

## **SPONSOR AGREEMENT**

1. Creation of a Trust Account. The undersigned Sponsor hereby establishes an account (a "Trust Account") with Guardian Community Trust, Inc. (the "Trustee") under and subject to the Guardian Community Trust for Supplemental Needs, an instrument dated and executed on March 23, 2004, as amended and restated by instrument dated February 20, 2014 (the "Trust"), in the amount and upon the terms of funding set forth below, on behalf of the beneficiary identified herein (the "Designated Beneficiary"), who may be the same person as the Sponsor. In creating the Trust Account, the Sponsor incorporates the Trust by reference and agrees that the Trust Account hereafter shall be governed by the terms and conditions of the Trust, including without limitation those terms and conditions which relate to this Sponsor Agreement.

			Sponsor is the Designated Beneficia
			Sponsor is the Designated Beneficia
Name			<ul><li>□ Parent</li><li>□ Grandparent</li></ul>
Street/Apt. (physical	address, if self-settled)		- Granaparent
City/Town	State	Zip	
Home Phone	Work Phone		
E-Mail			
Name			Date of Birth
Street/Apt. (physica	l address of Designated Beneficiary)		Social Security No.
Street/Apt. (physica	l address of Designated Beneficiary)  State	Zip	Social Security No. Telephone
City/Town		y (current or immo y (current or immo eable future)	Telephone ediately anticipated) ediately anticipated)
City/Town	State  Skilled Nursing Facility Assisted Living Facility Home (for the foresed	y (current or immo y (current or immo eable future) eneficiary own a h	Telephone  ediately anticipated) ediately anticipated)  ome (including life estate)?

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		Is the full	amount	donated tod	ay?			Yes			10
	If "N	lo," the initi	al amour	nt, which I c	donate to	oday is:	\$_				
	The balance is	expected as f	ollows:	Date:	A	mount:	\$_				
				Date:	A	mount:	\$_				
Desi here <b>6.</b>	nission to the Tr gnated Benefici eunder with resp Election To	ary for purp ect to benefit Name Resido	employe coses of ts. ual Benef	es to person evaulating ficiaries. Up	nally visit needs an	and vieved and exero	v me	edical ir g its d Designa	nforn iscre	nation tion a	about the as Trustoniciary, the
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**Acknowledgments and Waivers.** The Sponsor understands that:

ontribution:

- (a) 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.
- (b) 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.
- (c) Investments of the Trust Account will be directed primarily toward providing liquidity for support, and not to generate returns.
- (d) 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.
- (e) 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 D	ollowing is, to the best of the Sponsor's knowledge, a complete list of the states in which esignated Beneficiary has received Medicaid benefits during lifetime. (Please include in which the Designated Beneficiary lived in the state, and address(es) during that time).
	TNESS WHEREOF the undersigned Sponsor and Trustee have affixed their hands and seals dates set forth below:
SPON	SOR:
	Date:
	COMMONWEALTH OF MASSACHUSETTS, ss
	On thisday 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:
hereb Accou	<b>TEE:</b> The undersigned Trustee of the Guardian Community Trust for Supplemental Needs y accepts the assignment of trust herein and acknowledges the creation of a Trust nt for the Designated Beneficiary, all as set forth above.
	By: Date:
	Peter M. Macy, Executive Director
	COMMONWEALTH OF MASSACHUSETTS  Essex, ss  On thisday 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: