



Please complete the following information regarding any identified

1. Date: _____
2. Life Beneficiary Name: _____
3. Trust Sub-account number: _____ First Party Trust Third Party Trust
4. Change in Advisory Co-Trustee: No Yes, if yes complete section below:

Advisory Co-Trustee, to advise on the needs of the Life Beneficiary:

- A. Name: _____
- B. Address: _____
- C. Telephone: (day): _____ (evening): _____
- D. Email: _____
- E. Relationship: _____
- F. Reason for Change: _____

5. Change in any Legal Representatives: No Yes, if yes complete section below:

Guardians, Conservator, Representative Payee, Durable Power of Attorney or Legal Representatives:

- A. Name: _____
- B. Address: _____
- C. Telephone: (day): _____ (evening): _____
- D. Relationship: _____
- E. Legal and other relationship: _____
- F. Court appointing same, if any: _____
- F. Reason for Change: _____



6. Change in any Distribution of Remainder upon Death of Beneficiary (note First Party Trusts are required to first comply with payback for State funded medical assistance):

No Yes, if yes complete section below:

	<u>Name, Address & Telephone Number of Final Remainder Beneficiary</u>	<u>Percentage of Final Remainder (must total 100%)</u>
(1)	_____	%
(2)	_____	%
(3)	_____	%
(4)	_____	%
(5)	_____	%
	TOTAL OF PERCENTAGES	100%

7. Change of Address: No Yes, if yes complete section below:

8. Other Amendments to the Joinder Agreement, please specify:



9. Signatures

The undersigned have reviewed the Joinder Agreement and understand it and agree to be bound by its terms and conditions. The undersigned attest that they have the ability to make any change necessary to the Joinder Agreement, and agree they are acting in the best interest of the Beneficiary.

Beneficiary Signature if applicable

Date

Advisory Co-Trustee

Date

Notary Public

My Commission Expires

Date