

A "Joinder" is simply another word for enrollment or "how do I join form?"

JOINDER AGREEMENT

BENEFICIARY INFORMATION

Name: _____ John Smith _____

Address: _____ 123 Main Street, Denver, Colorado, 80201 _____

Social Security Number: _____ REQUIRED _____

Telephone: _____ 303-123-4567 _____

Date of Birth: _____ REQUIRED _____

Father's Name & Address: ___ IF FATHER IS DECEASED LEAVE BLANK ___

Mother's Name and Address ___ IF MOTHER IS DECEASED LEAVE BLANK ___

Name & Address of Legal Guardian, Trustee, Representative Payee, or Power of Attorney:

_____ PLEASE LIST ALL THAT APPLY _____

CURRENT BENEFITS

What amount of Supplements Security Income (SSI), if any, does the Beneficiary receive each month?

What amount of Supplements Security Disability Income (SSDI), if any, does the Beneficiary receive each month?

If the Beneficiary receives Medicare, what is the account Number?

If the Beneficiary receives Medicaid, who is the provider and what is the account number? _____

List any other sources and amount of income of the Beneficiary:

The beneficiary is the individual that the trust is being established to benefit.

Note: Required Fields:

- Name (First and Last)
- Social Security Number
- Date of Birth

Simply list the monthly amounts, if they apply

"Provider" here refers to health plan and account number

Sources of governmental assistance might include:

- Black Lung Settlement
- Railroad Benefits

List any other source of government assistance the Beneficiary receives: _____

This might include:
Long Term Care Insurance

List any prepaid burial account:

Such as, Mental Retardation, Autism, Physical Disability..etc

Typically, the individual's Primary Care Physician

DISTRIBUTION OF THE RESIDUAL

(In identifying the potential beneficiaries, identifiable entities or individuals must be named. Do not simply name the beneficiary's estate.)

In the event that the Trust must be distributed prior to the Beneficiary's death, after the State has been repaid the amount of medical assistance paid on behalf of the Beneficiary under the State plan, then the remainder shall be distributed to:

Name of Referring Non-Profit Organization (if necessary): _____

DISTRIBUTIONS

The Trustee has discretion regarding distributions provided that all distributions will be for the sole benefit of the Beneficiary, the proposed expenditure has a reasonable relationship to the needs of the beneficiary

The Settlor acknowledges that by executing this document and funding the Beneficiary's account, the Trust is irrevocable and the funds are non-refundable. The Settlor is advised to review this Agreement with his or her own attorney before signing the Agreement.

In Witness Wherefore, the Settlor and Trustee have signed this Agreement agreeing to be bound by its terms on _____, 20__.

Settlor

Life Enrichment Trust