

4301 Connecticut Avenue NW, Suite 140 ♦ Washington, D.C. 20008
Telephone 202-448-1460 ♦ Fax 202-448-1461 ♦ info@shared-horizons.org ♦ <http://www.shared-horizons.org>

Wesley Vinner Memorial Trust Admission Process

An Individual Account may be established by the **individual**, his or her **family member**, a **legal guardian, conservator**, or **by a court**.

Once initial contact is made expressing interest in the Trust, and it is determined that admissions criteria have been met, the following process will be implemented:

1. An initial meeting is scheduled with the individual with disabilities and his or her representative/ grantor. At the meeting, Shared Horizons will:
 - Provide an overview of Shared Horizons and the Wesley Vinner Memorial Trust
 - Review the trust procedures and fee schedule
 - Review the Joinder Agreement
 - Provide an information folder
2. The party may provide a cashier's/bank/certified/escrow check made out to:

Wesley Vinner Memorial Trust, FBO (for benefit of) [*name of Beneficiary*]

If a personal check is provided, disbursements can be made after clearing the check (12 – 14 days). The Trust can ONLY deposit checks made payable to the Wesley Vinner Memorial Trust

The check may be provided when submitting the Joinder Agreement, or it may be delivered/mailed to:

Shared Horizons, Inc.
ATTN: Vinner Memorial Trust
4301 Connecticut Avenue, NW, Suite 140
Washington, DC 20008

3. Once the Joinder Agreement is signed, the Beneficiary and Grantor will assist Shared Horizons in developing a Quality of Life Plan. Shared Horizons will use this plan as a guide when developing the Beneficiary's budget and approving requests.

Office Use Only
Acceptance Date: Funding Date: Funding Amount: TA:
JOINDER AGREEMENT
For

Name of Beneficiary
THE WESLEY VINNER MEMORIAL TRUST

The undersigned, _____, the Grantor, in consideration of the covenants, promises, and representations contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, hereby enrolls in and adopts the Master Trust Agreement of Shared Horizons, Inc., as the nonprofit organization managing THE WESLEY VINNER MEMORIAL TRUST (the “Trust”), established on July 8, 2004, last restated November 7, 2024. By joining the Trust through this Joinder Agreement (the “Agreement”), the Grantor establishes an Individual Sub-Account, as described in the Master Trust. This Agreement and the Individual Account created hereunder become irrevocable upon acceptance of the Agreement by the Manager.

BENEFICIARY INFORMATION:

NAME
 ADDRESS
 CITY STATE ZIP
 TELEPHONE EMAIL
 SOCIAL SECURITY # DOB

BENEFITS: **CHECK ALL THAT APPLY**

SSI SSDI MEDICAID HOUSING

OTHER:

AGENCY/PROVIDER/FAMILY CONTACT

ALL CORRESPONDENCE

NAME RELATIONSHIP
 ADDRESS
 CITY STATE ZIP
 TELEPHONE EMAIL

GRANTOR INFORMATION:

NAME RELATIONSHIP
 ADDRESS
 CITY STATE ZIP
 TELEPHONE EMAIL

ALL CORRESPONDENCE
COURT LETTERS OF AUTHORIZATION ATTACHED

DESCRIBE DISABILITY BELOW:

ANTICIPATED DEPOSIT: \$

SOURCE OF FUNDS DEPOSITED:

TYPE OF TRUST ACCOUNT:

CHECK ALL THAT APPLY

STANDARD (over \$5,000)
 PILOT (under \$5,000)
 MD FOSTER CARE PROGRAM

Article I Definitions

- 1.1 **The Trustee.** The “Trustee” means the organization or company employed in that capacity by Shared Horizons, Inc., [a nonprofit organization and the trust Manager] and THE WESLEY VINNER MEMORIAL TRUST, or their successor or successors. Currently, Capital First Trust Company serves as the Directed Trustee.
- 1.2 **Terms of are used or defined in the Master Trust.** All terms used are defined in the Master Trust, including without limitation “supplemental needs,” “supplemental care,” “public benefits,” and “disabled,” shall have the same meaning as used or defined in the Master Trust.

Article II Disbursements from Individual Account During Life of Beneficiary

- 2.1 **Rules for distributions during the life of the Beneficiary.** Distributions from the Beneficiary’s Account may be made during the Beneficiary’s life under the provisions below.
- 2.2 **Quality of Life Plan.** A quality-of-life plan shall be established for the Beneficiary and attached to this joinder agreement as Exhibit B, incorporated herein by reference. The Quality-of-Life Plan may be amended occasionally and shall be reviewed by the Manager at least annually. The Quality-of-Life Plan shall include an individualized supplemental needs plan, which the Manager shall consider, in his or her sole and absolute discretion, when developing the Beneficiary’s budget and reviewing a request for any distribution from the Beneficiary’s Individual Account.
- 2.3 **Benefit Solely for Beneficiary.** The Beneficiary’s Individual Account will be administered solely for the Beneficiary’s benefit.
- 2.4 **Distributions Pending Preparation of Supplemental Needs Plan.** Pending the final preparation of an individualized supplemental needs plan (Quality-of-Life Plan) for the Beneficiary, any non-support items that are required for maintaining the Beneficiary’s health, safety, and welfare may be provided for the benefit of the Beneficiary when, in the sole and absolute discretion of the Manager, such needs are not being met by any public agency, or are not otherwise being provided by any other source available to the Beneficiary.
- 2.5 **Discretion of Manager; Use of Assets; Desires for Use of Assets.** The Grantor recognizes and acknowledges that all distributions are subject to the Manager’s sole and absolute discretion and that the Manager shall only make distributions solely for the Beneficiary’s supplemental needs and care. With this recognition and acknowledgment in mind, the Grantor has expressed their desires regarding how assets in the Individual Account might be used on behalf of the Beneficiary during their lifetime. Said expressions are contained in *Exhibit D*, attached hereto and incorporated herein by reference.
- 2.6 **Notice of Application for Public Benefits and Approval, Denial, or Termination of Benefits.** To enjoy the benefits of the Trust to the fullest extent possible, the Beneficiary, or the Beneficiary’s representative, is hereby required to notify the Manager whenever the Beneficiary:
- i) applies for public benefits;
 - ii) has an application for public benefits approved;
 - iii) has an application for public benefits denied; and/or,
 - iv) public benefits are terminated.

Notice shall be in writing, by certified mail, return receipt requested, to the Manager at the address set forth below in section 5.7 *Notices*. Such notice shall be made within 10 (ten) days of the event for which notice under this paragraph is required. In no event shall the Manager be liable for making disbursements that result in a reduction of public benefits, a termination of public benefits, or ineligibility for public benefits when the Manager did not have actual notice of such public benefits at the time such disbursements may have been made or requested.

2.7 **Early Termination of a Beneficiary's Account.** At the direction of the Manager, the Trustee may terminate any Account prior to the death of the Beneficiary. The Beneficiary shall not have any authority or power to terminate the Account. Upon early termination, the State, or States in a pro-rata share, shall first be reimbursed for medical assistance services provided to the Beneficiary during the Beneficiary's lifetime. Other than payment for administrative expenses, no individual or entity other than the Beneficiary may benefit from the early termination after reimbursement to the State(s). Early termination provisions are allowable under the Social Security Administration POMS SI 01120.199E.

Article III

Distributions Upon the Beneficiary's Death

3.1 **Payment of administrative expenses and debts before final distribution.** To the extent permitted by law, the Manager shall pay any reasonable fees due to the Trust related to terminating and wrapping up the Trust, including (without limitation) Accountings, court filings, and the like.

3.2 **Share of Individual Account assets retained by Trust after the Beneficiary's death.** The Manager shall retain 50% of the final value of the Individual Account following payments made according to the previous section.

3.3 **Distributions to pay State Medicaid to the extent of its payments on behalf of the Beneficiary.** Funds not retained by the Trust will be distributed to the State Medicaid program(s) to the extent said program has made expenditures on behalf of the Beneficiary.

3.4 **Distribution to Heirs or Designees of Beneficiary.** Funds not retained by the Trust nor distributed to the State Medicaid program shall be distributed to heirs or designees of the Beneficiary as provided in the Quality-of-Life Plan. If no designees are designated on the Joinder Agreement or Quality of Life Plan, or if none are alive at the time of the Beneficiary's death, then the remainder of the Account shall be distributed to Shared Horizons, Inc.

Article IV

Trust Fees

4.1 **Trust fees.** The Manager will charge Trust fees per *Exhibit E* attached hereto and as amended by the Shared Horizons Board of Directors.

Article V

Miscellaneous Provisions

5.1 **Amendments.** The provisions of this Joinder Agreement may be amended as the Grantor and the Manager may jointly agree, provided any such amendment is consistent with the Master Trust and any then-applicable law.

5.2 **Taxes.** The Grantor acknowledges that:

- i) The Manager has made no representations to the Grantor that contributions to the Trust are deductible as charitable gifts or otherwise;
- ii) Individual Account income, whether paid in cash or distributed in other property, may be taxable to the Beneficiary, subject to applicable exemptions and deductions; and
- iii) Individual Account income may be taxable to the Trust, and when this is the case, such taxes shall be payable directly from the Individual Account whose income gives rise to such taxes to be paid.

5.3 **Additional Information Concerning Grantor and Beneficiary.** Additional information concerning the Grantor and the Beneficiary hereunder, as may be required by the Manager, shall be provided by the Grantor. The Grantor hereby warrants that such information is accurate and complete to the best of the Grantor's knowledge as of when the Grantor provides such information. The Manager shall be entitled to rely on such information in performing his or her duties hereunder toward the Grantor and/or the Beneficiary without being required to inquire further about its accuracy or completeness. The Manager shall determine the sufficiency of such information in their sole and absolute discretion.

5.4 **Successor Grantor.** The Grantor shall identify one or more individuals who shall serve in their stead in the event of incapacity or death; said individuals are to be identified as Successor Grantors in *Exhibit B*. In their sole discretion, the Manager may waive the designation of a Successor Grantor.

5.5 **Governing law.** This Joinder Agreement is created under and governed by the District of Columbia laws.

5.6 **Accountings.** The Manager shall provide a quarterly Account statement to the Beneficiary, the Grantor, or representative. The statement will include all distributions from, charges against, and credits to the Individual Account. A year-end report of the prior fiscal year will be provided to the individuals above and the Social Security Administration and Medicaid within 60 days following the end of the calendar year if requested.

5.7 **Notices.** Any notice, information, or document required to be provided according to this Agreement shall be sent by first class mail, postage prepaid, to the Grantor at the address provided and to the Manager at **4301 Connecticut Avenue, NW, Suite 140, Washington, D.C. 20008**. The Grantor and the Manager shall provide notice of any change of address to which notice is to be sent.

5.8 **Claims against the Trust or Manager by anyone other than a Grantor Or Beneficiary.** In the event of a dispute between the Trust, Manager, or Trustee and anyone other than a Grantor or Beneficiary concerning any matter related to or arising from this Joinder Agreement and/or the Manager may, in their discretion, charge the cost, including, without limitation, attorneys fees, of defending against such suit to the Individual Account, if any, in question. Concerning any Individual Account, damages are limited to the total of all contributions made to the Individual Account, less all administrative costs and legal fees charged to the Account and actual distributions made to or for the benefit of the Beneficiary.

5.9 **Authority of Grantor to Contribute on Behalf of Beneficiary.** The Grantor shall furnish proof to the Manager that they have the required status under the law to contribute to the Trust on behalf of the Beneficiary. A copy of all such proof shall be attached hereto as *Exhibit C*. The Manager shall determine the sufficiency of such proof in his or her sole and absolute discretion. Further, such proof shall be deemed conclusive evidence that the Grantor enjoys the requisite contribution status. The Manager shall not be required to inquire further about the accuracy, veracity, authenticity, or completeness of any proof submitted by the Grantor.

5.10 **Agreement Understood by Grantor.** The Grantor hereby agrees to and acknowledges that the Grantor:
i) has reviewed this Joinder Agreement and fully understands the terms;

ii) has had a full, complete, and fair opportunity to seek the advice of legal counsel concerning this Joinder Agreement, whether or not the Grantor has done so;

iii) agrees to be bound by the terms of this Joinder Agreement, and said Agreement is binding on the Grantor’s heirs, successors, and assigns; and

iv) is not executing this Joinder Agreement because of any promises, covenants, or representations other than those contained in this Joinder Agreement and the Master Trust.

5.11 **Agreement Constitutes Entire Understanding Between Parties.** This Joinder Agreement, together with the Master Trust, attached hereto as *Exhibit A*, constitutes the entire understanding between the parties. No promises, agreements, or representations, expressed or implied, have been made, except those contained in this writing, and all corrections and additions hereto shall be in writing, specifically designated as an addition or amendment to this Joinder Agreement, and signed by the parties.

5.12 **Conflict Between Documents.** To the extent that any conflicts may arise between this Agreement and the Master Trust, the terms of the Master Trust shall control.

5.13 **Severability.** Any provision of this Joinder Agreement adjudged invalid or unenforceable under the laws of any place where the terms of the Agreement are to be performed or sought to be enforced shall be deemed inoperative without invalidating such provision elsewhere or any of the other provisions of this Agreement.

5.14 **Section Headings.** Section headings are for convenience only and shall have no bearing on interpreting any provision of this Joinder Agreement or the Master Trust.

The undersigned Grantor has signed this Joinder Agreement on this ____ day of _____, _____, and the Manager has accepted and signed this Joinder Agreement on this ____ day of _____, _____.

GRANTOR’S SIGNATURE

Please Print Name

Address

Grantor’s Attorney/POA Signature (if applicable)

Please Print Name

MANAGER’S SIGNATURE

Yolanda Mazyck, CEO

Please Print Name

4301 Connecticut Avenue NW, STE 140
Washington, DC 20008

EXHIBIT A

**PLACEHOLDER FOR
MASTER TRUST OF TRUST
(THE MASTER TRUST DOCUMENT)
Restated November 7, 2024**

EXHIBIT A

**Document available upon request,
also kept on file at agency/provider.**

QUALITY OF LIFE PLAN

Date of Meeting: _____ (mm/dd/yyyy)

Participants/Attendees:

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Beneficiary Information:

Name: _____ (Last, First)

DOB: _____ (mm/dd/yyyy)

SS#: _____ (xxx-xx-0000 Last 4 Digits)

Address: _____

Type of Residence:

<input type="checkbox"/> Independent (Self, Family)	<input type="checkbox"/> Group Home	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Nursing Home
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Phone: _____ (Format: (xxx) xxx-xxxx)

Email: _____

Benefits:

<input type="checkbox"/> SSI (Amount: \$ _____ /mo)	<input type="checkbox"/> Medicaid (Amount: \$ _____ /mo)	<input type="checkbox"/> Medicare (Amount: \$ _____ /mo)	<input type="checkbox"/> SSDI (Amount: \$ _____ /mo)
<input type="checkbox"/> Housing (Amount: \$ _____ /mo)	<input type="checkbox"/> Other (Amount: \$ _____ /mo)		

Primary Contact: _____ (Last, First)

Support Network (Authorized representative, family, friends, people who know you best) Who are the critical members of your circle of support? Are they present?

Name	Relationship	Contact Information	Present? Yes or No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Shared Horizons, Inc.

4301 Connecticut Avenue, Suite 140, Washington, DC 20008

Phone: (202) 448 – 1460 | Fax: (202) 448 – 1461 | Email: info@shared-horizons.org | www.shared-horizons.org

What are the individual's current disabilities and/or diagnosis?

Type of Disability(check each that apply)			
<input type="checkbox"/> ADHD	<input type="checkbox"/> Blindness	<input type="checkbox"/> Chronic Neurological Disorder	<input type="checkbox"/> Speech/Language Disability
<input type="checkbox"/> Dementia	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Depression	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Cardiopulmonary Diseases
<input type="checkbox"/> Bipolar	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Locomotor Disability (i.e. Polio, paralyzes, etc..)

Other Disabilities and/or Diagnoses:

Does the individual require assistance with activities of daily living (ADLs)?

Type of Disability(check each that apply)			
<input type="checkbox"/> Bathing	<input type="checkbox"/> Toileting	<input type="checkbox"/> Eating	<input type="checkbox"/> Medication Reminders/Administration
<input type="checkbox"/> Mobility(transfers to/from bed, chair, toilet)	<input type="checkbox"/> Oral Care	<input type="checkbox"/> Grooming	<input type="checkbox"/> Incontinence <input type="checkbox"/> urine <input type="checkbox"/> bowel <input type="checkbox"/> both

Use of Assistive Devices:

Type of Device(check each that apply)			
<input type="checkbox"/> Cane/Walker	<input type="checkbox"/> Glasses/Contact Lenses	<input type="checkbox"/> Gheri Chair	<input type="checkbox"/> Prosthetic (i.e.: arm, leg, eye, etc..)
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Dentures <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Both	<input type="checkbox"/> Hoyer Lift	<input type="checkbox"/> Hospital Bed
<input type="checkbox"/> Corrective shoes	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>

Other Assistive Devices:

Shared Horizons, Inc.

Other Discussion items:

Questions:	Details/Notes:
Resident Background	
Hobbies & Activities	
Spiritual needs	
Daily Routine	
Participation in outside programs	
Transportation	<input type="checkbox"/> Travels independently, all modes of transportation <input type="checkbox"/> Needs some assistance/escort <input type="checkbox"/> Complete assistance/needs specialized vehicle
Finances	<input type="checkbox"/> Independent <input type="checkbox"/> Legal Representative (POA, Guardian, Conservator, etc..) manages all financial matters <input type="checkbox"/> Individual manages financial matters with supervision <input type="checkbox"/> Provider program manages finances

Immediate Needs:

Standard Needs	Budget Amount	Proposed Date Needed	Notes
<input type="checkbox"/> Housing			<input type="checkbox"/>
<input type="checkbox"/> PEX Card Upload			<input type="checkbox"/>
<input type="checkbox"/> Clothes/Shoes			<input type="checkbox"/>
<input type="checkbox"/> Furniture(i.e.TV, Chair, Bed)			<input type="checkbox"/>
<input type="checkbox"/> Phone			<input type="checkbox"/>
<input type="checkbox"/> Smart Trip Upload			<input type="checkbox"/>
<input type="checkbox"/> Medical			<input type="checkbox"/>
<input type="checkbox"/> Bed Linens			<input type="checkbox"/>

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Future Needs:

Standard Needs	Budget Amount	Proposed Date Needed	Notes
<input type="checkbox"/> Educational			<input type="checkbox"/>
<input type="checkbox"/> Transportation			<input type="checkbox"/>

Special Needs/Requests/Additional Information:

Name of Representative authorized to make requests on beneficiary's behalf:

Name Agency/Relationship

Address Telephone

Upon the Death of Beneficiary, distribution of funds and assets shall be made to the following:

- 1st. Shared Horizons, Inc. will retain 50%
- 2nd. Up to 50% will be used to reimburse Medicaid for care.
- 3rd. Name of person to receive balance if funds remain:

Name Address

Telephone Social Security #

Beneficiary's Name Shared Horizon's Signature

Representative's Name Representative's Signature

Exhibit C

PROOF OF GRANTOR

The Following document was presented by the Grantor as proof of authority to establish a sub-Account with Shared Horizons' Wesley Vinner Memorial Trust. Please select all that apply:

Guardian

Conservator

Special Conservator

POA (Point of Attorney)

Parent

Grandparent

Court Representative with Order

Self

Other: _____

Grantor Signature

Date

Please Print Name

Date

Exhibit D

GRANTOR’S DESIRED USE OF ASSETS

I, _____, Grantor of this sub-Account within the Trust recognize and acknowledge all disbursements are subject to the Manager’s sole and absolute discretion; and that the Manager shall only make disbursements solely for the Beneficiary’s supplemental needs and care. With this in mind, it is the desire of the Grantor to use the assets for the sole benefit of the Beneficiary during his or her lifetime for:

Any Supplemental Need

Supplemental Needs Limited To:

I also understand this may be amended at any time, via written consent, by the Grantor or during the annual Account review.

Grantor’s Signature

Date

Shared Horizons, Inc. Pooled Special Needs Trust Fee Schedule

Standard Minimum Deposit is \$5,000

Enrollment Fee \$1,500

The enrollment fee is a **one-time fee** that covers the cost of setting up the initial account. Due upon execution of the Joinder Agreement with each participant.

Annual Fees

The annual fee covers basic Trust Management, including monthly account review, reconciliation, and limited disbursements (4/month or 48/year). The Annual Fee is below, is based on the sub-account balance at the beginning of each quarter, then divided by 4 (number of quarters) and assessed quarterly.

Example: annual fee is \$735 ÷ 4 quarters = \$183.75. Your quarterly fee assessed will be \$183.75 for that quarter.

\$100,001+ -----	1.75%
\$50,001 to \$100,000 -----	1.8%
\$25,001 to \$ 50,000 -----	\$735 flat fee
\$10,001 to \$ 25,000 -----	\$630 flat fee
\$5,000 to \$ 10,000 -----	\$525 flat fee
\$0 - \$4,999 (Pilot) -----	\$200

Income Streams/Additional Deposits: \$25 per deposit or 5% per payment, if greater.

Income Streams are additional deposits and payments from annuities, structured settlements, and spousal maintenance.

Year-End Tax Filings (K-1, IRS Form 1041 & Grantor Letter): \$150 (assessed JAN/FEB)

Extended Services

- Trust Disbursements more than 4/month - \$25 per transaction
- Personal shopping, online orders, product/facility research, and gift card requests - \$25/request
- Beneficiary Assessment – Quality of Life Planning Meeting (at the trustee's discretion): \$250 - \$500
- PEX Card (Personal Exchange Debit Card)
 - Annual Membership - \$125/year
 - Unplanned/Emergency Uploads - \$25/request
 - Physical Receipt Management (organizing, scanning, filing) - \$30/batch
- Telephone Calls: more than 4 calls each month will be charged a consultation fee of \$25.00/call
- A special \$25 fee applies when requests for expedited or certified checks, wires, and payments.
- Shared Horizons' Team Members are available to meet annually for planning and budgeting; however, should additional meetings occur, including unscheduled office visits, the account will be assessed \$50 per visit or hour, if greater.

Stop Payment Check Request - \$50

Termination Fee - \$4,500

The termination fee is assessed when the individual account is closed for any reason except when depleted.

Termination Upon Death for the SELF-FUNDED/WESLEY VINNER TRUST ONLY:

- State Medicaid has a right to recover up to 50% of the balance for services provided;
- Shared Horizons, Inc. retains 50% of the balance for charitable purposes.

Shared Horizons will process requests for final disbursements within 30 days after reconciliation.

The Shared Horizons' Board of Directors reserves the right to amend the above fees at any time.

Board Approved 9/23 – for JAN '24 Implementation

**Shared Horizons, Inc.
Pooled Special Needs Trust
Fee Schedule**

PILOT PROGRAM

Shared Horizons, Inc. is a nonprofit organization created to manage a Pooled Special Needs Trust in the D.C. Capital Region. To extend services to diverse populations with disabilities who do not meet the minimum deposit requirement, the Board of Directors approved a Special Deposit Pilot Program to address the following needs:

1. There is a growing number of people with disabilities who are employed, with limited income that cannot sustain basic living expenses without continuing to receive Supplemental Security Income;
2. There is also a growing segment of this population who can sustain basic living expenses but have little to no health insurance and need to maintain their Medicaid eligibility due to a decrease in a state's required contribution to the cost of care;
3. There is a small percentage of people receiving public benefits, with no income, insurance, and no personal or medical needs to spend down;
4. Lastly, in response to the State of Maryland's Social Services Administration (SSA)/CW #19-6 designed to protect and preserve resources of young people in foster care, implemented to better assist with their transition to successful adulthood by establishing sub-accounts within the Pooled Special Needs Trust and transferring accumulated assets.

The above scenarios will affect public benefits if their assets exceed means-tested benefit thresholds unless transferred to a Social Security/Medicaid-approved Special Needs Trust.

Shared Horizons' Pooled Special Needs Trust acknowledged the need and implemented the following option for this population:

1. We reduced the minimum deposit to \$1,000 for a select group of people meeting at least one of the four needs listed above;
2. We reduced the enrollment fee (a one-time fee) to \$500
We reduced the annual fee to \$200 if the sub-account balance is under \$5,000.

ALL OTHER FEES APPLY AS OUTLINED IN EXHIBIT E – FEE SCHEDULE

3. We reserve the right to hold sub-accounts under \$25,000 in cash equivalent accounts – earning monthly interest only.
4. Once a Pilot account accrues \$5,000 or more, it will function as a standard account.

Interested parties must sign a Joinder Agreement, which binds them to Trust rules and procedures according to the Master Trust Document.