



Amendment to Third-Party Pooled Special Needs Trust Joinder Agreement

Beneficiary Account
Name: _____ Number: _____

The following Amendments are made to the Joinder Agreement dated: _____

12. Distributions of the Remainder Funds Upon the Death of the Beneficiary: Upon the actual death of the Beneficiary, the trust will be restricted and any remaining and unpaid funds shall be distributed to the following individuals who are then living or entities which are then in existence.

Instructions

It is required that at least one Successor Beneficiary be named (See Section 12A). If a Successor Beneficiary is no longer living at the death of the Beneficiary, his or her share shall be distributed to the named Contingent Beneficiary (ies). Additional Successor Beneficiaries and Contingent Beneficiaries can be added (See Section 12B and Section 12C).

An individual or charity can be named as a Successor Beneficiary and/or Contingent Beneficiary. Naming CCT as a Successor Beneficiary and/or Contingent Beneficiary, supports the organization’s mission to serve people with disabilities.

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

If an individual Contingent Beneficiary predeceases the Beneficiary, or an entity named as a Contingent Beneficiary is no longer in existence, the distribution to that individual or entity lapses and will be divided among the remaining Contingent Beneficiaries to that Successor Beneficiary who are then living or in existence. If there are no Contingent 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 Beneficiaries and Contingent Beneficiaries (and their contact information) and agrees that CCT’s liability for payment under this *Section 12 Distributions of the Remainder Funds Upon the Death of the Beneficiary* 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 12 Distributions of the Remainder Funds Upon the Death of the Beneficiary* shall be final and binding on all parties.

Note:

The Grantor can complete the *Amendment to Third-Party Pooled Special Needs Trust Joinder Agreement Form* to change Successor Beneficiaries and/or Contingent Beneficiaries (must be completed, signed, and notarized).

A. Successor Beneficiary A* (Required):

Name _____ SSN _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____
Percentage A _____ *If more than one Successor Beneficiary is named, the total*
(required) _____ % *of all Successor Beneficiaries must equal 100%. (See Section*
_____ % *12D)*

***If Successor Beneficiary A is no longer living at the death of the Beneficiary, his or her share shall be distributed to the following Contingent Beneficiary (ies).**

Example: A1: 25% + A2: 25% + A3: 50% = 100%

A1. Contingent Beneficiary to Successor Beneficiary A:

Name _____ SSN _____ **Percentage A1** _____ %
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____

A2. Contingent Beneficiary to Successor Beneficiary A:

Name _____ SSN _____ **Percentage A2** _____ %
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____

A3. Contingent Beneficiary to Successor Beneficiary A:

Name _____ SSN _____ **Percentage A3** _____ %
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____

Total Percentage for ALL Contingent Beneficiary(ies) to Successor Beneficiary A

(must total 100%) _____ %

B. Successor Beneficiary B*:

Name _____ SSN _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____
Percentage B _____ *If more than one Successor Beneficiary is named, the total of all Successor Beneficiaries must equal 100% (See Section 12D).*
% _____

***If Successor Beneficiary B is no longer living at the death of the Beneficiary, his or her share shall be distributed to the following Contingent Beneficiary (ies).**

Example: B1: 25% + B2: 25% + B3: 50% = 100%

B1. Contingent Beneficiary to Successor Beneficiary B:

Name _____ SSN _____ Percentage B1 _____ %
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____

B2. Contingent Beneficiary to Successor Beneficiary B:

Name _____ SSN _____ Percentage B2 _____ %
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____

B3. Contingent Beneficiary to Successor Beneficiary B:

Name _____ SSN _____ Percentage B3 _____ %
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____

Total Percentage for ALL Contingent Beneficiary(ies) to Successor Beneficiary B

(must total 100%) _____ %

C. Successor Beneficiary C*:

Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Percentage C _____ *If more than one Successor Beneficiary is named, the total of all Successor Beneficiaries must equal 100% (See Section 12D).*

***If Successor Beneficiary C is no longer living at the death of the Beneficiary, his or her share shall be distributed to the following Contingent Beneficiary (ies) as described in Section 12A and Section 12B.**

C1. Contingent Beneficiary to Successor Beneficiary C:

Name _____ SSN _____ Percentage C1 _____ %

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

C2. Contingent Beneficiary to Successor Beneficiary C:

Name _____ SSN _____ Percentage C2 _____ %

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Total Percentage for ALL Contingent Beneficiary(ies) to Successor Beneficiary C

(must total 100%) _____ %

Provide an attachment with additional Successor Beneficiaries and Contingent Beneficiaries, if desired.

D. Summary (required if more than once Successor Beneficiary is named)			
Name of Successor Beneficiary A: _____	Percentage A	_____	%
Name of Successor Beneficiary B: _____	Percentage B	_____	%
Name of Successor Beneficiary C: _____	Percentage C	_____	%
Total Percentage for ALL Successor Beneficiaries (must total 100%)			_____ %

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

THIS AMENDMENT NEEDS TO BE SIGNED IN FRONT OF A NOTARY.

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 this ____ day of _____, 20____.

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: _____

TO BE COMPLETED BY COMMONWEALTH COMMUNITY TRUST (CCT):

Commonwealth Community Trust hereby accepts the terms of this Joinder Agreement on this ____ day of _____, 20____.

By _____ Title: _____

STATE OF VIRGINIA, COUNTY OF HENRICO

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

Notary Public My commission expires: _____