

**AHRC NEW YORK CITY FOUNDATION, INC.
COMMUNITY TRUST I
FOR PERSONS WITH DISABILITIES**

SPONSOR AGREEMENT

The undersigned hereby establishes a Trust Account under the AHRC New York City Foundation, Inc. Community Trust I for Persons with Disabilities dated May 24, 2019 in the initial sum of \$_____ (not less than \$10,000).

SPONSOR INFORMATION:

1. Name(s) of Sponsor _____
2. Sponsor Address _____
City, State, Zip Code _____
3. Telephone Number (day) _____
(evening) _____
4. Date of Sponsor Agreement _____
5. Social Security Number _____
6. Date of Birth _____
7. Relationship to Designated Beneficiary _____

DESIGNATED BENEFICIARY INFORMATION:

8. Name of Designated Beneficiary _____
(Must be different from Sponsor)
9. Designated Beneficiary Address _____
City, State, Zip Code _____
10. Telephone number _____
11. Birth Date _____
12. Social Security Number _____
13. Designated Beneficiary Legal Guardian (if any) _____
Street Address _____
City, State, Zip Code _____
Telephone Number _____

SUCCESSOR SPONSOR INFORMATION:

14. Name of Successor Sponsor to receive statements upon death of initial Sponsor _____
Street Address _____
City, State, Zip Code _____
Telephone Number _____
15. Relationship to Designated Beneficiary _____

REMAINDERMAN:

UPON THE DEATH OF THE DESIGNATED BENEFICIARY, AS PROVIDED IN THE TRUST AGREEMENT, THE ENTIRE REMAINDER OF THE TRUST ACCOUNT SHALL BE DISTRIBUTED TO AHRC NEW YORK CITY FOUNDATION, INC.

THIS DESIGNATION MAY NOT BE CHANGED OR REVOKED.

16. Have funeral arrangements been pre-paid for the Designated Beneficiary?
Yes _____ No _____
If “yes” please attached copies of all documents.

ACKNOWLEDGEMENTS:

The undersigned Sponsor hereby acknowledges:

- A. That the signing of this document constitutes a legal agreement and contributions to the Trust Account may have tax consequences. I have been advised to consult with my attorney and tax advisor before signing this Sponsor Agreement.
- B. That I am obligated to make a minimum contribution to the Trust Account in the amount of \$10,000. An initial minimum contribution of \$10,000 is required to be made within two months (60 days) of acceptance of this Sponsor Agreement by the Trustees.
- C. That all contributions made to the Trust Account will be held and administered pursuant to the provisions of the AHRC New York City Foundation, Inc. Community Trust I for Persons with Disabilities dated May 24, 2019, including any amendments to the Trust made prior to, on, or after the date of this Sponsor Agreement. The provisions of the AHRC New York City Foundation, Inc. Community Trust I for Persons with Disabilities Trust Agreement are incorporated herein by reference. I have received and reviewed a copy of the Trust Agreement prior to signing this Sponsor Agreement.

D. THAT A POTENTIAL CONFLICT OF INTEREST EXISTS IN THE ADMINISTRATION OF THE AHRC NEW YORK CITY FOUNDATION, INC. COMMUNITY TRUST I FOR PERSONS WITH DISABILITIES. THE TRUSTEES ARE INITIALLY APPOINTED BY AHRC NEW YORK CITY FOUNDATION, INC. WHICH MAY HAVE REMAINDER INTEREST IN THE TRUST ACCOUNTS. IN THE ADMINISTRATION OF THE TRUST, THE TRUSTEES ARE PERMITTED TO DISBURSE TRUST FUNDS TO AFFILIATED AGENCIES ON BEHALF OF THE DESIGNATED BENEFICIARIES. I AM AWARE OF THE EXISTENCE OF THIS POTENTIAL CONFLICT OF INTEREST AND EXPRESSLY WAIVE ANY AND ALL CLAIMS AGAINST THE TRUSTEES ON ACCOUNT OF SELF-DEALING, CONFLICT OF INTEREST, OR ANY OTHER ACT.

Dated:

Signature of Sponsor

Signature of Sponsor

Sworn to before me this

____ day of _____, _____

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Sworn to before me this

____ day of _____, _____

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Accepted by the Trustees of the
AHRC New York City Foundation, Inc.
Community Trust for Persons with Disabilities

Trustee

Trustee