

Note: If an individual Primary Successor Beneficiary predeceases the Beneficiary, or an entity named as a Primary Successor Beneficiary is no longer in existence, the distribution to that individual or entity lapses and will be divided among the remaining Primary Successor Beneficiaries who are then living or in existence.

B. Contingent Successor Beneficiaries – To be paid if none of the Primary Beneficiaries are then living:

1.) Name: _____ **SSN:** _____ **Percentage:** _____ %
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **Email Address:** _____

2.) Name: _____ **SSN:** _____ **Percentage:** _____ %
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **Email Address:** _____

3.) Name: _____ **SSN:** _____ **Percentage:** _____ %
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **Email Address:** _____

Total Percentage (must total 100%) _____ %

Add additional Contingent Beneficiaries on separate paper.

Note: If an individual Contingent Successor Beneficiary predeceases the Beneficiary, or an entity named as a Contingent Successor Beneficiary is no longer in existence, the distribution to that individual or entity lapses and will be divided among the remaining Contingent Successor Beneficiaries who are then living or in existence.

If there are no Contingent Successor Beneficiaries then living or in existence, such remaining funds shall be distributed to Commonwealth Community Trust.

Important: The Grantor is required to list any Primary Successor Beneficiaries and Contingent Successor Beneficiaries (and their contact information) and agrees that CCT’s liability for payment under this section 10 is limited to the beneficiaries known to CCT based upon the information noted in this Joinder Agreement and the Grantor(s) agree to otherwise hold CCT harmless with respect to payment hereunder. The determinations of CCT regarding payment under this section 10 shall be final and binding on all parties.

CCT accepts donations that will support the mission to serve people with disabilities.



Security for People with Special Needs since 1990

office | 804.740.6930 toll free | 888.241.6039 fax | 804.740.6065
address | PO Box 29408, Richmond, VA 23242-0408

Other Amendments to the Joinder Agreement, if any (specify paragraph(s) and amendment(s)):

This Amendment to the Joinder Agreement must be signed in front of a Notary.

14. **In Witness Whereof** – The undersigned Grantor(s) has/have signed this agreement and understand(s) same and agree(s) to be bound by the terms thereof and the Commonwealth Community Trust hereby accepts this trust this ____ day of _____, 20____. The Grantor(s) confirm(s) that simultaneously with the execution of this instrument or prior thereto the assets set forth on the attached schedule are or were transferred to the Trustees hereunder.

Grantor’s Signature Grantor’s Signature

STATE OF _____ CITY/COUNTY OF _____

TO-WIT: The foregoing Joinder Agreement, dated _____ was acknowledged before me by _____ and _____, Grantor(s), this ____ day of _____, 20____.

Notary Public My commission expires: _____



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TO BE COMPLETED BY COMMONWEALTH COMMUNITY TRUST (CCT):

By _____ Title: _____

STATE OF VIRGINIA, COUNTY OF HENRICO

TO-WIT: The foregoing Joinder Agreement, dated _____ was acknowledged before me by
_____ on behalf of CCT, this ____ day of _____, 20 ____ .

Notary Public My commission expires: _____