

**JOINDER AGREEMENT FOR  
THE FULL LIFE CENTER DISCRETIONARY TRUST**

I, the undersigned, 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, do hereby adopt The Full Life Center Discretionary Trust (“Trust”) executed on \_\_\_\_\_, 2023.

I understand that by signing this Joinder Agreement for The Full Life Center Discretionary Trust, a Trust Sub-Account will be established by me and will be referred to as:

“The Full Life Center Discretionary Trust f/b/o \_\_\_\_\_.”  
Name of Beneficiary

To be administered in accordance with the terms of The Full Life Center [TFLC] Discretionary Trust under Agreement dated \_\_\_\_\_, 2023 as amended or restated from time to time, and in compliance with the following laws and regulations: R.C. 5163.21(G), and O.A.C. 5160:1-3-05.2(C)(4), as amended from time to time. The nature of the Trust, and compliance with those laws and regulations, are intended to make possible the transfer of assets to this Sub-Account without Medicaid penalty, and to render assets held in the Sub-Account unavailable for certain means-tested public benefit programs.

**1. GRANTOR (Person Establishing the Trust)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to the Beneficiary: \_\_\_\_\_

**2. BENEFICIARY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number (Last 4) \_\_\_\_\_

**Type of Living Situation:**

\_\_\_\_\_ Private Residence

\_\_\_\_\_ Group Home

\_\_\_\_\_ Apartment

\_\_\_\_\_ Other \_\_\_\_\_

**Current Benefits:**  
(Check all that apply)

\_\_\_\_\_ Medicaid

\_\_\_\_\_ Food Assistance

\_\_\_\_\_ SSI

\_\_\_\_\_ Other: \_\_\_\_\_

Please describe the nature of the Beneficiary's disability:

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

U.S. Citizen: \_\_\_\_\_ Yes

\_\_\_\_\_ No

Marital Status: \_\_\_\_\_ Single

\_\_\_\_\_ Married

\_\_\_\_\_ Widowed

**3. BENEFICIARY ADVOCATE**

Name:

Address:

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

Phone Numbers:

Cell:

Home:

Email Address:

Relationship to the Beneficiary:

Online access to view statements &  
activity (Email address is required)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**4. FIRST SUCCESSOR BENEFICIARY ADVOCATE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the Beneficiary: \_\_\_\_\_

Online access to view statements & activity (Email address is required) \_\_\_\_\_ Yes \_\_\_\_\_ No

**5. SECOND SUCCESSOR BENEFICIARY ADVOCATE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the Beneficiary: \_\_\_\_\_

Online access to view statements & activity (Email address is required) \_\_\_\_\_ Yes \_\_\_\_\_ No

In the event that none of the Beneficiary Advocates are able to serve, the last acting Beneficiary Advocate may appoint a successor in writing. If no successor is designated, the Trust Advisor may nominate a successor Beneficiary Advocate and may consult with the Grantor, Beneficiary, Guardian of the Beneficiary, caseworker and/or any other interested party in order to nominate a successor.

**6. DISTRIBUTIONS DURING THE LIFE OF THE BENEFICIARY**

The income and principal shall be distributed by the Trustee, at the discretion and direction of the Trust Advisor.

**7. DISTRIBUTIONS AT THE DEATH OF THE BENEFICIARY**

Upon the death of the Beneficiary, the Trustee shall distribute the remaining principal and undistributed income in the beneficiary’s Sub-Account, after payment of trust fees and expenses, as provided below.

The Trustee may, at the direction of the Trust Advisor, pay the Beneficiary’s funeral, burial and related expenses and any inheritance or estate taxes imposed on or by reason of the Beneficiary’s estate.

Any funds remaining in the sub-account after payments as listed above are made, shall be distributed to the Remainder Beneficiaries listed below. Remainder Beneficiaries may be either a living individual, trust or charitable organization. For individuals, include current address. For trusts and/or charitable organizations, include their tax EIN :

List <b>Beneficiary</b> information below for any funds that remain in trust sub-account upon Beneficiary's death. <b>Percentages should add up to 100%.</b>					
	<b>Full Name</b>	<b>Current Address</b>	<b>Primary Percentage</b>	<b>Per Stirpes</b>	<b>Secondary Percentage</b>
Primary Beneficiary			_____%		
Secondary Beneficiaries					_____%
					_____%
Primary Beneficiary			_____%		
Secondary Beneficiaries					_____%
					_____%
Primary Beneficiary			_____%		
Secondary Beneficiaries					_____%
					_____%
Primary Beneficiary			_____%		
Secondary Beneficiaries					_____%
					_____%
Primary Beneficiary	The Full Life Center, Inc.	349 E. High Avenue New Philadelphia, OH 44663	_____%		
<b><u>Please Note:</u> It is FLC's policy to retain funds if there are no identifiable, living Beneficiaries.</b>					

**8. IRREVOCABILITY**

This Joinder Agreement shall be irrevocable. It may be amended by the Grantor or Beneficiary, with the approval of the Trust Advisor, to either change or add a Beneficiary Advocate in Paragraph 5.

**9. TRUSTEE IS NOT A GUARANTOR OF BENEFITS**

The terms of the Trust are intended to comply with all current applicable laws and regulations. However, the laws in this area are continually changing as well as the interpretation of those laws. A Trustee cannot guarantee the receipt or continuation of benefits.

**10. DOCUMENTATION**

The Trust Advisor and Trustee retain the right to request documentation such as birth certificates, Letters of Guardianship and proof of identification.

**11. LEGAL ADVICE**

**The Trust Advisor, Trustee, their employees and/or agents are not permitted to provide legal advice regarding the Joinder Agreement, Declaration of Trust or any other documentation relating to The Full Life Center Discretionary Trust. The Grantor must seek independent legal counsel to evaluate the suitability of The Full Life Center Pooled Special Needs Trust. Attorney named below acknowledges and confirms that he or she has advised the Grantor regarding the suitability and requirements of establishing such a Trust, including any reporting requirements to agencies which provide government benefits to the Beneficiary.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Attorney's Printed Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Law Firm

\_\_\_\_\_  
Address

**12. APPLICATION FOR ADMISSION OF TRUST**

I, the undersigned, hereby apply for admission to establish a pooled trust Sub-Account under The Full Life Center Discretionary Trust and the Joinder Agreement for The Full Life Discretionary Trust. I understand the terms of the Declaration of Trust and this Joinder Agreement and adopt said Declaration of Trust and Joinder Agreement and agree to be bound by the terms thereof.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grantor's Signature

\_\_\_\_\_  
Grantor's Printed Name

**NOTARY DECLARATION**

State of Ohio )  
 ) ss.  
County of \_\_\_\_\_ )

Before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, whose identity was known or proven to me and who did sign the foregoing instrument and acknowledged the signing hereof to be his/her voluntary act and deed.

In testimony whereof, I have hereunto set my hand and official seal at \_\_\_\_\_, Ohio, this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

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

\_\_\_\_\_  
Public Notary

Application for admission to establish this Trust sub-account is hereby approved.

**TRUST ADVISOR'S APPROVAL**

The Full Life Center, Inc.

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

By: \_\_\_\_\_

**TRUSTEE'S APPROVAL**

Huntington National Bank

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

By: \_\_\_\_\_