

MAINE TRUST FOR PEOPLE WITH DISABILITIES

***Request to Contribute Funds to an Existing Account***

\_\_\_\_\_

***NOTE:*** You should use this form only if there is an existing MTPD account to which you intend to make a contribution.

\_\_\_\_\_

MTPD account to which the contribution is to be credited: # \_\_\_\_\_

The contribution will consist of: *(check the appropriate boxes)*

- Cash in the amount of \$ \_\_\_\_\_
- Stocks, bonds and/or mutual funds amounting to \$ \_\_\_\_\_  
(attach a complete list all such investments you wish to transfer to the MTPD account)
- Other: *(explain)* \_\_\_\_\_

Name and address of person who is the beneficiary of the account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (day): \_\_\_\_\_ (night): \_\_\_\_\_

Your relationship to the beneficiary: \_\_\_\_\_

You are the beneficiary's: *(check the appropriate box)*

- Guardian
  - Conservator
  - Social Security representative payee
  - Agent acting under a durable power of attorney
  - Trustee
  - Other: *(explain)* \_\_\_\_\_
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You are:

- The person who established the account for the beneficiary.
- Not the person who established the account for the beneficiary.

Do the funds or assets to be contributed belong to you?

- Yes
  - No. If "no", state who owns the funds or assets: \_\_\_\_\_
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When do you intend to make the contribution to the account?

- Immediately after receiving approval of this request.
- On the following date: \_\_\_\_\_

### **IMPORTANT NOTICE**

**Any funds or assets contributed will be irrevocably transferred to the beneficiary's account at the MTPD and will not be returned to the contributor but will be subject to the terms and conditions of the governing documents of the MPTD, including the Joinder Agreement and the Trust Agreement. Any contribution made by a person other than the original Sponsor of the account will be invested as determined by the Sponsor, and any assets that remain part of the account on the death of the beneficiary will be distributed to the residuary beneficiary or beneficiaries that have been identified by the Sponsor in the Joinder Agreement and will not be returned to you. It is highly recommended that you seek legal counsel and have this completed form reviewed prior to making the gift.**

The undersigned contributor specifically acknowledges and agrees to each of the following:

- The Trust, Trustee, Board of Advisors and Settlor (as defined in the Joinder Agreement) shall not in any event be liable to the contributor or any successor-in-interest to the contributor for their acts in connection with contribution to the beneficiary's MTPD account that is administered in accordance with the Joinder Agreement and Trust Agreement.
- The undersigned contributor states that he or she has not been provided, nor is he or she relying upon, any representation of or any legal advice by the MTPD Trustee, Board of Directors or Board of Advisors in making this gift.
- The undersigned contributor acknowledges receipt of copies of the Master Trust Agreement and the Joinder Agreement, and that the undersigned contributor has read and understands both. The undersigned contributor agrees that this contribution shall be bound by their terms.
- The statements made herein by the contributor are true and accurate and are made with the intention that the Board of Advisors will rely upon them in approving this request to make a contribution.
- The undersigned contributor has had the opportunity to have this completed request reviewed by his or her own attorney.
- The undersigned contributor has reviewed and understands to his or her full satisfaction the legal, economic and tax effects of making his contribution to the MTPD account, including that this gift does not qualify as a so-called "present interest exclusion" gift for federal gift and estate tax purposes.
- The undersigned contributor understands that he or she will have no legal power to control the account in any fashion as a result of this gift, except to the extent such authority is granted to the undersigned in the Joinder Agreement.
- The undersigned understands and agrees that the MTPD Board of Advisors may notify the beneficiary's parent, guardian, conservator, legal representative, or other persons deemed appropriate by the Board of Advisors regarding the amount, timing and nature of this gift.
- The MTPD Board of Advisors reserves the right to decline acceptance of this offer of a gift to the beneficiary's account with the MTPD.

This *Request to Contribution Funds to an Existing Account* is signed:

At the following place: \_\_\_\_\_, Maine

On the following date: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of contributor*

\_\_\_\_\_  
*Print or type name*

*Mail this completed form to:*

**Maine Trust for People with Disabilities  
PO Box 9729  
Portland, ME 04104-5029**

**DO NOT COMPLETE THIS PAGE**

**[Reserved for use by the Board of Advisors of  
the Maine Trust for People with Disabilities]**

Contribution funding request is:  Approved

Declined

Note any special conditions or restrictions that will apply to this gift: \_\_\_\_\_

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Maine Trust for People with Disabilities  
Board of Advisors

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

By: \_\_\_\_\_  
Member, Board of Advisors