the right to modify the published fee schedule.

8. DISTRIBUTIONS TO THE BENEFICIARY

Income and principal shall be distributed by the Trustee in cash or in kind at the direction of the Trust Advisor for the benefit of the Beneficiary during his or her life or until the termination of the Trust Sub-Account for his or her benefit, whichever occurs sooner.

CFMF Agreement Number: \_\_\_\_\_

9. DISTRIBUTIONS UPON DEATH OF BENEFICIARY

Upon the death of a Beneficiary, distribution(s) shall be made to the following individuals or other entities in this order (initial the selected options and attach additional sheets and instructions if necessary):

Initials of Grantor(s)	Name of Distributee(s):
_____	Beneficiary's Funeral and Interment Expenses
_____	Attorney Fees and Expenses for Administration of Deceased Beneficiary's Estate

DISTRIBUTE(S) AFTER PAYMENT OF ANY ITEMS INITIALED ABOVE:  
(attach additional sheets if needed)

Initials of Grantor(s)	Percentage	Name
_____	%	_____
_____	%	_____
_____	%	_____
_____	%	_____
_____	%	_____
_____	%	Community Fund Management Foundation*
	100%	TOTAL

If all of the distributees listed above are not then living or not then in existence, the entire Trust shall be distributed to Community Fund Management Foundation, or any successor thereto.

\* Please consider distributing a portion of the Trust Estate to CFMF upon the death of the Beneficiary. CFMF is a 501(c)(3) and utilizes these funds to approve grants for individuals with disabilities and nonprofits that serve individuals with disabilities. CFMF may also use the funds to help defray the cost to educate and communicate to the public about the opportunities and desirability of using trusts for individuals with disabilities and reduce the cost of administering this sub-account and other similar sub-accounts.

10. REVOCABILITY OF TRUST

Initials of Grantors (initial one option)

- \_\_\_\_\_ (1) The Trust **cannot** be revoked.
- \_\_\_\_\_ (2) The Trust **can** be revoked by any Grantor.
- \_\_\_\_\_ (3) The Trust **can** be revoked by the unanimous agreement of all living individual Grantors or by any sole surviving individual Grantor, but cannot be revoked after the death of all individual Grantors or by a Grantor who is not an individual.

**CAUTION: ELECTING OPTION # 3 MAY CARRY TAX CONSEQUENCES AFFECTING EACH GRANTOR. GRANTORS ARE ADVISED TO CONSULT WITH AN ATTORNEY PRIOR TO MAKING SUCH AN ELECTION.**

11. PROPERTY TRANSFERRED TO TRUSTEE

All property transferred to the Trustee by any Grantor or by others for administration hereunder, shall be listed on the attached Asset Transfer and Beneficiary Designation Record.

12. GRANTORS' APPLICATION

CFMF Agreement Number: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

When you apply to open a CFMF trust account, you will be asked to and you must provide your name, address, date of birth, driver's license or other identifying information that will allow the Trustee and Trust Advisor to identify you.

The undersigned hereby apply for admission as Grantors to the COMMUNITY FUND MANAGEMENT FOUNDATION MASTER TRUST, Equity Trust Company as Trustee, and Community Fund Management Foundation as Trust Advisor. The undersigned have read and understand the terms of the Master Trust Agreement and this Joinder Agreement and adopt said Agreement and agree to be bound by the terms thereof.

**DISCLAIMER: INVESTMENT PRODUCTS, INCLUDING SHARES OF MUTUAL FUNDS, ARE NOT DEPOSITS OR OBLIGATIONS OF, OR GUARANTEED BY, EQUITY TRUST COMPANY OR ANY OF ITS AFFILIATES, NOR ARE THEY INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION, OR ANY OTHER GOVERNMENT AGENCY. AN INVESTMENT IN SUCH PRODUCTS INVOLVES INVESTMENT RISK, INCLUDING POSSIBLE LOSS OF PRINCIPAL.**

**THE TERMS OF THE TRUST ARE INTENDED TO COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS, BUT WITH THE EVER-CHANGING AGENCY INTERPRETATIONS IN THIS AREA, NEITHER CFMF NOR THE TRUSTEE CAN SERVE AS GUARANTOR FOR RECEIVING OR CONTINUING BENEFITS.**

Date: \_\_\_\_\_

\_\_\_\_\_  
First Grantor's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Second Grantor's Signature

13. GRANTORS' CERTIFICATION

Under penalties of perjury, each Grantor certifies that:

- a. The social security number shown on page 1 of this Joinder Agreement is my correct taxpayer identification number, and
- b. I am not subject to backup withholding because (i) I am exempt from backup withholding, or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and
- c. I am a U.S. person (including a U.S. resident alien).

You must cross out item b above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Date: \_\_\_\_\_

\_\_\_\_\_  
First Grantor's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Second Grantor's Signature

CFMF Agreement Number: \_\_\_\_\_

14. WITNESS OR NOTARY DECLARATION

This Joinder Agreement and Application for Admission as Grantor will not be valid unless it either is signed by two eligible witnesses who are present when you sign or are present when you acknowledge your signature, or it is acknowledged before a Notary Public.

ON THE DATE INDICATED BELOW, \_\_\_\_\_ (Name of First Grantor) and \_\_\_\_\_ (Name of Second Grantor – if applicable) declared to us, the undersigned, that he/she was applying for admission as Grantor(s) to the Community Fund Management Foundation Master Trust with Equity Trust Company as Trustee and Community Fund Management Foundation as Trust Advisor. He/she thereupon signed this Joinder Agreement and Application for Admission as a Grantor in our presence, all of us being present at the same time. We now, at his/her request, in his/her presence and in the presence of each other, subscribe our names as witnesses.

At this time, \_\_\_\_\_ (Name of First Grantor) and \_\_\_\_\_ (Name of Second Grantor – if applicable) and each of us are over eighteen (18) years of age and each of us believe \_\_\_\_\_ (Name of First Grantor) and \_\_\_\_\_ (Name of Second Grantor – if applicable) understands the provisions of this Trust and is not acting under duress, menace, fraud, misrepresentation or undue influence.

Date: \_\_\_\_\_  
\_\_\_\_\_ Witness

Date: \_\_\_\_\_  
\_\_\_\_\_ Witness

**OR**

***NOTARY ACKNOWLEDGMENT***

State of Ohio  
County of \_\_\_\_\_ ss.

Before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (Name of First Grantor) and \_\_\_\_\_ (Name of Second Grantor – if applicable), known to me or satisfactorily proven to be the person(s) whose name is subscribed to the above Joinder Agreement and Application for Admission to Establish Trust Sub-Account as Person Establishing Trust Sub-Account, and who has acknowledged that (s)he executed the same for the purposes expressed therein. I attest that the Grantor(s) appears to be of sound mind and not under or subject to duress, fraud or undue influence.

Date: \_\_\_\_\_  
\_\_\_\_\_ Notary Public

CFMF Agreement Number: \_\_\_\_\_

15. **ATTORNEY'S DECLARATION – NEITHER CFMF NOR THE TRUSTEE IS AUTHORIZED TO PRACTICE LAW AND CANNOT PROVIDE ANY LEGAL ADVICE. THIS DOCUMENT MUST BE DISCUSSED WITH THE GRANTOR'S ATTORNEY.**

I am a licensed attorney and represent the Grantor(s) with respect to the Grantor's or Grantors' adoption of the Community Fund Management Foundation Master Trust. I hereby confirm that I have reviewed the Trust Agreement and this Joinder Agreement as to form and content and have explained the consequences and risks involved to the Grantor(s). I acknowledge that I have informed the Grantor(s) that this Trust may be created only for the benefit of a beneficiary who is a person with a disability (as defined in 42 U.S.C. 1382c(a)(3)).

Date: \_\_\_\_\_ Attorney's Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
County: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

16. TRUST ADVISOR'S APPROVAL

Application for admission as Grantor(s) is hereby approved.

Date: \_\_\_\_\_ COMMUNITY FUND MANAGEMENT FOUNDATION  
an Ohio Non-Profit Corporation, Trust Advisor  
By: \_\_\_\_\_

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CFMF Agreement Number: \_\_\_\_\_

17. TRUSTEE'S APPROVAL

Application for admission to establish this Trust Sub-Account is hereby approved and the Asset Transfer and Beneficiary Designation Record is hereby accepted.

Date: \_\_\_\_\_

EQUITY TRUST COMPANY, Trustee

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



CFMF Agreement Number: \_\_\_\_\_

**COMMUNITY FUND MANAGEMENT FOUNDATION MASTER TRUST  
ASSET TRANSFER AND BENEFICIARY DESIGNATION RECORD**

**1. HOW WILL THIS TRUST ACCOUNT BE FUNDED?**

- \_\_\_\_\_ AT GRANTOR'S DEATH. Name Grantor (if more than one): \_\_\_\_\_
- \_\_\_\_\_ SECOND GRANTOR TO DIE
- \_\_\_\_\_ CASH OR CHECK
- \_\_\_\_\_ LIFE INSURANCE. Name of insured: \_\_\_\_\_
- \_\_\_\_\_ PENSION PLAN
- \_\_\_\_\_ POUROVER
- \_\_\_\_\_ SPECIFIC BEQUEST: \$ \_\_\_\_\_
- \_\_\_\_\_ OTHER, SPECIFY \_\_\_\_\_

**2. LIST ALL ASSETS (CHECKS) FOR CFMF SETUP FEE AND FOR TRANSFER TO THE TRUST INCLUDED WITH THIS APPLICATION.**

CHECK NO.	AMOUNT OF CHECK
_____	_____
_____	_____
_____	_____
_____	_____

**3. IS A SEPARATE CHECK PROVIDED FOR THE CFMF SETUP FEE? \_\_\_\_\_ YES \_\_\_\_\_ NO**  
IF NO, THE CFMF SETUP FEE WILL BE DEDUCTED FROM THE ASSETS FOR TRANSFER TO THE TRUST ACCOUNT IDENTIFIED IN PART 2 ABOVE.