



**4. Contribution:** The total donation to the Trust Account shall be: \$ \_\_\_\_\_  
 Is the full amount donated today?  Yes  No  
 If "No," the initial amount, which I donate today is: \$ \_\_\_\_\_  
 The balance is expected as follows: Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**5. Permission to Visit & View Medical Information:** The Designated Beneficiary hereby grants permission to the Trustee and its employees to personally visit and view medical information about the Designated Beneficiary for purposes of evaluating needs and exercising its discretion as Trustee hereunder with respect to benefits.

**6. Election To Name Residual Beneficiaries.** Upon the death of the Designated Beneficiary, the Trustee shall distribute the remaining balance of the Trust Account, if any (after the payment of administration and/or tax obligations, distributions to the Trustee and reimbursement of medical expenses to the MassHealth program, all pursuant to paragraphs 6.01 through 6.04 of the Trust) to the recipients and in the percentage(s) or amount(s) described below:

See separate sheet, attached

Name		Relationship	Address	Amount or %
	Minor?	If Deceased: (2) To:		SSN:
SSN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lapse; or → Address:		

Name		Relationship	Address	Amount or %
	Minor?	If Deceased: (2) To:		SSN:
SSN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lapse; or → Address:		

Name		Relationship	Address	Amount or %
	Minor?	If Deceased: (2) To:		SSN:
SSN	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lapse; or → Address:		

- 7. Acknowledgments and Waivers.** The Sponsor understands that:
- This Sponsor Agreement is a legal agreement that incorporates a master trust instrument, identified as the Trust. The Sponsor has been advised to seek advice of legal counsel, and, after consultation (or waiver, as the case may be), the Sponsor has read and understands all of the terms and provision of this instrument and of the Trust.
  - This Sponsor Agreement and the Trust both are irrevocable. The Sponsor may, during the lifetime of the Designated Beneficiary, add or substitute residual beneficiaries named in Section 5, above. In all other respects, however, the use, distribution, investment, dissolution and/or other control of the property in the Trust Account are solely within the absolute and sole discretion of the Trustee.
  - Investments of the Trust Account will be directed primarily toward providing liquidity for support, and not to generate returns.
  - Contributions to the Trust Account may have tax consequences which, in the Trustee's discretion, can be satisfied out of the Trust Account, but the Sponsor understands that the Designated Beneficiary, and not the Trustee, remains responsible for any such taxes.
  - The Trustee can amend the Trust at any time, with or without notice, but it cannot change the final distribution that is provided in this Sponsor Agreement.

**8. Identification of State Medicaid Programs.**

The following is, to the best of the Sponsor’s knowledge, a complete list of the states in which the Designated Beneficiary has received Medicaid benefits during lifetime. (Please include years in which the Designated Beneficiary lived in the state, and address(es) during that time).

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IN WITNESS WHEREOF the undersigned Sponsor and Trustee have affixed their hands and seals on the dates set forth below:

**SPONSOR:**

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

<b>COMMONWEALTH OF MASSACHUSETTS</b>
_____, ss
On this ___ day of _____, 201___, before me, the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identification, which was _____, that he or she is the person whose name is signed on the preceding or attached document, and acknowledged to me that he or she signed it voluntarily for its stated purpose,
_____ Notary Public My commission expires:

**TRUSTEE:** The undersigned Trustee of the Guardian Community Trust for Supplemental Needs hereby accepts the assignment of trust herein and acknowledges the creation of a Trust Account for the Designated Beneficiary, all as set forth above.

Guardian Community Trust, Inc.,

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Peter M. Macy, Executive Director

<b>COMMONWEALTH OF MASSACHUSETTS</b>
Essex, ss
On this ___ day of _____, 201___, before me, the undersigned notary public, personally appeared the above-named Peter M. Macy, certifying that he is the Executive Director of Guardian Community Trust, who proved to me through satisfactory evidence of identification, which was personal knowledge that he is the person whose name is signed on the preceding document and acknowledged to me that he signed it voluntarily for its stated purpose as Executive Director aforesaid, and that he has authority to act hereunder.
_____ Notary Public My commission expires: