

TO SUBMIT THIS FORM  
E-Mail: [Trust@thearcoftexas.org](mailto:Trust@thearcoftexas.org)  
FAX: 512-454-4956  
MAIL: 8001 Centre Park Drive, Suite 100  
Austin, Texas 78754



## ACKNOWLEDGEMENT OF POLICIES FORM

<b>Beneficiary:</b>	<b>Primary Rep (PR):</b>
<b>Sub-Account Number:</b>	<b>PR Phone:</b>
<b>Date:</b>	<b>PR Email:</b>

1. I have read and understand the need to pre-pay for the Beneficiary's funeral expenses, especially if the Beneficiary has received Medicaid assistance at any time.

**Please acknowledge your understanding by *initialing* ONE of the following:**

2. I acknowledge by initialing ONE of the below that funeral expenses must be **paid BEFORE the Beneficiary passes away** and that the selection below outlines the Beneficiary's funeral arrangements and expenses plan (*select ONE of the following*):

\_\_\_\_\_ The Beneficiary has already paid for funeral expenses by either pre-paying a funeral home, setting up an irrevocable burial plan or contract or through funds in an insurance policy.

\_\_\_\_\_ The Beneficiary **has not pre-paid for funeral expenses** but would like to do so with funds from the sub-account. I understand that it is the responsibility of the Beneficiary, their families or loved ones to make funeral arrangements and pay for funeral expenses. I understand that I must submit an irrevocable burial plan or contract and a Disbursement Request Form to the Master Pooled Trust for payment PRIOR to the passing of the Beneficiary.

\_\_\_\_\_ The Beneficiary **does not plan on pre-paying** for funeral expenses at this time, nor have other arrangements been made. I understand that it is the Beneficiary's responsibility to do so on their own in the future, otherwise their loved ones will be responsible for their funeral arrangements and expenses.

3. By signing this document, I am acknowledging that I have read and I understand this Toolkit.

**NO DISBURSEMENTS WILL BE MADE UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE MASTER POOLED TRUST.**

BENEFICIARY'S NAME (PLEASE PRINT): _____	
SIGNATURE of Primary Representative: _____	DATE: _____

Send this completed form to The Master Pooled Trust at:  
E-Mail: [trust@thearcoftexas.org](mailto:trust@thearcoftexas.org) FAX: 512-454-4956  
MAIL: 8001 Centre Park Drive, Suite 100, Austin, Texas 78754