

The Arc of Texas

MASTER POOLED

trust

an investment in you

Toolkit

trust an investment in you

The TRUST starts here.

BENEFICIARY

the person with a disability for which the sub-account has been established.

PRIMARY REPRESENTATIVE

works with the *Beneficiary* to determine their needs, then communicates with the *Master Pooled Trust* and sends disbursement requests.

Master Pooled Trust

MASTER POOLED TRUST COORDINATOR

will serve as the *Primary Representative's* main point of contact.

MASTER POOLED TRUST DEPUTY DIRECTOR

handles the day-to-day activities of the Trust and approves disbursement requests.

MASTER POOLED TRUST DIRECTOR

oversees the day-to-day operations and corresponds with the Trustee.

FINANCIAL INSTITUTION

receives contributions and sends disbursements. They also invest the funds. You cannot go into a bank branch to get your money, you must go through the *Master Pooled Trust*.



Attention

This Toolkit cannot cover every topic, rule, regulation or law concerning Special Needs Trusts. Laws and rules change over time, therefore the requirements of the Trust are subject to change without notice.

The information in this Toolkit is subject to change without notice based on needs of the Beneficiaries.

The Arc of Texas Master Pooled Trust periodically mails updates of any changes to Primary Representatives. It is the responsibility of the Primary Representative to read these updates and keep the information with the original Trust documents for future reference.

If you are experiencing a medical or mental health emergency, please call 911 or present to your nearest emergency room for evaluation and treatment.

*The Arc of Texas can assist in finding additional resources but **DOES NOT** and **CANNOT** respond to emergency situations.*

Glossary

Below are some words that you will come across in this Toolkit:

AUTOMATIC PAYMENT Disbursements made to the same payee, for the same amount and on the same day each month that may be disbursed from a sub-account. *See the DISBURSEMENTS SECTION for more information.*

BENEFICIARY The person for whom the sub-account has been established.

BENEFITS Any assistance provided to the Beneficiary or their family through government agencies or other organizations. Some examples include: SSI, SSDI, SSA, SNAP, all forms of Medicaid, etc.

***MEANS TESTED BENEFITS** Benefits available only to individuals whose income and/or assets are below a certain level. Means testing is used to determine eligibility for Medicaid, SSI and other benefits.

BUDGET An invaluable tool to help prioritize spending and manage money, no matter how much or how little is available. A budget provides a concrete, organized and easily understood breakdown of how much money is contributed and how much is being disbursed. *See the BUDGETING SECTION for more information.*

CONTRIBUTOR A person or entity that wishes to put funds into a Beneficiary's sub-account.

DISBURSEMENT REQUEST FORM This form must be completed, signed and submitted by the Primary Representative each time funds are requested from the sub-account. For instructions on how to complete a Disbursement Request Form, *see the DISBURSEMENTS SECTION*. For a blank copy of the Disbursement Request Form, *see (FORM B)*.

EARNINGS A positive or negative amount reported on the quarterly statement and mailed to the Primary Representative. This amount represents the sub-account's shared portion of the pooled investment's gains and/or losses for the quarter. *See the sample quarterly statement in the SAMPLES SECTION.*

FEES Amounts deducted from a sub-account for any of the following fees: annual maintenance, tax preparation, frequent disbursement request, annual accounting, closing or other fees. *See the FEES SECTION for more information.*

FIDUCIARY DUTY A legal duty to act solely on behalf of another party's interests. These duties include prudent record keeping, safekeeping of assets and loyalty to the best interest of the Beneficiary. The Master Pooled Trust is required to comply with federal and state regulations regarding proper administration of the Trust.

FINANCIAL INSTITUTION A bank or other establishment that conducts financial transactions such as deposits, disbursements and investments.

GRANTOR The person who enrolled the Beneficiary into the Master Pooled Trust. This person is typically the parent, grandparent, guardian, court or Beneficiary themselves.

GRANTOR LETTER An annual statement of a self-funded sub-account's activity including income, deductions and credits mailed to the Primary Representative to be filed with the Beneficiary's tax return.

IRREVOCABLE TRUST Any Trust that CANNOT be modified or terminated. The Grantor, by transferring assets into that Trust, gives up all of his or her rights of ownership to the assets in that Trust. The Master Pooled Trust is an *IRREVOCABLE TRUST*.

JOINDER AGREEMENT A legally binding document that a Grantor uses to establish a sub-account within the Master Pooled Trust. This agreement requests information about the Grantor, Beneficiary, Primary Representative(s), benefits, health insurance, pre-paid funeral arrangements and disability.

MASTER TRUST The Arc of Texas has four Master Trusts, legal documents, that govern how each sub-account may be used. Each Beneficiary's sub-account has a corresponding Master Trust (Trust I, II, III or IV). Trusts I & III are established with a third party's money. Trusts II & IV are established with the Beneficiary's OWN money. A Beneficiary's own money may not be mixed with a third party's money!

MEDICAID PAYBACK PROVISION A provision in the Trust document required by federal and state law that entitles Medicaid to be reimbursed for any expenses paid by Medicaid for the Beneficiary during their lifetime. *See the CLOSING SUB-ACCOUNTS SECTION for more information.*

MPT An acronym for Master Pooled Trust.

PARENTAL RESPONSIBILITY Texas law requires that parents care for and support their minor children. This includes payment for clothing, food, shelter and education. See *PARENTAL RESPONSIBILITIES* on page 18 for more information.

PAYEE A person or entity that may be paid for items or services from the sub-account for the benefit of the Beneficiary. This includes the person to whom a check is made payable or to whom a direct deposit is made.

POOLED For the purposes of investment, the money in all of the Master Pooled Trust's sub-accounts is pooled (combined). Each Beneficiary only has access to his or her own sub-account funds. See the *FEES, INVESTMENTS & TAXES SECTION* for more information.

PRIMARY REPRESENTATIVE The person or entity which serves as the main point of contact for the Master Pooled Trust. This is the only person who will be able to request disbursements, update sub-account information, correspond with the Master Pooled Trust and receive quarterly statements.

QUARTERLY STATEMENTS The Primary Representative will receive a statement in the mail on a quarterly basis which outlines all sub-account activity. These are typically sent out at the end of the month following the close of the quarter (April, July, October, January). See page 14 of the *PRIMARY REPRESENTATIVE ROLES & RESPONSIBILITIES SECTION* for more information.

SCHEDULE K-1 (FORM 1041) A tax form mailed to the Primary Representative of a third party Trust (Trust I or III) if the sub-account had a balance during the previous tax year. The Schedule K-1 indicates the sub-account tax identification number, the Beneficiary's Social Security number and the annual amount of income, deduction and credits. The Schedule K-1 should be filed with the Beneficiary's tax return.

SERVICE PROVIDER An unpaid or paid person who helps the Beneficiary with his or her activities of daily living. To establish payment for a service provider, contact the Master Pooled Trust.

SOLE BENEFIT RULE The Social Security Administration requires that any payment from the sub-account must be made for the SOLE BENEFIT of the Beneficiary. This means that the Master Pooled Trust cannot pay for items or services that benefit anyone other than the Beneficiary; however, the Master Pooled Trust can pay the Beneficiary's pro-rata share (e.g. the Beneficiary's portion of furniture for the whole family or Beneficiary's portion of a shared cell phone plan).

SOLE DISCRETION The power or right to decide or act according to one's own judgment, freedom of judgment or choice.

SUB-ACCOUNT The Beneficiary's account within the Master Pooled Trust. Each Beneficiary only has access to his or her own sub-account funds. Each sub-account is identified with a four (4) digit number.

SUB-ACCOUNT NUMBER A four (4) digit number assigned to the sub-account.

TAX PROFESSIONAL A financial expert specially trained in tax law, including Certified Public Accountants (CPAs).

THE ARC OF TEXAS A non-profit entity dually recognized as a 501(c) (3) organization by the Internal Revenue Service. The Arc of Texas' mission is to promote, protect and advocate for the human rights and self-determination of Texans with intellectual and developmental disabilities. The organization serves as the Manager of the Master Pooled Trust. The Master Pooled Trust is a program of The Arc of Texas. *For more information, visit www.thearcoftexas.org/trust.*

TRUSTEE A person or firm that carries the fiduciary responsibility and liability to use Trust assets for a third party according to the provisions of the Trust document.

TRUE LINK CARD A specialized Visa card that is an efficient, secure way for Beneficiaries to pay for items or services with funds from their sub-account while still remaining eligible for benefits. *See TRUE LINK CARDS on page 64 for more information. For the True Link Card Request Form (FORM K) see the FORMS SECTION.*

Roles & Responsibilities

Primary Representative's Roles & Responsibilities

YOUR ROLE: As Primary Representative, your role is to be the main point of contact for the Beneficiary's sub-account within the Master Pooled Trust on behalf of the Beneficiary. You may be the Beneficiary, a family member, friend, parent or guardian.

RESPONSIBILITIES: As the Primary Representative, you have several responsibilities. These responsibilities include, but are not limited to:

READ THE TOOLKIT:

- Most questions you may have regarding the Master Pooled Trust and managing the sub-account will be included in this Toolkit. *The Primary Representative must read the entire Toolkit and acknowledge that they have received and read the Toolkit before any disbursement from the sub-account will be made.*

UPDATE THE MASTER POOLED TRUST:

- The Primary Representative must make sure that the Master Pooled Trust is updated in every way regarding the Beneficiary, including their address, phone number, e-mail, type and amount of benefits, living situation and any other information that the Master Pooled Trust may need. This includes informing the Master Pooled Trust of a Beneficiary's passing.
- As the Primary Representative, you must also update your own contact information with the Master Pooled Trust. The Contact Information Update Form (**FORM C**) should be used when updating contact information for the Primary Representative or the Beneficiary.



*If you are experiencing a medical or mental health emergency, **please call 911** or present to your nearest emergency room for evaluation and treatment.*

*The Arc of Texas can assist in finding additional resources but **DOES NOT** and **CANNOT** respond to emergency situations.*





COMMUNICATION:

- The Master Pooled Trust’s main form of communication is e-mail. Inform the Master Pooled Trust in writing if you, as Primary Representative, prefer regular mail as your main form of communication.
- You will receive a survey once a year. The Master Pooled Trust asks that you complete the survey by the date indicated. The Master Pooled Trust reviews and analyzes the results to improve services.
- **Respectful communication is required by all parties.** Master Pooled Trust staff members are instructed to politely disconnect calls from any parties who use hostile or verbally abusive language or profanity. All threats will be taken seriously and future communication with The Arc of Texas may be limited. *Repeat calls are discouraged as it delays the response time for a returned call.*



DISBURSEMENTS:

- The Primary Representative is responsible for requesting disbursements, including signing and submitting the Disbursement Request Form (**FORM B**) **WITH COPIES OF ALL RECEIPTS**. As Primary Representative you will be notified of the outcome of any request by e-mail or regular mail, whichever is preferred.
- When the Primary Representative signs and sends in a Disbursement Request Form (**FORM B**), you are acknowledging that all information provided on the form is accurate and the funds spent and requested are for the sole benefit of the Beneficiary. This means that the money cannot be used for **ANYONE ELSE**. Only the Beneficiary's pro-rata portion of these types of purchases will be paid or reimbursed. (e.g. shared furniture, appliances, family phone plans, etc.)
- Texas law requires that all parents care for and support their minor children. The sub-account can help pay for things other than those which parents are required to provide. Requests for payment of clothing and education will be approved on a case-by-case basis at the sole discretion of the Master Pooled Trust.



Access quarterly statements online!

Quarterly statements are available online through Box.com.

Accessing quarterly statements online is NOT required. A paper copy will still be mailed to the Primary Representative's address whom the Master Pooled Trust has on file.

The process: *When the first quarterly statement is available for the sub-account, the Primary Representative will receive an e-mail invitation from the Master Pooled Trust to create a Box.com account. This is where the quarterly statements can be accessed.*

You may request access to the Box.com folder at any time. Contact your Coordinator for assistance.

Keep your password in a safe place! The Master Pooled Trust is not able to reset passwords for Box.com accounts. Contact Box.com to reset your password.

SUB-ACCOUNT ACTIVITY INFORMATION:

- Each quarter, a quarterly statement will be sent to the Primary Representative through regular mail, typically at the end of the month following the close of the quarter (April, July, October, January). It is the Primary Representative's responsibility to review these statements and report any discrepancies to the Master Pooled Trust as soon as possible. The Master Pooled Trust includes updates with these statements, so be sure to review all information sent from the Master Pooled Trust or the Trustee.
- The quarterly statement will include information about deposits, disbursements, fees and investment earnings/losses. *See the SAMPLES SECTION for more information.*
- Each year, the Master Pooled Trust will provide tax forms for each sub-account. The Primary Representative should receive these tax forms from the Trustee by the end of March the following year. The Primary Representative is responsible for ensuring that the information is provided to the Beneficiary and/or their tax professional each year. *See the FEES, INVESTMENTS & TAXES SECTION for more information.*

Reporting The Sub-Account



The establishment of a Master Pooled Trust sub-account with The Arc of Texas must be reported to the appropriate agencies by the Primary Representative, Beneficiary or other representative. It is not the responsibility of the Master Pooled Trust to report the establishment of a sub-account. If a Beneficiary is receiving benefits from the Social Security Administration and/or Medicaid, those entities must be informed that the sub-account was established.

With this Toolkit, you will find a binder clipped packet with several items that should be provided to the appropriate agency when reporting the sub-account. These items include:

- 1) Instructions for reporting the sub-account to the appropriate agency.
- 2) A letter stating that a sub-account has been established with the Master Pooled Trust for the Beneficiary. The Beneficiary or their representative should include contact information, sign the letter and provide it to the Social Security Administration, Medicaid or other appropriate agency. This contact information is required so the agency will be able to contact someone with any questions.
- 3) A copy of the Master Trust document.
- 4) A copy of the Joinder Agreement.
- 5) A letter from the Social Security Administration exempting the assets in the Master Pooled Trust.
- 6) An excerpt from the Texas Medicaid Handbook titled Master Pooled Trust and Medicaid Eligibility Information.

For a list of local Social Security offices visit:
<https://secure.ssa.gov/ICON/> or call 1-800-772-1213

For a list of local Medicaid offices visit:
www.yourtexasbenefits.com or call 211

Keep Us Updated

It is the responsibility of the Primary Representative to ensure that the Master Pooled Trust has the most current information regarding the following:

- i) Their own contact information.
- ii) The contact information for the Beneficiary.
- iii) The living situation and benefits status of the Beneficiary.

The Master Pooled Trust should be contacted as soon as possible when any change has occurred.

PRIMARY REPRESENTATIVE CHANGE?

If the Primary Representative can no longer serve, an Alternate Representative must be appointed. Alternate Representatives for the sub-account may be found on the Joinder Agreement. If no Alternate Representatives remain, the Master Pooled Trust may use funds from the sub-account to determine the appropriate Primary Representative.

GUARDIANSHIP OR POWER OF ATTORNEY CHANGE?

If there is a change in guardianship or power of attorney, the Primary Representative must provide the new letters of guardianship issued by the court or submit a new power of attorney document to the Master Pooled Trust. No disbursement requests will be approved until these items are received by the Master Pooled Trust.

BENEFICIARY RELOCATING?

If a similar trust is operating in the state in which the Beneficiary has moved or is moving to and that trust is willing to accept the transfer, the Master Pooled Trust may choose to transfer the funds from the Master Pooled Trust to the other trust, as long as it is in the best interest of the Beneficiary and approved by the Primary Representative. If no other trust is available, then the Master Pooled Trust will continue to provide the Beneficiary the same services it provides to residents of Texas. However, there is no guarantee that any means tested benefits will be protected. In order for the Beneficiary to continue receiving benefits in the new state, the Master Pooled Trust must be approved by the appropriate agency in that state. For more information on other available trusts, contact the Master Pooled Trust.

UPDATING INFORMATION ON THE JOINDER AGREEMENT?

Contact the Master Pooled Trust to make updates to the Joinder Agreement.

NO CHANGES CAN BE MADE TO THE FINAL REMAINDER BENEFICIARIES ONCE THE SUB-ACCOUNT IS FUNDED.



What Forms Should I Complete?

Contact Information Update Form (FORM C)

Use this form when updating contact information for the Primary Representative or the Beneficiary.

Change of Benefits Form (FORM D)

Use this form if the Beneficiary's government assistance and/or living situation changes.

Change of Representative Form (FORM E)

Use this form to make any changes to the Primary Representative(s) on the Beneficiary's sub-account.

COMPLETE ALL FORMS IN THEIR ENTIRETY.

See the FORMS SECTION in this Toolkit for all forms.

Parental Responsibilities

Parental Responsibility of Minor Beneficiaries.

Texas law requires that all parents care for and support their minor children. The sub-account can help pay for things other than those which parents are required to provide. Requests for payment of clothing and education will be approved on a case-by-case basis at the sole discretion of the Master Pooled Trust. The Master Pooled Trust is established to support the individual, not the entire family. Mileage and gas will not be reimbursed for travel to and from standard pediatric appointments and/or school.



The Master Pooled Trust understands that the needs of individuals with disabilities can vary and can often be costly. The Master Pooled Trust may help pay for items that are above and beyond general support for the minor, provided it is an allowable expense.

PARENTAL OBLIGATION TO SUPPORT

TEXAS FAMILY CODE CHAPTER § 151.001. RIGHTS AND DUTIES OF PARENT: Section (a) (3) a parent of a child has the duty to support the child, including providing the child with clothing, food, shelter, medical and dental care and education.

TEXAS ESTATES CODE § 1156.051. CERTAIN ALLOWANCES PROHIBITED WHEN PARENT IS GUARDIAN OF MINOR WARD.

- (a) Except as provided by Subsection (b) of this section, a parent who is the guardian of the person of a ward who is 17 years of age or younger may not use the income or the corpus from the ward's estate for the ward's support, education or maintenance.
- (b) A court with proper jurisdiction may authorize the guardian of the person to spend the income or the corpus from the ward's estate to support, educate or maintain the ward if the guardian presents clear and convincing evidence to the court that the ward's parents are unable without unreasonable hardship to pay for all of the expenses related to the ward's support.

The Arc of Texas' Roles & Responsibilities



The Arc of Texas acts as the Manager of the **Master Pooled Trust**, a program of the organization. This means that The Arc of Texas handles the day-to-day operations of the Master Pooled Trust including:

- Helping individuals with disabilities and their families establish pooled Trust sub-accounts within the Master Pooled Trust.
- Maintaining all contact with Beneficiaries, Primary Representatives, family members, attorneys, judges and/or other interested parties about the sub-accounts.
- Receiving and processing all contributions to sub-accounts.
- Reviewing and making all determinations about disbursements from sub-accounts.
- Sending the appropriate information to the financial institution for payment.
- Closing sub-accounts.

Committees Within The Arc of Texas

Master Pooled Trust Committee: Oversees the overall operations of the Master Pooled Trust. The Committee reviews and approves all policies and procedures of the Master Pooled Trust. The Committee also evaluates appeals made by the Primary Representative for denied or reduced disbursement requests from a sub-account.

Finance & Operations Committee: Oversees the finances and operations of The Arc of Texas. The Committee also reviews and oversees the investment portion of the Master Pooled Trust. The Committee meets on a quarterly basis.

The Arc of Texas Board of Directors (Board): Oversees all aspects of The Arc of Texas. The Board directs the organization by adopting sound governance and financial management strategies, as well as making sure The Arc of Texas has adequate resources to advance its mission. The Board makes the final determination on any appeal made by the Primary Representative for a denied or reduced disbursement request from a sub-account. The Board meets on a quarterly basis.

ROLES WITHIN MASTER POOLED TRUST INCLUDE:

- 1. Administrative Specialist:** The gateway to the Master Pooled Trust! The Administrative Specialist can answer basic questions (*e.g. Did my fax come in?*) and direct you to the correct staff member who can help further. The Administrative Specialist also processes incoming contributions.
- 2. Enrollment Manager:** Primarily responsible for the enrollment of new sub-accounts. The Enrollment Manager also provides support to the Master Pooled Trust Director in all other aspects of the Master Pooled Trust.
- 3. Analyst and Auditor:** Reconciles sub-accounts and assists the Master Pooled Trust in ensuring that the sub-accounts are accurate on a daily and monthly basis. The Analyst and Auditor also prepares annual accountings for court-ordered sub-accounts.
- 4. Coordinators:** The primary customer service contact for Beneficiaries and Primary Representatives. They are responsible for handling the daily administration of disbursement requests, as well as maintaining accurate records of all information regarding sub-accounts. They also ensure that any daily operations of sub-accounts are handled correctly.
- 5. Deputy Director:** Responsible for administering the daily operations of the Master Pooled Trust. The Deputy Director approves disbursements and helps families and attorneys set up new sub-accounts. The Deputy Director also presents information such as the uses and benefits about the Master Pooled Trust to family and professional groups.
- 6. Director:** Responsible for overseeing all aspects of Master Pooled Trust management, communication and marketing. The Director coordinates with The Arc of Texas Finance & Operation and Trust Committees as well as The Arc of Texas Master Pooled Trust Trustee and financial institution to ensure the investments are secure and records are accurate. The Director presents to family and professional groups about the benefits and uses of the Master Pooled Trust.



The Financial Institution's Roles & Responsibilities

Responsibilities include, but are not limited to:

- Receiving contributions of funds deposited by the Master Pooled Trust.
- Disbursing funds as directed by the Master Pooled Trust.
- Managing investments.
- Allocating investment earnings (gains and/or losses) and fees to each sub-account.
- Preparing quarterly statements.



All contact with the financial institution is done through the Master Pooled Trust.

The Trustee's Roles & Responsibilities

Responsibilities include, but are not limited to:

- Legally owning all Trust assets.
- Mailing Grantor Letters and the Schedule K-1's to Primary Representatives.
- Filing taxes for any income of the Trust.
- Acting with the fiduciary duty, legal authority and responsibility in the best interest of the Trust and its Beneficiaries.

Contributions

Contributions

After the Joinder Agreement, enrollment fee and initial funding have been processed, the sub-account is ready to be used.

ADDITIONAL CONTRIBUTIONS

An additional contribution is a periodic or recurring contribution to the established sub-account. To contribute additional funds, complete the Contribution Form (*FORM F*) and include it with the check or money order that is sent to the Master Pooled Trust. Checks or money orders for deposit into the sub-account should be sent to:

The Arc of Texas
Attention: Master Pooled Trust
8001 Centre Park Drive, Suite 100
Austin, TX 78754

Contribution checks or money orders should be made payable to “**The Arc of Texas, MPT, FBO (Beneficiary’s first and last name)**”. The Beneficiary’s sub-account number should be included on the memo line of the checks or money orders for future additional contributions.

Any contribution that is not made payable as mentioned above will be rejected and returned. *It is crucial that the check or money order is made payable to “The Arc of Texas, MPT, FBO (Beneficiary’s first and last name)” to prevent delays in processing the funds.*

The Primary Representative will receive a notification by e-mail or regular mail when the contribution has been sent to the bank. The contributor is not notified. Funds should be available within ten (10) days from the date of the notification.

If a sub-account falls below \$300, the Primary Representative will be contacted and the sub-account will be closed if no additional contribution is received or expected.

There is no maximum amount that can be contributed to the sub-account. The Master Pooled Trust **DOES NOT** accept cash contributions. **DO NOT SEND CASH!**

Contributions

ELECTRONIC CONTRIBUTIONS

Electronic contributions may be transferred into the sub-account. The Master Pooled Trust will work with all interested parties to set up an electronic contribution. Electronic contributions must be conducted via ACH or wire transfers. Venmo, PayPal, Zelle and Debit or Credit Cards **are not accepted**. Contact the Master Pooled Trust with questions or help completing this process.

When funds have been electronically contributed, the Primary Representative will receive a notification by e-mail or regular mail. The contributor is not notified. Funds should be available within ten (10) days from the date of the notification.

ADDITIONAL CONTRIBUTORS

There are no additional fees for family, friends and interested parties wishing to contribute additional funds to a sub-account. Checks or money orders must be made payable to “**The Arc of Texas, MPT, FBO (Beneficiary’s first and last name)**” and mailed to:

The Arc of Texas
Attention: Master Pooled Trust
8001 Centre Park Drive, Suite 100
Austin, TX 78754

The Primary Representative will receive the notification that a contribution was made to the sub-account. The contributor is not notified.

What Forms Should I Complete?

Contribution Form (FORM F)

Use this form to make a contribution to the Beneficiary’s sub-account with a **CHECK OR MONEY ORDER**. NO CASH or funds from Money Transfer Apps WILL BE ACCEPTED. The Contribution Form (FORM F) should be included with the check or money order and mailed to the Master Pooled Trust.

COMPLETE ALL FORMS IN THEIR ENTIRETY.

Fees, Investments & Taxes

Fees

Sub-Account Fees as of July 1, 2015

ENROLLMENT FEE

• A non-refundable \$600 enrollment fee is due to The Arc of Texas at the time of enrollment. This is a one-time fee used to establish the sub-account. If a separate check is not included with the Joinder Agreement, then the \$600 will be deducted from the initial contribution.



ANNUAL MAINTENANCE FEE

• After the sub-account is funded, the Master Pooled Trust follows one of the below Fee Schedules. Fees are calculated and assessed monthly and reported to the Primary Representative on the quarterly statement.

Fee Schedules

DISTRIBUTIONS AUTHORIZED

(STANDARD FEE SCHEDULE - Disbursements will be / have been requested)

Annual Maintenance Fee:

1.75% on the first \$50,000 • 1.25% for amounts between \$50,000 up to \$100,000
1% for amounts over \$100,000 • Minimum annual fee: \$300

Examples of approximate annual fees on the Distributions Authorized schedule include:

<i>Sub-Account Balance</i>	<i>Approximate Fee</i>	<i>Sub-Account Balance</i>	<i>Approximate Fee</i>
\$10,000	\$300	\$100,000	\$1,500
\$20,000	\$350	\$150,000	\$2,000
\$50,000	\$875	\$200,000	\$2,500
\$75,000	\$1,188	\$250,000	\$3,000



When the sub-account is funded, the Fee Schedule is automatically set as "Distributions Authorized."

DISTRIBUTIONS DEFERRED

(ALTERNATIVE FEE SCHEDULE - No disbursements will be / have been requested)

Annual Maintenance Fee:

1.25% for amounts up to \$100,000

1% for amounts over \$100,000

Minimum annual fee: \$250



If “Distributions Deferred” status is desired, a written request must be submitted to the Master Pooled Trust in order to change the Fee Schedule.

The Primary Representative will be allowed to apply for one distribution exception without changing the Fee Schedule for the sub-account. If the Primary Representative requests more than one distribution over the lifetime of the sub-account then the Fee Schedule will be changed to “Distributions Authorized” **permanently**.

OTHER FEES

- **Frequent Disbursement Request Fee:** *See the next page for more information.*
- **IRS Tax Preparation Fee:** A fee for tax preparation for the sub-account. *See page 35 for more information.*
- **Closing Fee:** A \$100 fee will be assessed upon closure of the sub-account.
- **Annual Accounting Fee:** For sub-accounts requiring annual accountings that are reported to the Court, the following fees will be assessed:
 1. \$150 for accounts with twenty-four (24) disbursements or less in a year;
 2. \$300 for accounts with more than twenty-four (24) disbursements in a year;
 3. Up to \$500 for accounts with additional complexities, including supplementary requirements by the Court or items outside of the Trust that must be accounted for.





Frequent Disbursement Request Fee Policy

The Master Pooled Trust will assess a Frequent Disbursement Request Fee for a sub-account that has exceeded twenty-four (24) disbursement requests in a calendar year. Once twenty-five (25) disbursements have been requested, approved and disbursed in the calendar year, that sub-account is considered a “frequent user” and the Frequent Disbursement Request Fee of \$12.50 per disbursement will be imposed for every disbursement request processed after the 24th disbursement in that calendar year.

The Frequent Disbursement Request Fee is assessed on a semi-annual basis (July and January) or when the sub-account is closed. A check will be disbursed from the sub-account payable to The Arc of Texas and a notification of the Frequent Disbursement Request Fee will be sent to the Primary Representative.

Suggestions for reducing the number of disbursements in a calendar year:

- Consolidating receipts/disbursement requests and requesting disbursements once a month.
- Arranging for several months of advanced payments for services such as cable, internet, cell phone, etc., rather than requesting payment each month.
- Arranging for automatic payments to be made payable to the same payee, for the same amount and on the same day each month.



***As of July 2015,
ALL SUB-ACCOUNTS
are allowed
twenty-four (24)
disbursements in a
calendar year.***



Automatic Payments

Automatic payments may be established for a sub-account. These are payments made to the same payee, for the same amount on the same day each month. Automatic payments must fall between the 1st and the 28th of the month. To establish, change or cancel an automatic payment, complete an Automatic Payment Request Form (*FORM H*) thirty (30) days prior to the date that the payment should be started, changed or deleted. Submit the form to the Master Pooled Trust.

The Master Pooled Trust does not include automatic payments when calculating the total number of disbursement requests for a particular sub-account. **Automatic payments can only be changed twice in a calendar year**, any additional changes will be considered a disbursement request and will be included when calculating the Frequent Disbursement Request Fee.

Investments

Each Beneficiary has his or her own separate sub-account. For the purposes of investment, the money in each sub-account is pooled (combined). Pooling the assets may enable the financial institution, and therefore the sub-accounts, to earn a higher rate of return than would be possible if the sub-accounts were invested separately. The gains and/or losses are allocated proportionally according to the sub-account's share of the pool. For example, a \$1,000 sub-account balance in a \$10,000 pool equals 1/10th of gains and/or losses of the pool. Those gains and/or losses are applied to the sub-account.

The Master Pooled Trust's money is conservatively invested to preserve capital for as long as possible. Gains and/or losses are part of the Beneficiaries' sub-account's assets. The sub-account's funds, like other investments, are not insured by the FDIC, are not bank guaranteed and may lose value. Each sub-account's gains and/or losses can be tracked on the quarterly statements sent to the Primary Representative (April, July, October, January).

The Master Pooled Trust benefits from the professional investment expertise of the financial institution. By pooling the assets together for investment purposes, individual sub-accounts are not able to direct, select, choose or specify where their funds are invested. The Arc of Texas' Finance & Operations Committee and the financial institution review the investments regularly.



Taxes

Annual Tax Documents

The Arc of Texas strongly advises that the Beneficiary seek the guidance of a tax professional for questions regarding the completion of federal tax forms.

Employees of The Arc of Texas are not tax advisors and do not provide tax or legal advice.

Grantor Letters: By the end of March each year, self-funded sub-accounts will receive a Grantor Letter in the mail. A Grantor Letter is an annual statement of the sub-account's activity including income, deductions and credits. The Grantor Letter should be taken to a tax professional and filed with the Beneficiary's tax return. *For a sample Grantor Letter, see the SAMPLES SECTION.*

Schedule K-1: Third party funded sub-accounts will receive a Schedule K-1 (Form 1041) in the mail. The numbers on the Schedule K-1 do not necessarily represent the amount of income paid to the Beneficiary. The amounts shown on the Schedule K-1 are the Beneficiary's share of the Trust's income, deductions and credits incurred during the previous year. The amounts may differ from the funds actually disbursed during the year, due to a number of factors including the allocation of fees or other deductions, exclusion of tax exempt income, or a difference between the Beneficiary's taxable year and that of the Trust. If no funds were disbursed, a Schedule K-1 will still be mailed, but will include zeros and blanks. *For a sample Schedule K-1, see the SAMPLES SECTION.*



The Master Pooled Trust will make every attempt to mail the tax forms by April 1st of the following tax year to the Primary Representative's address on file. Regardless of the type of sub-account, any funds reported on a Grantor Letter or Schedule K-1 should be filed with the BENEFICIARY'S tax return. It is the responsibility of the Beneficiary or their appropriate representative to file the necessary tax documents within the rules and regulations of the Internal Revenue Code.



1099-MISC: If the sub-account made a disbursement to a service provider, the Master Pooled Trust will mail a 1099-MISC form to report miscellaneous income to the service provider. The Master Pooled Trust also reports the miscellaneous income to the IRS. The 1099-MISC form will be mailed by January 31st of the following tax year to the service provider's address on file. It is the responsibility of the service provider to use this form to file all federal tax documents as required by the Internal Revenue Code.

IRS Tax Preparation Fees: A fee for preparing the Grantor Letter, Schedule K-1 and any 1099-MISC forms are included in the IRS Tax Preparation Fee that is deducted from the sub-account. This fee can be found on the quarterly statement for the second quarter each year (July).

Budgeting

Budgeting

Each sub-account is unique. The amount of money in the sub-account and the needs of each Beneficiary are different. The Primary Representative and the Beneficiary should discuss the Beneficiary's situation and plan accordingly to make the best use of the money in the sub-account.

The Master Pooled Trust will work with the Primary Representative and Beneficiary to make sensible disbursements using the sub-account funds wisely, setting priorities, identifying cost-effective options and maximizing the benefit of each disbursement request. **Every disbursement request warrants a review of past and future disbursements.**



Budgeting is a great way to plan ahead, keep track of spending and manage funds.

PREPARING A BUDGET

When completing the Lifetime and Monthly Budgets for the sub-account, keep in mind how you want to use the sub-account and how long you want the sub-account to last. These budgets will give the Master Pooled Trust an idea of what disbursement requests may be approved.

Visit www.thearcoftexas.org/trust-forms to find blank, customizable templates of our Lifetime and Monthly Budgets ready for use.

LIFETIME BUDGET

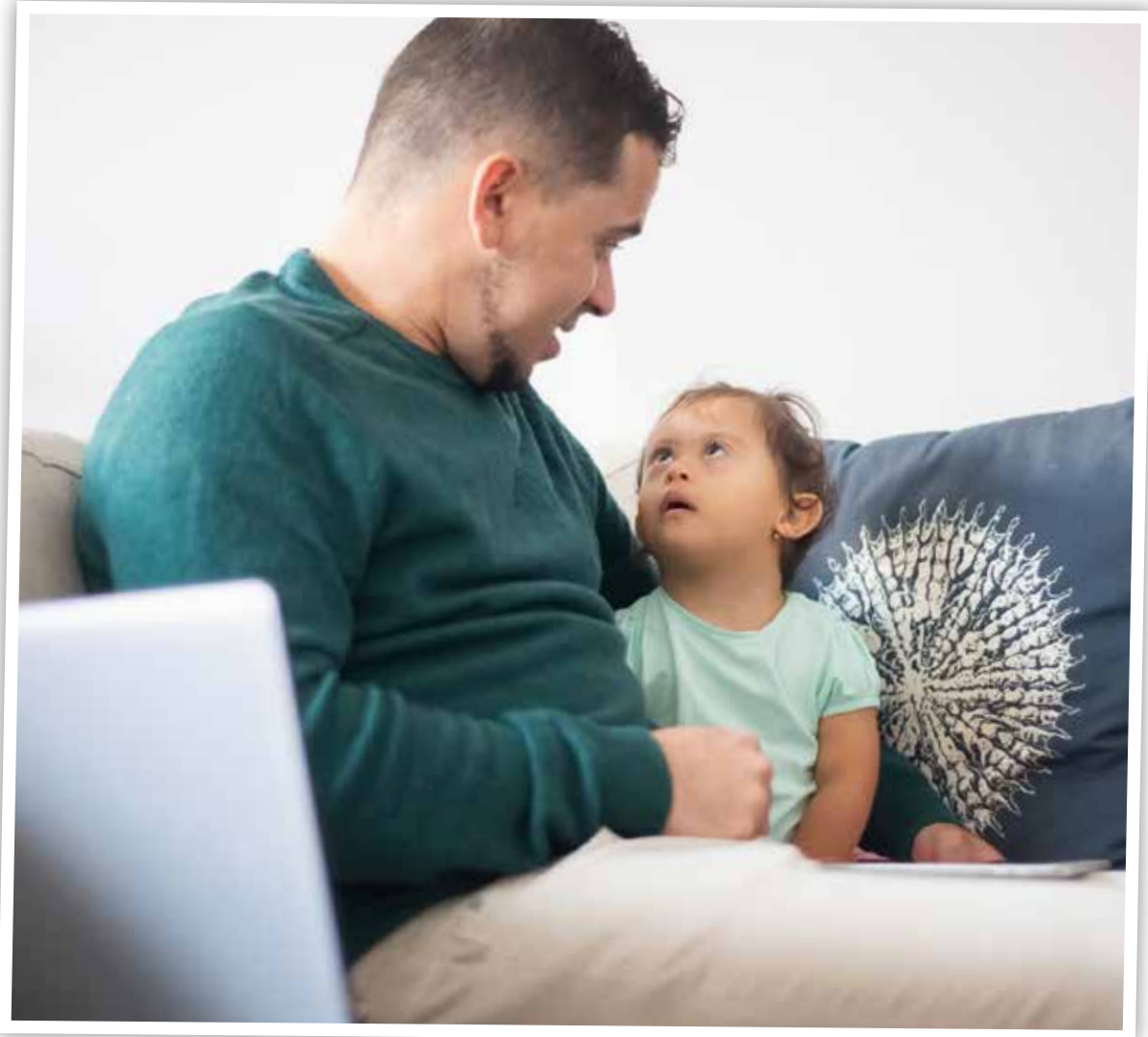
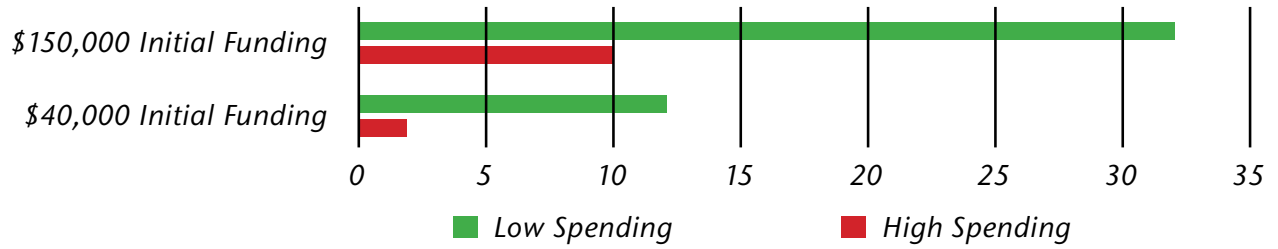
A sub-account can last for one year, ten years or longer depending on how much money is contributed and how fast it is disbursed. What seems like a large amount of money can feel like a small amount of money when it is spent very quickly. To help illustrate this concept, the Master Pooled Trust has created a sample Lifetime Budget. There are two initial contribution amounts and two rates of spending.

Use these sample budgets as a TOOL to:

- Determine how long the funds for the Beneficiary may last.
- Decide whether to make a large purchase or, instead, prolong the use of the sub-account.
- Compare different amounts and types of expenses.

Budgeting

HOW MANY YEARS WILL THE SUB-ACCOUNT LAST?



Low Spending And High Spending

Sample Budget for \$40,000.00

Low Spending	
Initial Funding Amount	\$40,000.00
<u>One-Time Expenses</u>	
Enrollment Fee	(\$600.00)
Pre-Paid Funeral Expenses	(\$10,000.00)
Closing Fee	(\$100.00)
<u>Total One-Time Fees</u>	(\$10,700.00)
Remaining Balance	\$29,300.00
<u>Estimated Monthly Expenses</u>	
cell phone	(\$25.00)
Transportation (gas, bus pass, other)	(\$25.00)
cable	(\$50.00)
Personal Items (clothes, shoes, household)	(\$45.00)
True Link Monthly Fee	(\$7.00)
Est. Annual Maintenance Fee (Monthly)	(\$43)
Annual Tax Preparation Fee (Monthly)	(\$8)
<u>Monthly Expenses Total</u>	(\$203.00)
<u>Yearly Expenses Total</u>	(\$2,436.00)
Estimated Time this Trust will last	12 years
Current Age of Beneficiary	40
	+12
Age when the Trust Terminates	52

High Spending	
Initial Funding Amount	\$40,000.00
<u>One-Time Expenses</u>	
Enrollment Fee	(\$600.00)
Pre-Paid Funeral Expenses	(\$10,000.00)
Closing Fee	(\$100.00)
Car	(\$15,000.00)
Cell Phone Purchase	(\$600.00)
Computer/Tablet/Gaming System	(\$500.00)
<u>Total One-Time Fees</u>	(\$26,800.00)
Remaining Balance	\$13,200.00
<u>Estimated Monthly Expenses</u>	
cell phone monthly bill	(\$75.00)
Vehicle costs (insurance, maintenance, gas)	(\$150.00)
cable/internet	(\$100.00)
Personal Items (clothes, shoes, household)	(\$150.00)
True Link Monthly Fee	(\$7.00)
Est. Annual Maintenance Fee (Monthly)	(\$25)
Annual Tax Preparation Fee (Monthly)	(\$8)
<u>Monthly Expenses Total</u>	(\$515.00)
<u>Yearly Expenses Total</u>	(\$6,180.00)
Estimated Time this Trust will last	2 years
Current Age of Beneficiary	40
	+2
Age when the Trust Terminates	42

Low Spending And High Spending

Sample Budget for \$150,000

Low Spending	
Initial Funding Amount	\$150,000.00
<u>One-Time Expenses</u>	
Enrollment Fee	(\$600.00)
Pre-Paid Funeral Expenses	(\$10,000.00)
Closing Fee	(\$100.00)
Car (2 purchases)	(\$50,000.00)
Cell Phone Purchase (every 3 years)	(\$3,000.00)
Computer/Tablet/Gaming System (every 3 years)	(\$2,500.00)
Total One-Time Fees	(\$10,700.00)
Remaining Balance	\$139,300.00

High Spending	
Initial Funding Amount	\$150,000.00
<u>One-Time Expenses</u>	
Enrollment Fee	(\$600.00)
Pre-Paid Funeral Expenses	(\$10,000.00)
Closing Fee	(\$100.00)
Car (2 purchases)	(\$50,000.00)
Cell Phone Purchase (every 3 years)	(\$3,000.00)
Computer/Tablet/Gaming System (every 3 years)	(\$2,500.00)
Total One-Time Fees	(\$66,200.00)
Remaining Balance	\$83,800.00

<u>Estimated Monthly Expenses</u>	
cell phone	(\$50.00)
Transportation (gas, bus pass, other)	(\$50.00)
cable	(\$50.00)
Personal Items (clothes, shoes, household)	(\$50.00)
True Link Monthly Fee	(\$7.00)
Est. Annual Maintenance Fee (Monthly)	(\$150)
Annual Tax Preparation Fee (Monthly)	(\$8)
Monthly Expenses Total	(\$365.00)
Yearly Expenses Total	(\$4,380.00)
Estimated Time this Trust will last	32 years

<u>Estimated Monthly Expenses</u>	
cell phone monthly bill	(\$75.00)
Vehicle costs (insurance, maintenance, gas)	(\$150.00)
cable/internet	(\$150.00)
Personal Items (clothes, shoes, household)	(\$150.00)
True Link Monthly Fee	(\$7.00)
Est. Annual Maintenance Fee (Monthly)	(\$100)
Annual Tax Preparation Fee (Monthly)	(\$8)
Monthly Expenses Total	(\$640.00)
Yearly Expenses Total	(\$7,680.00)
Estimated Time this Trust will last	10 years

Current Age of Beneficiary	40
	+ 32
Age when the Trust Terminates	72

Current Age of Beneficiary	40
	+ 10
Age when the Trust Terminates	50

Reminders!

HIGH SPENDING DISCLAIMER

- The “High Spending” budget is NOT a recommendation. It is included here to show how quickly funds will run out if these types of purchases are made and this kind of spending occurs. For some Beneficiaries, it is favorable to use their sub-account funds this way; however, for others it is better to follow the “Low Spending” budget.

EARNINGS

- The sub-account funds are invested by the financial institution. Earnings (gains or losses) are not included in these sample budgets because they will vary depending on the sub-account balance and fluctuations of the market. Quarterly statements will show the sub-account earnings.

ANNUAL MAINTENANCE FEE

- The Annual Maintenance Fee may be higher or lower depending on the balance of the sub-account. The Annual Maintenance Fee amount will change as the sub-account balance changes. *See the FEES SECTION to calculate the Annual Maintenance Fee for the sub-account balance.*

SOLE BENEFIT RULE

- The Social Security Administration requires that any payment made from the sub-account must be for the SOLE BENEFIT of the Beneficiary. This means that the Master Pooled Trust cannot pay for items or services that benefit anyone other than the Beneficiary (*e.g. furniture for the whole family or entire family cell phone plans*). To comply with this rule, payments for household expenses must be for only the Beneficiary’s portion of those expenses.

PARENTAL RESPONSIBILITY

- Texas law requires parents to care for their minor children. This includes providing food, shelter, clothing and education. *See PARENTAL RESPONSIBILITIES on page 18 for more information.*

FOOD, SHELTER AND SSI BENEFITS

- If the Beneficiary is receiving SSI benefits, the sub-account cannot buy food or pay for shelter items (*e.g. rent, utilities, property taxes*) without affecting the Beneficiary’s SSI benefits.

Joe Smith's Monthly Budget

MONTHLY BUDGET...

A Monthly Budget shows a better picture of how money from the sub-account and other sources will work together to support the Beneficiary. An accurate budget will also help individuals and their representatives gain understanding of which items or services may or may not be afforded within their budget.

Use this sample budget as a TOOL to:



Estimate how much can be spent each month on specific needs.



Understand what funds should be used for what items (e.g. SSI/SSDI should be used for rent and food while sub-account funds may be used for cell phone, internet and cable).

INCOME	Annually	Monthly	Notes
SSI	\$ 8,820.00	\$ 735.00	
Other (SSDI, SSA, Retirement Etc.)	\$ -	\$ -	
Deposits to the Sub-Account	\$ 2,580.00	\$ 215.00	
TOTAL	\$ 11,400.00	\$ 950.00	

MONTHLY EXPENSES	Support**	Supplemental Needs***	TOTAL	Notes
Rent or Mortgage	\$ (480.00)		\$ (480.00)	
Property taxes	\$ -		\$ -	
Homeowners insurance	\$ -		\$ -	
Home maintenance & repair	\$ -		\$ -	
Utilities (Electricity/Water/Natural Gas)	\$ (100.00)		\$ (100.00)	
Groceries (other than SNAP benefits)	\$ (100.00)		\$ (100.00)	
Eating out	\$ (30.00)		\$ (30.00)	
Clothing		\$ (25.00)	\$ (25.00)	paid to True Link
Telephone (Home and/or Cell)		\$ (25.00)	\$ (25.00)	paid directly
Cable TV		\$ (50.00)	\$ (50.00)	paid directly
Household items		\$ (25.00)	\$ (25.00)	paid to True Link
Personal Care		\$ (25.00)	\$ (25.00)	paid to True Link
Books, magazines, videos, music		\$ -	\$ -	
Movies & other entertainment-Netflix		\$ (10.00)	\$ (10.00)	paid to True Link - Netflix
Electronics		\$ -	\$ -	
Travel--Cabs		\$ -	\$ -	
Travel--Bus Passes		\$ (45.00)	\$ (45.00)	paid to True Link
Pets		\$ -	\$ -	
Vehicles --fuel		\$ -	\$ -	
Vehicles --maintenance & repairs		\$ -	\$ -	
Vehicles --payments		\$ -	\$ -	
Vehicles --insurance		\$ -	\$ -	
Health ins--Medicare supplement		\$ -	\$ -	
Health ins--Medicare Pt B & D Premiums		\$ -	\$ -	
Medical costs not paid by insurance (avg.)		\$ -	\$ -	
Nursing home or Assisted Living Facility		\$ -	\$ -	
Home care & respite care		\$ -	\$ -	
Education/Training/Camp		\$ -	\$ -	
Bank fees		\$ -	\$ -	
Legal		\$ -	\$ -	
Other:	\$ (25.00)	\$ (10.00)	\$ (35.00)	
TOTALS	\$ (735.00)	\$ (215.00)	\$ (950.00)	
	\$735 paid by SSI	\$215 paid monthly by the sub-account		

** "Support" includes food & shelter. "Shelter" includes room, rent, mortgage payments, real property taxes, heating fuel, gas, electricity, water, sewerage and garbage collection services. SSI and/or SSDI MONEY MUST PAY FOR THESE ITEMS *** "Supplemental" Needs includes everything else paid by the sub-account.

MONTHLY BUDGET WORKSHEET

The Primary Representative and the Beneficiary can use this form to:

Monthly Budget

- ✓ Manage monthly income and expenses for the benefit of the Beneficiary.
- ✓ Keep disbursement requests under the annual disbursement allowance to avoid Frequent Disbursement Request Fees. Remember, twenty-four (24) disbursements are allowed at no extra cost each year!

INCOME	Monthly		Notes
SSI	Annually	Monthly	
Other (SSDI, SSA, Retirement Etc.)			
Deposits to the Sub-Account			
TOTAL			

MONTHLY EXPENSES	Support**	Supplemental Needs***	TOTAL	Notes
Rent or Mortgage				
Property taxes				
Homeowners insurance				
Home maintenance & repair				
Utilities (Electricity/Water/Natural Gas)				
Groceries (other than SNAP benefits)				
Eating out				
Clothing				
Telephone (Home and/or Cell)				
Cable TV				
Household items				
Personal Care				
Books, magazines, videos, music				
Movies & other entertainment-Netflix				
Electronics				
Travel--Cabs				
Travel--Bus Passes				
Pets				
Vehicles --fuel				
Vehicles --maintenance & repairs				
Vehicles --payments				
Vehicles --insurance				
Health ins--Medicare supplement				
Health ins--Medicare Pt B & D Premiums				
Medical costs not paid by insurance (avg.)				
Nursing home or Assisted Living Facility				
Home care & respite care				
Education/Training/Camp				
Bank fees				
Legal				
Other:				
TOTALS				
	_____ paid by _____			
		_____ paid monthly by the sub-account		

** "Support" includes food & shelter. "Shelter" includes room, rent, mortgage payments, real property taxes, heating fuel, gas, electricity, water, sewerage and garbage collection services. SSI and/or SSDI MONEY MUST PAY FOR THESE ITEMS *** "Supplemental" Needs includes everything else paid by the sub-account.

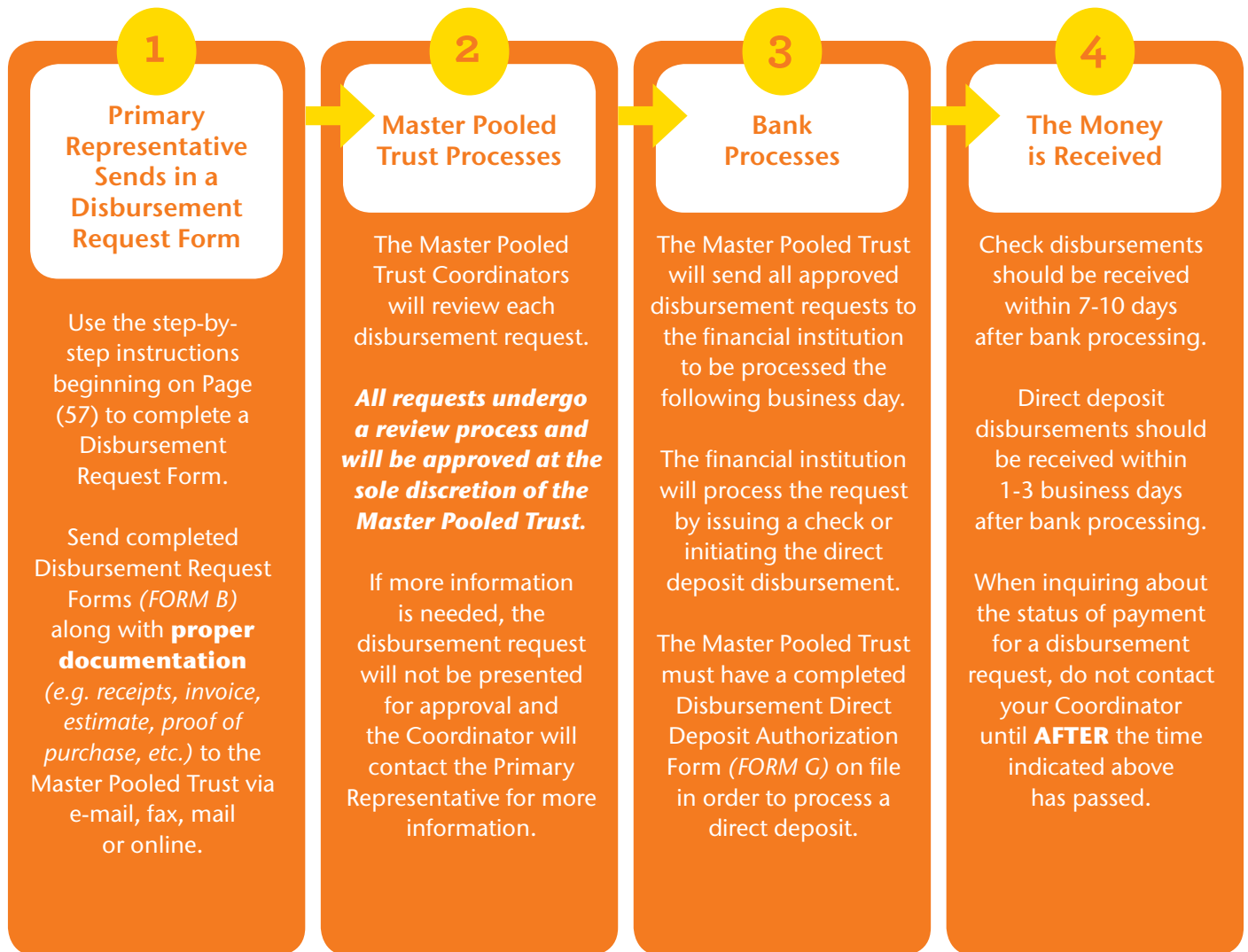
Disbursements

Requesting Disbursements

The Master Pooled Trust requires a ten (10) day processing period after the Joinder Agreement is approved and the first contribution is received before the first disbursement can be requested.

Disbursement Request Forms (*FORM B*) can be found on the Master Pooled Trust website (www.thearcoftexas.org/trust-forms). Refer to the *FORMS SECTION* for a blank Disbursement Request Form that can be copied. Be sure **NOT** to use the form included in the Toolkit. Refer to the *SAMPLES SECTION* for a completed example of a Disbursement Request Form.

Disbursement Request Timeline



General Guidelines for Sub-Account Disbursements

No payment can be made directly to any individual that receives SSI or Medicaid.

Generally Not Allowed These items MAY NOT be approved by the Master Pooled Trust. DO NOT PURCHASE!	Generally Allowed These items MAY be approved by the Master Pooled Trust
Rent, mortgage or other payments for shelter, room and board or base rate for a residential facility (including group, nursing or assisted living homes)	Clothing, personal care items, books, magazines, musical instruments, recreational equipment, games and crafts
Real property taxes	Cable, internet and phone services
Utilities (this includes electricity, water, waste water, trash and natural gas)	Out of pocket medical and dental expenses for which there are not funds available, including plastic surgery or other non-essential medical procedures
Groceries, food items or eating out (this includes fast food, restaurants and snacks)	Personal attendant care, supplemental nursing care, home care, respite and similar care that assistance programs may not otherwise provide
Cash or payment made directly to the Beneficiary	Private rehabilitative training and physical therapy
Alcohol, Gambling, Lottery Tickets or Scratch Offs	Companion care, pets, companions for travel, driving and cultural experiences
Travel costs for other family members	Payments to accompany the Beneficiary on periodic outings, vacations and travel in the event that the Master Pooled Trust deems such expenditures are appropriate and reasonable
Recreational Vehicles (e.g. boats, ATVs, etc.)	Special equipment such as an electric wheelchair or other supportive device, a specially equipped van or other vehicle for transportation and transportation costs
Charitable donations or gifts to others (including children of the Beneficiary or any other family members)	Therapies or supplies to provide tactile stimulation, holistic, herbal (not including marijuana) or other alternative therapies or services
Anything covered by another funding source	Programs for training and education as well as social, recreational and entertainment opportunities
<p><i>The Master Pooled Trust NEVER purchases or reimburses for: guns or other weapons; luxury vehicles; stocks, investments or cryptocurrency; or exotic animals.</i></p>	

Receipts

1. ALL disbursement requests submitted to the Master Pooled Trust **MUST** include RECEIPTS, ESTIMATES OR PROOFS OF PURCHASE.
 - a. **SEND COPIES ONLY!** No original receipts, invoices, estimates or proofs of purchase should be sent to the Master Pooled Trust.
 - b. ALL DOCUMENTS must be legible WHEN RECEIVED by the Master Pooled Trust.
 - c. No documents will be returned.
2. For advanced funds, an estimate or invoice must be presented to the Master Pooled Trust with the Disbursement Request Form (**FORM B**).
3. DO NOT SEND original payment stubs, order forms or payment envelopes. The Master Pooled Trust will NOT forward or return these. Make a copy and keep originals for your records.
4. When using credit cards as a payment option for purchasing items or services for a Beneficiary, a copy of the credit card statement is **NOT** sufficient when sending in a Disbursement Request Form (**FORM B**). RECEIPTS for items or services on the credit card statement must be sent to the Master Pooled Trust.

Special Requests

Frequency of any special requests listed below, including luxury items and their cost will be considered and approved by the Master Pooled Trust on a case-by-case basis. Special requests require additional time for the Master Pooled Trust to review. Special requests may also result in a denial or reduction of the disbursement request.

For long-term planning and budgeting purposes, The Master Pooled Trust takes into consideration that each request is a practical use of funds to best serve the Beneficiary. **DO NOT** purchase any item or service that costs a large sum of money until you have contacted the Master Pooled Trust and received advanced authorization or approval.

1. *Vehicles and Vehicle Modifications:* A Vehicle Purchase Request Form (**FORM I**) must be completed, submitted and approved by the Master Pooled Trust prior to purchasing a vehicle. The Master Pooled Trust requires, at a minimum, that the following supporting documentation be submitted with the Vehicle Purchase Request Form when preparing to purchase a vehicle: **Vehicle CARFAX History Report, Driver Insurance Policy, Buyer's Order, Driver's License and Current Vehicle Registration**. The Master Pooled Trust may request additional supporting documentation or information. Once the Vehicle Purchase Request Form has been approved and the Master Pooled Trust has paid for the vehicle, The Arc of Texas will hold a lien on the vehicle. The vehicle may **NOT** be traded in or sold for a minimum of at least five (5) years. The Master Pooled Trust asks that these things be taken into consideration when choosing to purchase a vehicle.

Requests for modifications to currently owned vehicles are approved on a case-by-case basis. Contact the Master Pooled Trust for more information.

2. *Home Improvements:* Requested disbursements for home improvements require pre-approval by the Master Pooled Trust. The Master Pooled Trust will review the disbursement request for determination of sole benefit, ownership of the property, home improvement estimates, credentials of the contractor, necessary permits, any taxes owed, liens or loans on the property and other considerations before the disbursement request may be approved.

3. *Vacations:* Require advance authorization through the Travel Request Form (*FORM J*) found in the *FORMS SECTION*. Some items or services cannot be paid for by the Master Pooled Trust. However, certain expenses may be paid for a support person or aide to travel with Beneficiary. Contact the Master Pooled Trust for more information.
4. *Home Purchase:* Contact the Master Pooled Trust for information about home purchases. Homes will not be purchased for minors without special consideration.
5. *High Dollar Medical Procedures and Medical Equipment:* Advanced notice and approval by the Master Pooled Trust is required before any disbursement will be made for any high dollar medical procedures or medical equipment. This includes, but is not limited to: elective surgeries, elective procedures, hospital bed and wheelchair purchases.

Things to Consider

1. The Master Pooled Trust has the final decision in approval of all disbursement requests. **NOT ALL DISBURSEMENT REQUESTS WILL BE APPROVED.**
2. Complicated or high dollar amount disbursement requests will take additional time for the Master Pooled Trust to review.
3. Timely submission of Disbursement Request Forms is required. The Master Pooled Trust will only consider disbursement requests for expenditures within the previous **twelve (12) months**. Expenses that pre-date the establishment of the sub-account typically do not qualify for disbursement.
4. Frequent Disbursement Request Fees: If more than twenty-four (24) disbursements are requested in a calendar year, the sub-account will be charged a Frequent Disbursement Request Fee. *See the FEES SECTION for more information.*



Denied or Reduced Disbursement Requests

1. If a disbursement request is denied or reduced, the Master Pooled Trust will notify the Primary Representative of the reason for the denial or reduction.
2. If the disbursement request brings the sub-account below a \$300 balance, the disbursement request amount may be reduced or the sub-account may be closed.
3. Denied or reduced disbursement requests may be appealed.
 - a. An appeal must be made in writing by the Primary Representative to the Master Pooled Trust Committee.
 - b. If the Master Pooled Trust Committee denies the appeal, the Primary Representative can appeal to The Arc of Texas' Board of Directors. The Board of Directors decision is final.

Payment Options

There are several payment options for reimbursement or payment for approved items or services purchased on behalf of the Beneficiary. Beneficiaries will only be paid/reimbursed in certain circumstances. The Master Pooled Trust is unable to pay or receive funds through Money Transfer Apps (e.g. Venmo, PayPal, Zelle) or a mobile wallet (e.g. Apple Pay, Google Pay).

Who CANNOT be paid?	Who CAN be paid?
Loan holders (<i>individuals, title loans, pawn shops, pay-day loans, etc.</i>)	Businesses
Debit Card Accounts	Credit Card Accounts
Pre-paid Credit Cards/Gift Cards	True Link Cards
Any individual who receives SSI or Medicaid or whose minor children or member(s) of their household receives SSI or Medicaid	Individuals who are NOT receiving government benefits

Include the following information on the Disbursement Request Form (FORM B) for each payment option:

1. Business/Individual: Name, address, phone number.
2. Credit Cards: Name of the credit card company, account number and address.
3. True Link: Name on the True Link Card and last four (4) digits of card number.

HOW TO RECEIVE FUNDS AND/OR PAY FOR ITEMS OR SERVICES

CHECK: Include payee name, address and phone number.

DIRECT DEPOSIT: Completion of the Disbursement Direct Deposit Authorization Form (FORM G) is required if payments are being made from a sub-account to an individual's bank account. Refer to the FORMS SECTION for a Disbursement Direct Deposit Authorization Form (FORM G).

AUTOMATIC PAYMENT: Can be set up from the Beneficiary's sub-account for items and/or services that need to be paid on a regular basis to reduce the number of disbursement requests in a year (FORM H).

TRUE LINK: A specialized Visa card that is an efficient, secure way for Beneficiaries to pay for items or services with funds from their sub-account while still remaining eligible for benefits. Refer to the FORMS SECTION for a True Link Card Request Form (FORM K).



What forms should I complete?

Different requests require different forms! Make sure to review and select which form is appropriate for your disbursement request. Incorrect forms will be returned to the Primary Representative and will delay processing of the disbursement request.



DISBURSEMENT REQUEST FORM (FORM B)

Use this form each time when requesting payment or reimbursement for all items or services. This includes all general requests that are not automatic payments. Travel and vehicle purchase requests require additional forms to be completed. *For the form, see the FORMS SECTION.*



DISBURSEMENT DIRECT DEPOSIT AUTHORIZATION FORM (FORM G)

Use this form to receive funds via direct deposit. A copy of a voided check, direct deposit form or a bank letter is required by the Master Pooled Trust. The bank letter must include the bank name, account name, routing number and bank account number. *For the Disbursement Direct Deposit Authorization Form, see the FORMS SECTION.*



AUTOMATIC PAYMENT REQUEST FORM (FORM H)

Use this form to start, change or cancel an automatic payment to be withdrawn from the Beneficiary's sub-account. Automatic payments must be made payable to the **SAME PAYEE** for the **SAME AMOUNT** on the **SAME DAY** each month. *For the form, see the FORMS SECTION.*



VEHICLE PURCHASE REQUEST FORM (FORM I)

Use this form when requesting to purchase a vehicle for daily use. **DO NOT** purchase a recreational vehicle (e.g. boat, ATV). **DO NOT** purchase a vehicle without prior-approval from the Master Pooled Trust. **DO NOT** take possession of the vehicle before payment has been received by the seller. *For the form, see the FORMS SECTION.*



TRAVEL REQUEST FORM (FORM J)

Use this form for all travel requests. All travel should be **PRE-APPROVED** by the Master Pooled Trust at least thirty (30) days in advance of the desired travel date. Follow the instructions as outlined on (FORM J). For travel approval or for travel funds to be advanced, the Travel Request Form (FORM J) must be completed on both sides and submitted to the Master Pooled Trust. If a travel advance is not requested and a disbursement of funds is needed after the travel is complete, fill out a Disbursement Request Form (FORM B). *For the form, see the FORMS SECTION.*



COMPLETE ALL FORMS IN THEIR ENTIRETY.

HOW TO COMPLETE A DISBURSEMENT REQUEST FORM - INSTRUCTIONS

Read Carefully Before Completing A Disbursement Request Form

TO AVOID ANY DELAYS IN PROCESSING, YOU MUST SUBMIT COPIES OF RECEIPTS, INVOICES, ESTIMATES OR A PROOF OF PURCHASE AND SIGN THE FORM.

<p><u>SUB-ACCOUNT INFORMATION</u></p>	<p>Name on Account: The Beneficiary's name on the sub-account. Sub-Account #: The sub-account number assigned to the Beneficiary on the Joinder Agreement. Date: The date you are submitting the disbursement request. Phone Number: A contact phone number for the Primary Representative. Benefits: Indicate if the Beneficiary is receiving SSI, Medicaid or SSDI. <i>Include the type of Medicaid (e.g. HCS, CBA, CLASS, DBMD, Traditional, QMB, SLMB). Check all that apply.</i> For recipients of SSI, indicate that the request is not for food, shelter or cash because SSA will reduce the Beneficiary's benefits if those items are paid for by the sub-account.</p>
<p><u>SECTION 1</u></p>	<p>Item/Service Description: Provide a brief description of how the money will be used for the disbursement (e.g. furniture, storage fee, phone bill). Itemize the request. Amount: For each item or group of items, put the amount to be reimbursed or paid. Total Amount: Add up all amounts listed. Is this a request to ADVANCE funds or REIMBURSE funds or BOTH? Check the appropriate box.</p>
<p><u>SECTION 2</u></p>	<p>ONLY COMPLETE ONE PAYMENT OPTION: CHECK, DIRECT DEPOSIT or TRUE LINK CARD **If an additional payment option is needed, complete a second Disbursement Request Form**</p> <p>Check Request: Make Check Payable To: The name of the company or person to whom the check should be made payable. Memo on Check: Indicate what information you want printed on the check (e.g. account number for phone bill, patient ID for hospital, invoice number for furniture store). Mail Check to: Name: The name of the individual/store/company to whom the check should be sent. Address: The address of the person/store/company receiving the check.</p> <p>Direct Deposit: ***A Disbursement Direct Deposit Authorization Form (DDDAF) must be completed or be on file for funds to be disbursed via direct deposit.*** Checking: Check this box for a checking account. Savings: Check this box for a savings account. Bank Name: Name of the bank where the money is being deposited. Account Holder's Name: The name of the person who holds the account (should be exactly as it appears on the bank statement). Last 4 Digits of Bank Account #: The last four (4) digits of the bank account number that the funds will be deposited to. REMEMBER: The routing and account number must be on file using the DDDAF.</p> <p>True Link Card: Name of Card Holder: List the name provided on the True Link Card. Last 4 Digits of the Card: The last four (4) digits of the True Link Card where the funds will be deposited.</p>
<p><u>SIGNATURE</u></p>	<p>By signing the form you are acknowledging that the Disbursement Request Form is accurate and the items and/or services purchased are for the sole benefit of the Beneficiary. <u>The signature of the Primary Representative is required.</u> An electronic signature is acceptable if sent from the Primary Representative's email address on file.</p>

SUBMIT YOUR FORM

Mail: The Arc of Texas, Attn: MPT - 8001 Centre Park Drive, Suite 100 - Austin, TX 78754

Fax: (512) 454-4956

Email: trust@thearcoftexas.org

For additional forms visit <http://www.thearcoftexas.org/trust-forms>

How To Complete A Disbursement Request Form

MASTER POOLED TRUST DISBURSEMENT REQUEST FORM INSTRUCTIONS

Sub-Account Information

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

The Arc of Texas
MASTER POOLED *trust*

DISBURSEMENT REQUEST FORM

Beneficiary: _____
Sub-Account Number: _____
Date: _____

Primary Rep (PR): _____
PR Phone: _____
PR Email: _____

Benefits (✓ all that apply): SSI SSDI MEDICAID TYPE _____
For SSI recipients only: This request does not include payment for items related to food, shelter or cash

SECTION 1: Please list the item(s) and/or service(s) for which a disbursement is requested.

Item/Service	Description	Amount

The date you are submitting the disbursement request.

Indicate if the Beneficiary is receiving SSI, Medicaid or SSDI. Include the type of Medicaid (e.g. HCS, CBA, CLASS, DBMD, Traditional, QMB, SLMB). Check all that apply.

For recipients of SSI, indicate that the request is not for food, shelter or cash because SSA will reduce the Beneficiary's benefits if those items are paid for by the sub-account.

How To Complete A Disbursement Request Form

MASTER POOLED TRUST DISBURSEMENT REQUEST FORM INSTRUCTIONS

Section 1: ITEM/SERVICE DESCRIPTION

For each item or group of items, put the amount to be reimbursed or paid.

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

The Arc of Texas
MASTER POOLED *trust*

DISBURSEMENT REQUEST FORM

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply): <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID TYPE _____	
For SSI recipients only: This request does not include payment for items related to food, shelter or cash <input type="checkbox"/>	

SECTION 1: Please list the item(s) and/or service(s) for which a disbursement is requested.	
Item/Service Description	Amount
1.	
2.	
3.	
4.	
5.	
TOTAL	\$

Provide a brief description of how the money will be used for the disbursement (e.g. furniture, storage fee, phone bill, personal care items).

Add up all amounts listed.



To avoid any delays in processing, you must submit copies of receipts, invoices, estimates or a proof of purchase and sign the Disbursement Request Form (FORM B). See the FORMS & SAMPLES SECTIONS.

How To Complete A Disbursement Request Form

MASTER POOLED TRUST DISBURSEMENT REQUEST FORM INSTRUCTIONS

Section 2: CHECK OPTION

The diagram shows a portion of a disbursement request form with several callout boxes explaining the fields:

- Section 1:** Includes checkboxes for ADVANCE and REIMBURSE, and a TOTAL \$ field.
- Section 2: Payment Options (Choose only one: Check, Direct Deposit or True Link Card)**
 - Check**:
 - Make Check Payable To:** (Callout: The name of the person/store/company to whom the check should be **made payable to**.)
 - Memo on Check (e.g. Invoice or account number):** (Callout: Indicate what information you want printed on the check (e.g. account number for phone bill, patient ID for hospital, invoice number for furniture store).)
 - Mail Check To:**
 - Name:** (Callout: The name of the individual/store/company to whom the check should be **sent**.)
 - Address:** (Callout: The address of the person/store/company receiving the check.)
 - City:** _____ **State:** _____ **Zip:** _____
 - Direct Deposit**:
 - Bank Name:** _____
 - Bank Phone:** _____
 - Account Holder's Name:** _____

ONLY COMPLETE ONE (1) PAYMENT OPTION: CHECK, DIRECT DEPOSIT or TRUE LINK CARD

***If more than one payment option is needed, complete an additional Disbursement Request Form (FORM B).*

How To Complete A Disbursement Request Form

MASTER POOLED TRUST DISBURSEMENT REQUEST FORM INSTRUCTIONS

Section 2: DIRECT DEPOSIT OPTION

Check this box for a checking account.

Name of the bank where the money is being deposited.

The phone number of the bank where the money is being deposited.

The name of the person who holds the account (should be exactly as it appears on the bank statement).

Check this box for a savings account.

The last four (4) digits of the bank account number that the funds will be deposited to.

A Disbursement Direct Deposit Authorization Form (FORM G) must be completed or be on file for funds to be disbursed via direct deposit.

ONLY COMPLETE ONE (1) PAYMENT OPTION: CHECK, DIRECT DEPOSIT or TRUE LINK CARD
 **If more than one payment option is needed, complete an additional Disbursement Request Form (FORM B).

How To Complete A Disbursement Request Form

MASTER POOLED TRUST DISBURSEMENT REQUEST FORM INSTRUCTIONS

Section 2: TRUE LINK CARD OPTION

City: _____ State: _____ Zip: _____

<input type="checkbox"/> Direct Deposit	Bank Name: _____	Bank Phone: _____	Account Holder's Name: _____
	Checking <input type="checkbox"/> OR Savings <input type="checkbox"/>	Last 4 Digits of Bank Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
A Disbursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.			
<input checked="" type="checkbox"/> True Link Card	Name of Card Holder: _____	Last 4 Digits of the Card: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆

By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.
FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.
www.thearcoftexas.org/trust-forms

Updated 5/1/2022 FORM B

List the name provided on the True Link Card.

Last four (4) digits of the True Link Card.

ONLY COMPLETE ONE (1) PAYMENT OPTION: CHECK, DIRECT DEPOSIT or TRUE LINK CARD

***If more than one payment option is needed, complete an additional Disbursement Request Form (FORM B).*

How To Complete A Disbursement Request Form

MASTER POOLED TRUST DISBURSEMENT REQUEST FORM INSTRUCTIONS

SIGNATURE



The signature of the Primary Representative is required.
An electronic signature is acceptable if sent from the Primary Representative's e-mail address on file.

Dir. Deposit _____
Checking OR Savings Last 4 Digits of Bank Account Number:
A Disbursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.

True Link Card Name of Card Holder: _____ Last 4 Digits of the Card:

☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆

By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: ● _____ DATE: ● _____

Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.
FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.
www.thearcoftexas.org/trust-forms

Updated 5/1/2022 FORM B

By signing this, the Primary Representative acknowledges that the Disbursement Request Form (FORM B) is accurate and the items and/or services purchased are for the sole benefit of the Beneficiary.

Date of signature.

A confirmation will be sent to the Primary Representative once the Disbursement Request Form (FORM B) has been approved and notification is provided to the financial institution to initiate the disbursement.

Remember!



A Disbursement Request Form (**FORM B**) must always be accompanied by documentation of the requested items and/or services that are purchased (*e.g. copies of receipts, invoice, estimate, proof of purchase, etc.*). **DO NOT SEND ORIGINAL accompanied documentation as these items are not retained by the Master Pooled Trust!** See the **FORMS & SAMPLES SECTIONS**.



The Social Security Administration and Texas Medicaid do not allow the sub-account to pay for food for Beneficiaries who are receiving Supplemental Security Income (SSI) and/or Medicaid without penalty.

Food includes ANY food purchased for the Beneficiary. This includes restaurants, groceries, snacks or alcohol.



The Social Security Administration and Texas Medicaid do not allow the sub-account to pay for shelter for Beneficiaries who are receiving Supplemental Security Income (SSI) and/or Medicaid without penalty.

Shelter includes: rent, mortgage payments, real property taxes, heating fuel, natural gas, electricity, water, waste water and trash.



Sole Benefit Rule: Any payment that is made from the sub-account must be for the **SOLE BENEFIT** of the Beneficiary. This means that the sub-account cannot pay for items or services that benefit anyone other than the Beneficiary. The sub-account is established to support the Beneficiary, not the entire family. This includes children of the Beneficiary.



Parental Responsibility: Texas law requires that parents care for and support their minor children. This includes payment of clothing, food, shelter and education. The sub-account can help pay for things other than those which parents are required to provide.



When mailing a Disbursement Request Form (**FORM B**), **DO NOT SEND** the following: original payment stubs, order forms or payment envelopes. The Master Pooled Trust will **NOT** forward or return these. Make a copy of the Disbursement Request Form (**FORM B**) and accompanying documents, then keep the originals for your records.

True Link Cards

True Link Cards are pre-paid Visa cards funded by the sub-account that allow the True Link cardholder access to funds for CERTAIN items. These pre-paid cards have been approved by SSA, so long as The Arc of Texas determines the categories for which a card can be used.



The cardholder may not get cash back from these cards. The cardholder **MAY NOT purchase food, or pay rent, mortgage or utilities** with the card. The cardholder may only purchase items that have been submitted through a Disbursement Request Form (**FORM B**). To request a True Link Card, complete the True Link Card Request Form (**FORM K**) found in the **FORMS SECTION** in this Toolkit.

The Primary Representative and the cardholder are responsible for providing receipts to document all purchases. A True Link Card is a privilege and not a right. Should the cardholder misuse a True Link Card, including not providing receipts or use funds for items not requested, the card may be revoked. A monthly fee of \$7 per month will automatically be deducted from the balance of the True Link Card.



Automatic Payments

Automatic recurring payments may be established for a sub-account. These are payments to the **SAME PAYEE** for the **SAME AMOUNT** on the **SAME DAY** each month. An Automatic Payment Request Form (**FORM H**) **MUST BE COMPLETED** and **SUBMITTED** to the Master Pooled Trust thirty (**30**) days prior to date the payment should be started, changed or canceled. *For the form, see the FORMS SECTION. **Automatic payments must fall between the 1st and the 28th of the month.***

Automatic payments can only be **changed twice** in a calendar year. Any additional changes will be considered a disbursement request and will be included when calculating the Frequent Disbursement Request Fee.

Closing Sub-Accounts



Closing Sub-Accounts

The Master Pooled Trust is an irrevocable Trust. The only way the Master Pooled Trust sub-account for a Beneficiary can be closed is upon the death of the Beneficiary or if the balance of the sub-account falls below the required minimum balance of \$300 and no additional contribution is expected or received. No enrollment fee will be charged if the sub-account is re-opened within two (2) years of closing.

Death of a Beneficiary

Notification and Death Certificate: Upon the death of the Beneficiary, The Primary Representative should notify The Master Pooled Trust within thirty (30) days, if not sooner. In order to close out the sub-account, a copy of the death certificate must be submitted to the Master Pooled Trust as soon as possible. Once the Master Pooled Trust receives the death certificate, the closing process will begin. This process can take anywhere from six (6) weeks to six (6) months from the date the death certificate was received by the Master Pooled Trust.



Other Important Considerations

Funeral Expenses: The only way to guarantee that funds are available to pay for the Beneficiary's funeral is to pre-pay for the funeral arrangements. See the *LAST THINGS FIRST SECTION* for more information.

Payments after death: Any funds expended after the death of the Beneficiary may not be reimbursed. Funds expended prior to Beneficiary's death will be reviewed and a determination will be made by the Master Pooled Trust. Expenses must be reported to the Master Pooled Trust within thirty (30) days of the Beneficiary's death.

MEDICAID PAYBACK PROVISION (Trusts II or IV): Funds left in the Beneficiary's sub-account at the time of the Beneficiary's death will be processed according to the Joinder Agreement. This looks different for each sub-account.

- At the time of the Beneficiary's death, if the Beneficiary has a Trust II or IV and is receiving Medicaid now or has received Medicaid at any time in the past, the Master Pooled Trust must notify all states where the Beneficiary received services and request a list of all payments made on the Beneficiary's behalf during their lifetime. This list indicates what is owed to the state(s) by the sub-account. It can take up to three (3) months for the Master Pooled Trust to receive the list(s) of what is owed.
- The Master Pooled Trust may retain funds as outlined in the Joinder Agreement prior to repaying Medicaid.
- When the final list of amount(s) owed to the state(s) is received, the amount is compared to the balance in the sub-account and processed according to the Joinder Agreement. If the amount owed to the state(s) is less than the balance of the sub-account, the Master Pooled Trust must first send the state(s) the amount they are owed, then any remaining balance will be distributed to the Final Remainder Beneficiaries listed on the Joinder Agreement.

MEDICAID LIEN: The Beneficiary may have had a Medicaid lien that was satisfied at the conclusion of a court proceeding prior to setting up the Master Pooled Trust sub-account. That lien amount only pertains to money spent by Medicaid related to that court proceeding. Medicaid may have spent additional money for care before, during or after that court proceeding has concluded. Any additional money not related to the court proceeding that is spent on behalf of the Beneficiary will be in the list of payments requested by the Master Pooled Trust. These additional unrelated paid expenses must be repaid through the Medicaid Payback Provision mentioned above. For questions on this process, contact the Master Pooled Trust at 1-800-252-9729 or trust@thearcoftexas.org.

Last Things First



Last Things First

Planning funeral arrangements is never an easy thing to do. However, it is necessary and that is why the Master Pooled Trust recommends that you consider the last things first and prepare for final arrangements when the sub-account is established for the Beneficiary.

Preparing Final Arrangements

*The only way to guarantee the Beneficiary's funeral or burial expenses are paid for is by making arrangements **PRIOR** to the Beneficiary's death.*

Funds in the sub-account at the time of the Beneficiary's death will not be readily available to pay for funeral arrangements, if at all. The Master Pooled Trust encourages all Beneficiaries to appropriately set aside money for funeral costs **PRIOR** to the Beneficiary's death with funds from their sub-account. If the Beneficiary receives Medicaid, a way to guarantee that funds are available to pay for the funeral is to pre-pay by setting up an irrevocable burial plan or contract through a local funeral home.

It is the responsibility of the Beneficiary, their family or loved ones to make funeral arrangements **PRIOR** to the Beneficiary's death. Money from the Beneficiary's sub-account may be used to establish a burial plan.

- 1) Contact a funeral home or other provider in your area.
- 2) Determine a budget you would like to use for the Beneficiary's pre-paid arrangements.
- 3) Discuss with the provider your choices and determine the appropriate selections for your situation (funeral, burial, cremation etc.).
- 4) Ask what additional cemetery costs or burial options may be incurred that are not included in the pre-paid plan and find out if these can be included (e.g. opening and closing of the casket, death certificates, obituary, etc.). *Know that funds for these additional items will not be available from the sub-account after the Beneficiary has passed away.*

To complete the final arrangement process, purchase an irrevocable burial plan or contract and submit a completed Disbursement Request Form (**FORM B**) to the Master Pooled Trust for payment **PRIOR** to the passing of the Beneficiary. Contact the Master Pooled Trust with any questions.

FUNERAL ARRANGEMENTS FOR THE BENEFICIARY MUST BE PRE-PAID.

The Primary Representative must complete and return the Acknowledgement of Policies Form (FORM A) to the Master Pooled Trust before any disbursement requests will be approved.

FAQs



FAQs

PRIMARY REPRESENTATIVE ROLES AND RESPONSIBILITIES

1) What is the role of the Primary Representative?

- As Primary Representative, the role is to be the main point of contact for the Master Pooled Trust on behalf of the Beneficiary.
- The Primary Representative requests disbursements and receives all information about sub-account activity. *See the ROLES & RESPONSIBILITIES SECTION for more information.*

2) Who is the Primary Representative?

- The Primary Representative is selected by the Grantor (the person who established the Beneficiary's sub-account) and can be found on the Joinder Agreement.
- If you have questions about who the Primary Representative for a sub-account is, contact the Master Pooled Trust.

3) How is the Primary Representative changed?

- The Grantor or the acting Primary Representative may select a new Primary Representative for the sub-account.
- This request must be made using the Change of Representative Form (*FORM E*).
- The new Primary Representative should be an Alternate Representative listed on the Joinder Agreement.
- If a Primary Representative cannot be identified, the Master Pooled Trust may expend funds from the sub-account to determine the appropriate Primary Representative.

UPDATES

4) How do I update any information?

- *See the FORMS SECTION for forms to update any or all information.*
- It is the duty of the Primary Representative to ensure the Master Pooled Trust is updated on information regarding the Beneficiary and the Primary Representative. The Primary Representative has the responsibility to keep the Master Pooled Trust informed about:
 - Their own contact information.
 - The contact information for the Beneficiary.
 - The living situation and benefits status of the Beneficiary.



CONTRIBUTIONS

5) Can I contribute cash?

- NO. The Master Pooled Trust **ONLY** accepts checks, money orders or electronic deposits.

6) How should I make out the check?

- Checks or money orders **MUST** be made payable to
“The Arc of Texas, MPT, FBO [Beneficiary’s first and last name]”
- Write the sub-account number on the memo line if it is known.

7) Where should I mail the check?

- Send a check or money order to: The Arc of Texas
ATTN: Master Pooled Trust
8001 Centre Park Drive, Suite 100
Austin, Texas 78754
- For additional contributions, attach the Contribution Form (*FORM F*) that can be found in the *FORMS SECTION* in this Toolkit.

8) Can I electronically fund the sub-account?

- Yes. E-mail trust@thearcoftexas.org for electronic deposit instructions.
- Electronic contributions must be conducted via ACH or wire transfers. Venmo, PayPal, Zelle and Debit or Credit Cards are not accepted.

9) Who can contribute money to the sub-account?

- IT DEPENDS! Additional funds may be contributed to the sub-account, but certain rules apply.
- Contact the Master Pooled Trust for more information.

10) Is a contribution to the sub-account tax deductible?

- NO. See your certified tax professional for tax advice.

11) What is the minimum amount I can start the account with?

- It is strongly recommended that the initial contribution be more than \$500. There is no minimum amount required to fund the sub-account, however maintaining a sub-account balance of \$300 will prevent a depletion and closure of the sub-account due to yearly administrative fees.
- There is no maximum amount that can be contributed to a sub-account.

12) How quickly will the contribution be available?

- Allow 10 days from notification of deposit for the funds to be available.

FEES

13) Are there fees on the sub-account?

- YES! For FUNDED sub-accounts, there is a **minimum** Annual Maintenance Fee of \$300 (That is \$25 a month, or \$75 a quarter).
- There is an IRS Tax Preparation Fee each year that is assessed in the 2nd quarter and deducted from the sub-account.
- See the *FEES SECTION* for the full fee schedule to determine an estimated fee for your sub-account.

14) What are Frequent Disbursement Request Fees?

- Each sub-account may request twenty-four (24) disbursements in a calendar year. Once twenty-five (25) disbursements have been requested and disbursed in the calendar year, that sub-account is considered a “frequent user” and the Frequent Disbursement Request Fee of \$12.50 per disbursement will be imposed for every disbursement request processed after the 24th disbursement in that calendar year. *See the FEES SECTION for more information.*
- Consolidating disbursement requests, making advanced payments for services and automatic payments are suggested ways to reduce the number of disbursement requests.



INVESTMENTS

15) Can I choose where the sub-account funds are invested?

- NO. The Master Pooled Trust's financial institution as well as The Arc of Texas Finance & Operations Committee oversee all investments. Funds are invested conservatively in stocks, bonds, cash, etc.
- All earnings or losses are allocated proportionally to all sub-accounts.

16) Are the funds FDIC insured?

- NO. The sub-account funds, like other investments, are not insured by the FDIC, are not bank guaranteed and may lose value.
- There is no guarantee that the money will grow or be secure, but our conservative investment strategy allows for changes to be made quickly to alleviate possible losses.

17) How do I monitor the gains or losses on the sub-account?

- Each sub-account's gains or losses can be tracked on the quarterly statements mailed to the Primary Representative (April, July, October, January).



TAXES

18) How do taxes work with the sub-account?

- The Master Pooled Trust strongly advises that the Beneficiary seek the guidance of a tax professional for questions regarding the completion of federal tax forms.
- Employees of The Arc of Texas are not tax advisors and do not provide tax or legal advice. *See the FEES, INVESTMENTS & TAXES SECTION for more information.*

19) Can you refer me to a tax professional?

- No. The Master Pooled Trust does not provide referrals.
- Visit <https://www.tsbpa.texas.gov/php/fpl/indlookup.php> for information on a Certified Public Accountant in your area.

20) Is the Grantor or Beneficiary responsible for the taxes?

- The Beneficiary is responsible for the taxes in relation to the sub-account. Regardless of the type of sub-account, any funds reported on a Grantor Letter or Schedule K-1 should be filed with the BENEFICIARY'S tax return. *See a sample Grantor Letter or Schedule K-1 in the SAMPLES SECTION.*

21) When will I receive my tax forms?

- The Master Pooled Trust will make every attempt to mail the tax forms by April 1st of the following tax year to the Primary Representative's address on file.
- If the sub-account made a disbursement to a service provider, the Master Pooled Trust will mail a 1099-MISC form to report miscellaneous income to the service provider. The forms will be mailed by January 31st of the following tax year to the service provider's address on file.

22) Is a contribution to the sub-account tax deductible?

- NO. See your certified tax professional for tax advice.

DISBURSEMENTS

For other questions about disbursements, see the *DISBURSEMENTS SECTION* in this Toolkit. This includes questions about vacations, credit card statements, payments, debts, loans, etc.

23) How do I request disbursements?

- Follow the instructions in the *DISBURSEMENTS SECTION* in this Toolkit and complete a Disbursement Request Form (*FORM B*).
- All copies of receipts must be submitted with the Disbursement Request Form (*FORM B*).

24) What can the sub-account funds be used for?

- Find a list of items and services that the sub-account may be able to pay for in the *DISBURSEMENTS SECTION* in this toolkit on page 50.
- The Social Security Administration requires that any payment made must be for the SOLE BENEFIT of the Beneficiary.

25) Can I get the money the same day I send in the disbursement request?

- NO. Allow 5-15 business days for funds to arrive.
- Disbursements are paid via check, direct deposit or True Link.
- The disbursement request must be processed by both the Master Pooled Trust and the bank.
- Disbursements cannot be processed the same day.

26) Can I pick up a check/cash from your office?

- NO. Disbursement funds cannot be picked up from The Arc of Texas offices.
- Disbursements are made via check, direct deposit or True Link ONLY.
- The disbursement request must be processed by both the Master Pooled Trust and the bank.
- Allow 5-15 business days for funds to arrive. Checks are processed out of state and will be mailed to the address listed on the Disbursement Request Form (*FORM B*).

27) What is a direct deposit?

- The electronic transfer of a disbursement directly from the Beneficiary's sub-account to the recipient's checking or savings account.
- To set up a direct deposit, a Disbursement Direct Deposit Authorization Form (*FORM G*) must be completed or be on file with the Master Pooled Trust for each account where funds will be direct deposited to.
- The Disbursement Direct Deposit Authorization Form (*FORM G*) must be sent to the Master Pooled Trust where it is kept on file. See the *DISBURSEMENTS SECTION* for more information.

28) Can the Beneficiary directly receive funds?

- NO! The Social Security Administration and Texas Medicaid count any funds provided directly to the Beneficiary as income. This includes funds paid directly to a minor Beneficiary's parent or guardian.
- Income to the Beneficiary can disqualify them from receiving government benefits.
- The Master Pooled Trust's policy does not allow for disbursements to be made to the Beneficiary or to a minor Beneficiary's parent or guardian.

29) Do I need to keep my receipts?

- YES! You must keep original receipts and provide copies of the receipts or proofs of purchase to the Master Pooled Trust for each disbursement request.
- If receipts, estimates, invoices or proofs of purchase are not provided, no funds will be disbursed.
- DO NOT SEND ORIGINALS! Make copies. All documents must be LEGIBLE AND THE RECEIPT DATES MUST BE VISIBLE WHEN RECEIVED BY THE MASTER POOLED TRUST.

30) How do I purchase a vehicle?

- In order to purchase a vehicle, submit the Vehicle Purchase Request Form (*FORM J*) to the Master Pooled Trust PRIOR to purchasing. All required documentation must be included with the form.
- Vehicle purchases MUST be approved by the Master Pooled Trust before taking possession of the vehicle.
- The Vehicle Purchase Request Form (*FORM J*) can be found in the *FORMS SECTION* in this Toolkit.
- The Master Pooled Trust may require additional information and The Arc of Texas will serve as lienholder on the vehicle.

31) Can the sub-account purchase a home?

- IT DEPENDS! Contact the Master Pooled Trust for more information.
- Homes will not be purchased without special consideration.

TRUE LINK CARD

32) What is a True Link Card?

- True Link Cards are pre-paid Visa cards funded by the sub-account that allow the True Link cardholder access to funds for CERTAIN items. The cardholder may not get cash back from these cards. The cardholder may not purchase food, or pay rent, mortgage or utilities with the card. The cardholder may only purchase items that have been requested through a Disbursement Request Form (*FORM B*).
- Should the cardholder misuse a True Link Card, the card may be revoked.

33) How do I get a True Link Card?

- Send in the True Link Card Request Form (*FORM K*) that is in the *FORMS SECTION* of this Toolkit.

34) How can I find out my True Link Card balance?

- Call True Link at 1-800-299-7646.
- Visit <https://www.truelinkfinancial.com/>

35) How is my True Link Card funded?

- Just like a direct deposit! Complete and submit a Disbursement Request Form (*FORM B*), check the True Link box in the payment options section and include the last four (4) digits of the card number.
- The Disbursement Request Form (*FORM B*) will be reviewed and approved according to the procedures found in the *DISBURSEMENTS SECTION* in this toolkit.

CLOSING THE SUB-ACCOUNT

36) How do I close my sub-account?

- The Master Pooled Trust is irrevocable and does not allow for sub-accounts to be closed unless the Beneficiary has passed away or the funds have been depleted.

37) The Beneficiary of the sub-account has passed away, how do I close the sub-account?

- Submit a copy of the death certificate to the Master Pooled Trust.
- Once received, the Master Pooled Trust will contact the Primary Representative for further information. *See the CLOSING SECTION in this Toolkit for a detailed description of the process.*

38) Why are you closing my sub-account?

- Sub-accounts with balances under \$300 with no additional funds received or expected will be closed.
- The Master Pooled Trust will contact the Primary Representative when this occurs.

39) Can payments be made after death?

- Any funds expended after the death of the Beneficiary will not be reimbursed.
- Funds expended prior to the Beneficiary's death will be reviewed and a determination to reimburse these expenses will be made by the Master Pooled Trust.
- Expenses must be reported to the Master Pooled Trust within thirty (30) days of the Beneficiary's death.

BURIALS/LAST THINGS FIRST

40) Can the Master Pooled Trust pay for funeral expenses?

- Yes, BEFORE the Beneficiary passes away.
- An irrevocable burial plan or contract should be set up through a local funeral home. All funeral expenses must be pre-paid.
- *See the LAST THINGS FIRST SECTION in this Toolkit for more information.*





OTHER GENERAL QUESTIONS

41) *Is it possible to visit your office in person?*

- Yes, by appointment only. Call [1-800-252-9729](tel:1-800-252-9729) or e-mail trust@thearcoftexas.org to make an appointment.

42) *What are your hours of operation?*

- The Master Pooled Trust is generally available weekdays from 8:30 am - 4:30 pm with a lunch break.
- The Master Pooled Trust as well as The Arc of Texas follow the federal holiday schedule. The Arc of Texas is closed from December 24th through January 1st each year.
- Please allow 1-2 business days for a returned call. Repeat calls are discouraged as it delays the response time for a returned call.

43) *How do I contact the Master Pooled Trust?*

- Phone: [1-800-252-9729](tel:1-800-252-9729)
- Fax: [512-454-4956](tel:512-454-4956)
- E-mail: trust@thearcoftexas.org
- Mail: The Arc of Texas
ATTN: Master Pooled Trust
8001 Centre Park Drive, Suite 100
Austin, Texas 78754

The Arc of Texas
MASTER POOLED *trust*

Forms

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



ACKNOWLEDGEMENT OF POLICIES FORM

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:

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 FAX: 512-454-4956
MAIL: 8001 Centre Park Drive, Suite 100, Austin, Texas 78754

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



DISBURSEMENT REQUEST FORM

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply): <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID TYPE _____	
For SSI recipients only: This request does not include payment for items related to food, shelter or cash <input type="checkbox"/>	

SECTION 1: Please list the item(s) and/or service(s) for which a disbursement is requested.	
Item/Service Description	Amount
1.	
2.	
3.	
4.	
5.	
<input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSE	TOTAL \$

If you have more items/services to list please attach another Disbursement Request Form.

SECTION 2: Payment Options (Choose only one: Check, Direct Deposit or True Link Card)	
<input type="checkbox"/> Check	Make Check Payable To: _____ Memo on Check (e.g. Invoice or account number): _____
	Mail Check To:
	Name: _____ Address: _____ City: _____ State: _____ Zip: _____
<input type="checkbox"/> Direct Deposit	Bank Name: _____ Bank Phone: _____ Account Holder's Name: _____
	Checking <input type="checkbox"/> OR Last 4 Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Savings <input type="checkbox"/> Bank Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>A Disbursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.</i>	
<input type="checkbox"/> True Link Card	Name of Card Holder: _____ Last 4 Digits of the Card: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆

By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.
 FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.
www.thearcoftexas.org/trust-forms

HOW TO COMPLETE A DISBURSEMENT REQUEST FORM - INSTRUCTIONS

Read Carefully Before Completing A Disbursement Request Form

TO AVOID ANY DELAYS IN PROCESSING, YOU **MUST** SUBMIT COPIES OF RECEIPTS, INVOICES, ESTIMATES OR A PROOF OF PURCHASE AND **SIGN** THE FORM.

<p><u>SUB-ACCOUNT INFORMATION</u></p>	<p>Name on Account: The Beneficiary's name on the sub-account. Sub-Account #: The sub-account number assigned to the Beneficiary on the Joinder Agreement. Date: The date you are submitting the disbursement request. Phone Number: A contact phone number for the Primary Representative. Benefits: Indicate if the Beneficiary is receiving SSI, Medicaid or SSDI. <i>Include the type of Medicaid (e.g. HCS, CBA, CLASS, DBMD, Traditional, QMB, SLMB). Check all that apply.</i> For recipients of SSI, indicate that the request is not for food, shelter or cash because SSA will reduce the Beneficiary's benefits if those items are paid for by the sub-account.</p>
<p><u>SECTION 1</u></p>	<p>Item/Service Description: Provide a brief description of how the money will be used for the disbursement (e.g. furniture, storage fee, phone bill). Itemize the request. Amount: For each item or group of items, put the amount to be reimbursed or paid. Total Amount: Add up all amounts listed. Is this a request to ADVANCE funds or REIMBURSE funds or BOTH? Check the appropriate box.</p>
<p><u>SECTION 2</u></p>	<p>ONLY COMPLETE <u>ONE</u> PAYMENT OPTION: CHECK, DIRECT DEPOSIT or TRUE LINK CARD **If an additional payment option is needed, complete a second Disbursement Request Form**</p> <p><u>Check Request:</u> Make Check Payable To: The name of the company or person to whom the check should be made payable. Memo on Check: Indicate what information you want printed on the check (e.g. account number for phone bill, patient ID for hospital, invoice number for furniture store). Mail Check to: Name: The name of the individual/store/company to whom the check should be sent. Address: The address of the person/store/company receiving the check.</p> <p><u>Direct Deposit:</u> ***A Disbursement Direct Deposit Authorization Form (DDDAF) must be completed or be on file for funds to be disbursed via direct deposit.*** Checking: Check this box for a checking account. Savings: Check this box for a savings account. Bank Name: Name of the bank where the money being deposited. Account Holder's Name: The name of the person who holds the account (should be exactly as it appears on the bank statement). Last 4 Digits of Bank Account #: The last four (4) digits of the bank account number that the funds will be deposited to. REMEMBER: The routing and account number must be on file using the DDDAF.</p> <p><u>True Link Card:</u> Name of Card Holder: List the name provided on the True Link Card. Last 4 Digits of the Card: The last four (4) digits of the True Link Card where the funds will be deposited.</p>
<p><u>SIGNATURE</u></p>	<p>By signing the form you are acknowledging that the Disbursement Request Form is accurate and the items and/or services purchased are for the sole benefit of the Beneficiary. <u>The signature of the Primary Representative is required.</u> An electronic signature is acceptable if sent from the Primary Representative's email address on file.</p>

SUBMIT YOUR FORM

Mail: The Arc of Texas, Attn: MPT - 8001 Centre Park Drive, Suite 100 - Austin, TX 78754

Fax: (512) 454-4956

Email: trust@thearcoftexas.org

For additional forms visit <http://www.thearcoftexas.org/trust-forms>

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



CONTACT INFORMATION UPDATE FORM

Sub-Account Number: _____

Beneficiary: _____

Please complete ALL blanks with current information.

THIS IS FOR CONTACT INFORMATION UPDATES ONLY

Contact information to be updated for (Check ONE box only):

- | | |
|---|---|
| <input type="checkbox"/> Beneficiary | <input type="checkbox"/> First Alternate Representative |
| <input type="checkbox"/> Primary Representative | <input type="checkbox"/> Final Remainder Beneficiary |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Legal Representative | |

Name: _____ Male Female Other

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different than above): _____

Phone Number: _____ Email: _____

Relationship to Beneficiary: _____

Notes: _____

- *If there is a change in who is serving as Primary Representative on the sub-account, a **CHANGE OF REPRESENTATIVE FORM** should be completed.*
- *If there is a change in the Legal Representative (**REPRESENTATIVE PAYEE, GUARDIAN or POWER OF ATTORNEY**) contact your Coordinator and provide updated documentation.*

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.

VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: www.thearcoftexas.org/trust-forms

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



CHANGE OF BENEFITS FORM

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:

By completing this form, I am notifying the Master Pooled Trust of a change in benefits or living situation for the Beneficiary identified above. New or changes to benefits and/or living situations include:

Check all benefits from the SOCIAL SECURITY ADMINISTRATION (SSA) that currently apply:

SSI \$____ SSDI \$____ SSA \$____ Other (type) _____ \$____

What date of the month are the benefits paid? _____

Please check the types of MEDICAID the Beneficiary currently receives, if any:

<input type="checkbox"/> HCS- Home and Community Based Services	<input type="checkbox"/> DBMD- Deaf Blind with Multiple Disabilities	<input type="checkbox"/> QMB- Qualified Medicare Beneficiary
<input type="checkbox"/> CLASS- Community Living Assistance & Support Services	<input type="checkbox"/> Star Kids	<input type="checkbox"/> SLMB- Service Limited Medicare Beneficiary
<input type="checkbox"/> STAR + Plus	<input type="checkbox"/> TxHmL- Texas Home Living	<input type="checkbox"/> QI-1- Qualifying Individual Program
<input type="checkbox"/> YES	<input type="checkbox"/> QDWI	<input type="checkbox"/> STAR
<input type="checkbox"/> NORTH STAR	<input type="checkbox"/> Other _____	

Living Situation (please only check one):

<input type="checkbox"/> Rent # of occupants _____	<input type="checkbox"/> Group Home
<input type="checkbox"/> Mortgage # of occupants _____	<input type="checkbox"/> ICF-IID
<input type="checkbox"/> Own # of occupants _____	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Section 8 Voucher	<input type="checkbox"/> Assisted Living

The Beneficiary is no longer receiving (list benefits): _____

Before sending in this form, visit <https://www.yourtexasbenefits.com> for the **specific** Medicaid benefits the Beneficiary is receiving.
 Visit <https://www.ssa.gov/myaccount> for the **specific** Social Security benefits the Beneficiary is receiving.

Documentation showing any change in benefits must be provided to the Master Pooled Trust

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

Please allow **5-8 business days** for processing. Incomplete forms will be returned to the Primary Representative.
 VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: www.thearcoftexas.org/trust-forms

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



CHANGE OF REPRESENTATIVE FORM

Sub-Account Number: _____

Beneficiary: _____

Please select ONE box below:

- I, _____ (Primary Representative), wish to resign as Primary Representative of the sub-account for _____ (name of Beneficiary), sub-account number _____.
- A new Primary Representative is required for sub-account number _____ for the benefit of _____ (Beneficiary name) because _____ (PR Name) is deceased. *Please attach a copy of the death certificate, death verification letter or obituary.*

The *First Alternate Primary Representative* is deemed to be the next representative. If that person cannot or will not serve, they should sign this form and choose an Alternate Representative below.

Change the Primary Representative to (Choose ONLY ONE):

- First Alternate Representative Second Alternate Representative
 New Guardian New Power of Attorney Other _____

If New Guardian or New Power of Attorney is selected, you must provide proper documentation.

NEW Primary Representative

Primary Representative Name: _____ Male Female Other

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different than above): _____

Phone Number: _____ Email: _____

Relationship to Beneficiary: _____

Please submit this form for the change to be reviewed and approved.

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

Please allow **5-8 business days for processing**. Incomplete forms will be returned to the Primary Representative.
VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: www.thearcoftexas.org/trust-forms

The Arc of Texas
Master Pooled Trust
8001 Centre Park Drive
Suite 100
Austin, Texas 78754
1(800) 252-9729



Please check here for change of address. Print new address on the back of this form.

Beneficiary's Name:

Primary Representative's Name:

CONTRIBUTION FORM

Sub-Account Number: _____ Date: _____

Please allow 5-8 business days for processing.
Incomplete forms will be returned to the Primary Representative.
VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.
www.thearcoftexas.org/trust-forms

Check Number	Amount
TOTAL	\$

Make Checks Payable To: The Arc of Texas, MPT, FBO [Beneficiary's Name]



The Arc of Texas
Master Pooled Trust
8001 Centre Park Drive
Suite 100
Austin, Texas 78754
1(800) 252-9729



Please check here for change of address. Print new address on the back of this form.

Beneficiary's Name:

Primary Representative's Name:

CONTRIBUTION FORM

Sub-Account Number: _____ Date: _____

Please allow 5-8 business days for processing.
Incomplete forms will be returned to the Primary Representative.
VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.
www.thearcoftexas.org/trust-forms

Check Number	Amount
TOTAL	\$

Make Checks Payable To: The Arc of Texas, MPT, FBO [Beneficiary's Name]



The Arc of Texas
Master Pooled Trust
8001 Centre Park Drive
Suite 100
Austin, Texas 78754
1(800) 252-9729



Please check here for change of address. Print new address on the back of this form.

Beneficiary's Name:

Primary Representative's Name:

CONTRIBUTION FORM

Sub-Account Number: _____ Date: _____

Please allow 5-8 business days for processing.
Incomplete forms will be returned to the Primary Representative.
VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.
www.thearcoftexas.org/trust-forms

Check Number	Amount
TOTAL	\$

Make Checks Payable To: The Arc of Texas, MPT, FBO [Beneficiary's Name]

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



DISBURSEMENT DIRECT DEPOSIT AUTHORIZATION FORM

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:

★ ATTACH COPY OF VOIDED CHECK OR A BANK LETTER TO THIS FORM ★

In order to **receive funds** via direct deposit; I, _____, (*bank account holder, receiver of funds*) hereby authorize The Arc of Texas Master Pooled Trust to allow a direct deposit to my account listed below. I acknowledge that I am responsible for any fees assessed on my account by my financial institution. I also authorize The Arc of Texas Master Pooled Trust to make withdrawals from this account in the event that a credit entry is made in error. ***I understand that The Arc of Texas Master Pooled Trust requires a copy of a voided check or a letter from the bank with the ABA/routing number, account number and all account holders' names.***

Further, I agree **not** to hold The Arc of Texas Master Pooled Trust responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or any error on the part of my financial institution in receiving funds into my account.

This agreement will remain in effect until The Arc of Texas Master Pooled Trust receives a written notice of cancellation from the Primary Representative, myself or until I submit a new Disbursement Direct Deposit Authorization Form to The Arc of Texas Master Pooled Trust.

ACCOUNT INFORMATION

Account Holder's Name (recipient of funds): _____

ABA/Routing Number: Bank Account Number: _____

CHECK ONE:

Checking

Savings

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE of Account Holder (RECIEVER OF FUNDS): _____ DATE: _____

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow **5-8 business days for processing**. Incomplete forms will be returned to the Primary Representative.
VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: www.thearcoftexas.org/trust-forms

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



AUTOMATIC PAYMENT REQUEST FORM

MUST BE SUBMITTED 30 DAYS IN ADVANCE OF DUE DATE

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply):	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID TYPE _____
For SSI recipients only: This request DOES NOT include payment for items related to food, shelter or cash <input type="checkbox"/>	

The Primary Representative authorizes the Master Pooled Trust to set up an automatic payment to be withdrawn from the sub-account. To cancel or make changes to an automatic payment, a minimum of 30 days' notice is required and the Primary Representative must submit a new Automatic Payment Request Form to the Master Pooled Trust. Two changes to automatic payments per year is allowed before being counted toward Frequent Disbursement Request Fees.

Choose One: START CHANGE CANCEL/END

MONTH THE AUTOMATIC PAYMENT SHOULD START: _____

AMOUNT TO BE PAID (must be the same amount every period): \$ _____

PAYMENT IS **DUE** ON THE _____ OF EACH MONTH WEEK

DISBURSEMENT DESCRIPTION: _____

Payment Options (Choose ONLY one: Check, Direct Deposit or True Link Card)			
<input type="checkbox"/> Check	Make Check Payable To: _____	Memo on Check (e.g. Invoice or account number): _____	
	Mail Check To:		
	Name: _____	Address: _____	
		City: _____	State: _____ Zip: _____
<input type="checkbox"/> Direct Deposit	Bank Name: _____	Bank Phone: _____	Account Holder's Name: _____
	Checking <input type="checkbox"/> OR Savings <input type="checkbox"/>	Last 4 Digits of Bank Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>A Disbursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.</i>			
<input type="checkbox"/> True Link Card	Name of Card Holder: _____	Last 4 Digits of the Card:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

☆ **YOU MUST ATTACH A COPY OF ALL RECEIPTS** ☆

By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.
 VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: www.thearcoftexas.org/trust-forms

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



VEHICLE PURCHASE REQUEST FORM

MUST BE SUBMITTED & APPROVED IN ADVANCE OF PURCHASE

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply):	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID Type: _____

*****DO NOT TAKE POSSESSION OF THE VEHICLE BEFORE APPROVAL FROM MPT*****

Please answer questions 1-5 and follow the steps below.

- _____ 1. Do you already own a vehicle?
→ If yes, **STOP** here and contact the Master Pooled Trust.
→ If no, please go to question 2.
- _____ 2. Are you planning to purchase a vehicle from an individual, Craigslist or other classified ad?
→ If yes, **STOP** here and contact the Master Pooled Trust.
→ If no, please go to question 3.
- _____ 3. Do you understand that the Master Pooled Trust will place a lien on the title of the vehicle and another vehicle will not be purchased for at least 5 years?
→ If no, **STOP** here and contact the Master Pooled Trust.
→ If yes, please go to question 4.
- _____ 4. Do you agree to comply with state regulations, keep the vehicle registered and inspected yearly and forward proof of insurance to the Master Pooled Trust?
→ If no, **STOP** here and contact the Master Pooled Trust.
→ If yes, please go to question 5.
- _____ 5. Do you understand all vehicle purchases are subject to the approval of the Master Pooled Trust? The Master Pooled Trust will **not** approve the purchase of luxury vehicles.
→ If no, **STOP** here and contact the Master Pooled Trust.
→ If yes, please go to number 6.

By initialing statements 6 - 10, I agree to comply with the following requirements:

- _____ 6. Complete the back of this application.
- _____ 7. Provide a copy of a Vehicle History Report for the purchase of a pre-owned vehicle.
- _____ 8. Provide a copy of the purchaser's valid driver's license.
- _____ 9. Provide proof of vehicle insurance including all vehicles and drivers covered.
→ You must provide proof that the insurance has been paid before you take possession of the vehicle.
→ Full comprehensive coverage is required.
- _____ 10. Send a signed copy of this form to the Master Pooled Trust.

**ALL VEHICLE PURCHASES MUST BE APPROVED BY THE MASTER POOLED TRUST AND
AFTER APPROVAL, A DISBURSEMENT REQUEST FORM MUST BE SUBMITTED.**

Please allow up to 10 business days for processing. Incomplete forms will be returned to the Primary Representative.

VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE at www.thearcoftexas.org/trust-forms

*** IF ANY BLANK DOES NOT APPLY TO YOUR SITUATION, PLEASE WRITE N/A ***

VEHICLE INFORMATION

I am interested in purchasing the following vehicle:

Make (Chevy, Ford, etc.): _____ Model (Corolla, Malibu, etc.): _____ Year: _____

Dealer Name: _____ City: _____ State: _____ Zip: _____

Salesperson's Name (or owner if private sale): _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Miles: _____ Price: _____ VIN: _____

A copy of the vehicle estimate, buyer's order or purchase order must be attached.

VEHICLE MODIFICATIONS INFORMATION

Modifications: _____ Cost: \$ _____

A copy of the vehicle modification estimate must be attached.

INSURANCE INFORMATION

Insurance Company: _____

Agent Name: _____ Phone Number: _____

Estimate/Amount: _____ Monthly Every 6 Months Yearly

Attach a copy of proof of vehicle insurance.

PURCHASER INFORMATION

PURCHASER'S NAME (PLEASE PRINT): _____

Relationship of Purchaser to Beneficiary: _____

Who will be driving the vehicle? _____

Driver License State: _____ Driver License Number: _____

A copy of the purchaser's driver license must be attached.

REASON FOR REQUEST

Explain why the Master Pooled Trust should pay for the purchase of a vehicle and how the vehicle purchase will benefit the Beneficiary.

- I have read, understand and answered all the questions on the Vehicle Purchase Request Form.
- I agree to comply with the requirements listed on the Vehicle Purchase Request Form.

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE of Primary Representative: _____ DATE: _____

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



TRAVEL REQUEST FORM

MUST BE SUBMITTED 30 DAYS IN ADVANCE OF TRAVEL DATE

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply): <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID TYPE _____	

Travel expenses may be paid by the sub-account if the travel falls within the guidelines set out by the Social Security Administration. The travel must be approved in advance for payment to be made, before or after travel, from the sub-account. This form must be completed and submitted to The Arc of Texas Master Pooled Trust a **MINIMUM of 30 DAYS PRIOR** to the desired travel date(s). **RECEIPTS MUST BE PROVIDED AFTER TRAVEL IS COMPLETE.**

PLEASE CHOOSE **TRAVEL APPROVAL** OR **TRAVEL ADVANCE**

DATES & DESTINATION(S) OF TRAVEL

Departure Date: _____ Return Date: _____

From: _____ To: _____

Will there be multiple destinations? Yes No | If **yes**, list destinations: _____

Does the Beneficiary travel with an aide? Yes No | If **yes**, Name: _____

List the type of medical equipment, if any, required by the Beneficiary while traveling: _____

TRANSPORTATION (choose all that apply)

<input type="checkbox"/> AIR	Confirmation #: _____	<input type="checkbox"/> BUS	Confirmation #: _____	<input type="checkbox"/> PERSONAL VEHICLE
				Estimated Mileage: _____
<input type="checkbox"/> TRAIN	Confirmation #: _____	<input type="checkbox"/> RENTAL CAR	Confirmation #: _____	<input type="checkbox"/> OTHER _____

LODGING - Where will you be staying (Hotel, Air B&B etc.)

NAME: _____ CHECK IN DATE/CHECK OUT DATE: _____

ADDRESS: _____

PHONE: _____ RESERVATION #: _____

OTHER INFORMATION: _____

SOLE BENEFIT RULE APPLIES TO ALL TRAVEL- INCLUDING LODGING, TRANSPORTATION AND OTHER EXPENSES.

Complete and sign the back of this form →

Please allow **5-8 business days** for processing. Incomplete forms will be returned to the Primary Representative.
VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE AT www.thearcoftexas.org/trust-forms

Updated 5/1/2022

SECTION 1: Please list what type of funds are needed for the Beneficiary's travel	
TRANSPORTATION	Amount
1.	
2.	
LODGING	Amount
1.	
2.	
OTHER (spending money, food, shopping etc.)	Amount
1.	
2.	
3.	
TOTAL ESTIMATED TRAVEL COSTS	
\$	

For **APPROVAL** only and payment after travel, **skip SECTION 2** and sign at the bottom.
 For travel **APPROVAL and ADVANCED FUNDS**, **complete SECTION 2** and sign at the bottom.

If you have more items/services or payment options (e.g. two (2) checks), attach another Travel Request Form. Only one Payee per payment option allowed. Include the amount for that payment option.

SECTION 2: Payment Options (Check, Direct Deposit or True Link Card)	
<input type="checkbox"/> Check	Make Check Payable To: _____ Memo on Check (e.g. Invoice or account number): _____ Amount \$ _____ Mail Check To: Name: _____ Address: _____ City: _____ State: _____ Zip: _____
<input type="checkbox"/> Direct Deposit	Bank Name: _____ Bank Phone: _____ Account Holder's Name: _____ Amount \$ _____ Checking <input type="checkbox"/> OR Last four (4) Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Savings <input type="checkbox"/> Bank Account Number:
<i>A Disbursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.</i>	
<input type="checkbox"/> True Link Card	Name of Card Holder: _____ Last 4 Digits of the Card: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount \$ _____

By signing this I *acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.*

SIGNATURE of Primary Representative: _____ DATE: _____

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



TRUE LINK CARD REQUEST FORM

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply):	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID TYPE _____

True Link Cards are pre-paid Visa cards funded by the sub-account that allow True Link cardholder access to funds for CERTAIN items. *The cardholder may not get cash back from these cards. The cardholder may not purchase food, or pay rent, mortgage or utilities with the card.* The cardholder may only purchase items that have been submitted through a Disbursement Request Form (FORM B). The Arc of Texas maintains the categories for which a card can be used.

By completing this form the cardholder is requesting a True Link Card be issued in their name. The cardholder further understands and agrees:

- the True Link Card is the responsibility of the cardholder. Lost or stolen cards must be reported to True Link immediately 1-800-299-7646.
- to provide receipts to document each purchase. NO RECEIPTS, NO ADDITIONAL FUNDING.
- a True Link Card is a privilege and not a right. Should the cardholder misuse a True Link Card, including not providing receipts or use funds for items not requested, the card may be revoked.
- a monthly fee of \$7 per month will automatically be deducted from the balance.

A True Link Card takes 9-14 business days to arrive. If you would like to expedite the card, there is a \$30 fee. Check here if you would like the card to be expedited for an additional \$30

Cardholder Information

Cardholder Name: _____

Physical Address: _____

City, State & Zip: _____

Mailing Address (if different than above): _____

Phone Number: _____ Email: _____

Relationship to Beneficiary: _____

BENEFICIARY'S NAME (PLEASE PRINT): _____

SIGNATURE of Cardholder: _____ **DATE:** _____

SIGNATURE of Primary Representative: _____ **DATE:** _____

Please allow **5-8 business days for processing**. Incomplete forms will be returned to the Primary Representative. VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE visit www.thearcoftexas.org/trust-forms

Samples

PARTICIPANT NAME

Acct. 0000000000

THE ARC OF TEXAS MASTER POOLED TRUST

For the Period 1/1/2015 to 3/31/2015

Statement of Participation

Account Summary

Account Activity

Beginning Market Value with Accruals	982.16
Contributions	6,613.44
Distributions	-5,869.09
Administrative Fees	-75.00
Other Fees	0.00
Net Transfers	0.00
Net Contributions/Disbursements	\$669.36
Earnings	6.40
Ending Market Value with Accruals	\$1,657.90

Contributions are any funding to the sub-account.

Distributions are any disbursements taken from the sub-account.

Administrative Fees are the quarterly calculated Annual Maintenance Fee.

Other Fees include annual tax preparation fees.

Net Transfers are expected fees incurred after the sub-account is closed. This includes: future tax preparation, annual accounting and other pending fees.

Earnings refers to BOTH gains for the sub-account as well as losses.*

Ending Market Value with Accruals is the balance of the sub-account at the end of the quarter.

*The sub-account is invested and is subject to market gains and losses.

This is an itemized list of all additional contributions and disbursements from the sub-account. Please review each of your quarterly statements carefully to ensure they are correct.

Statement of Participation

Activity Detail

Date	Description	Amount
CONTRIBUTIONS		
01/16/2015	CASH CONTRIBUTIONS .	1,405.92
01/28/2015	CASH CONTRIBUTIONS .	798.56
02/25/2015	CASH CONTRIBUTIONS .	1,405.92
03/02/2015	CASH CONTRIBUTIONS .	798.56
03/23/2015	CASH CONTRIBUTIONS .	1,405.92
03/26/2015	CASH CONTRIBUTIONS .	798.56
Total Contributions		6,613.44
DISTRIBUTIONS		
01/15/2015	DISTRIBUTIONS TRANSFERRED BY ACH TO FAO .	-550.00
01/20/2015	DISTRIBUTIONS PAID PREFERRED CREDIT, INC. ACCT.	-143.54
01/20/2015	DISTRIBUTIONS PD: XYZ COMPANY	-693.60

Cash Contributions include any contributions made to the sub-account. This includes checks, money orders and electronic deposits.

Distributions include all approved disbursements that were sent from the sub-account in a quarter. Please review each quarterly statement carefully to ensure accuracy.

Quarterly statements may include additional pages when necessary.

Tina Jones
Total due by June 21, 2016: \$41.45
Account number: 123456785236
Customer code: 1234
Statement date: Jun 01, 2016



Previous balance	
Balance last statement	41.45
Total previous balance	\$41.45
Payments	
05/22 Credit Card Payment	-41.45
Total payments	-\$41.45
Monthly services	
TV services	
06/01 The Internet Speed in Your Area Is Now 3x Faster. Visit Twc.com/bettertwc.	0.00
TV services total	\$0.00
Internet/Data services	
06/01 Standard Internet	59.99
Service Discount	-20.00
Internet/Data services total	\$39.99
Total monthly services	\$39.99
Surcharges	
TWC State Cost Recovery Fee	0.21
Total surcharges	\$0.21
<i>TWC imposes surcharges to recover costs of complying with its governmental obligations. Specifically, TWC chooses to impose the State Cost Recovery Fee to recover the cost of TWC's Texas Margins Tax liability.</i>	
Taxes and fees	
State and Local Sales Tax	1.25
Total taxes and fees	\$1.25
Total due by June 21, 2016	\$41.45
<i>Taxes, fees and surcharges are subject to change</i>	

Reach us at your convenience

On twc.com

Visit twc.com/account to pay your bill online, view FAQs/self-help options and chat with a live agent. Just have your customer code above on hand.

Through your mobile device

With our free My TWC® app.

Over the phone

Call us anytime at **1-512-485-5555** and simply say "pay my bill" to pay your bill for free. Or you can speak to someone live with any questions about your bill.

Pay online

Go green with online bill payment.
 Sign up at twc.com/account
 Have your account number and customer code ready, found on the top of this page.

Pay by phone

Make a credit card payment free of charge using our automated payment option at **1-512-485-5555**; simply say "pay my bill". Use your Visa, MasterCard, Discover or American Express card.

Customer information

Experiencing technical issues with closed captioning?
 Call 1-800-892-2253, email closedcaption@twcable.com, or fax 1-877-430-1386.
 Address written complaints to W. Wesselman, Legal, 13820 Sunrise Valley Dr., Herndon, VA 20171, email cissues@twcable.com, or fax 1-704-697-4935.
 To follow up on a written submission only, call 1-877-276-7432.

If your check is returned, you expressly authorize your bank account to be electronically debited for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgment and acceptance of this policy and its terms and conditions.

To view the call detail for your Home Phone calls, go to twc.com/account

For information on any upcoming programming changes please consult the Legal Notices published in Austin American-Statesman on the 1st and 3rd Wednesday each month and on twc.com

Visit twc.com/careers for career opportunities at Time Warner Cable.

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



DISBURSEMENT REQUEST FORM

Beneficiary: Tina Jones	Primary Rep (PR): Bob Jones
Sub-Account Number: 9999	PR Phone: 281-555-5555
Date: 6/14/16	PR Email: bobjones@nognmail.com
Benefits (✓ all that apply): <input checked="" type="checkbox"/> SSI <input type="checkbox"/> SSDI <input checked="" type="checkbox"/> MEDICAID TYPE _____	
For SSI recipients only: This request does not include payment for items related to food, shelter or cash <input checked="" type="checkbox"/>	

SECTION 1: Please list the item(s) and/or service(s) for which a disbursement is requested.	
Item/Service Description	Amount
1. JCPenney - clothes for Tina	79.52
2. Karavel Shoes - shoes and socks	224.08
3. Amazon - work out equipment	27.55
4.	
5.	
<input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REMIBURSE	TOTAL \$ 331.15

If you have more items/services to list please attach another Disbursement Request Form.

SECTION 2: Payment Options (Choose only one: Check, Direct Deposit or True Link Card)	
<input type="checkbox"/> Check	Make Check Payable To: _____ Memo on Check (e.g. Invoice or account number): _____ <u>Mail Check To:</u> Name: _____ Address: _____ City: _____ State: _____ Zip: _____
<input checked="" type="checkbox"/> Direct Deposit	Bank Name: ABC Credit Union Bank Phone: 281-555-1234 Account Holder's Name: Bob Jones Checking <input checked="" type="checkbox"/> OR Savings <input type="checkbox"/> Last 4 Digits of Bank Account Number: <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="6"/>
A Disbursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.	
<input type="checkbox"/> True Link Card	Name of Card Holder: _____ Last 4 Digits of the Card: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆

By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: Bob Jones DATE: 6/14/16

Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.
 FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.

www.thearcoftexas.org/trust-forms

Order Placed: November 25, 2016
Amazon.com order number: 109-4813475-0220242
Order Total: \$36.10

Shipped on November 27, 2016	
Items Ordered	Price
1 of: AmazonBasics High-Density Round Foam Roller - 36-Inches Sold by: Amazon.com LLC	\$18.99
Condition: New	
1 of: Peace Yoga - Durable 7ft Cotton Yoga Stretching Exercise Strap Band with Multiple Grip Loops - Gray Sold by: Low_Baller (seller profile)	\$6.99
Condition: New	
Shipping Address: Tina Jones 1234 Hill Street Austin, Texas 77777	Item(s) Subtotal: \$25.98 Shipping & Handling: \$0.00 ----- Total before tax: \$25.98 Sales Tax: \$1.57 -----
Shipping Speed: Two-Day Shipping	Total for This Shipment: \$27.55 -----

ORDER INFORMATION

Order Number: 1234-4569-9857-4526
 Order Date: 12/04/16
 To view your order details go to [order history](#).

Ship to:
Tina Jones
1234 Hill Street
Austin, Texas 77777

Bill to:
Tina Jones
1234 Hill Street
Austin, Texas 77777

Karavel Shoes Men
5501 Burnet Road
Austin, TX 78756
Phone: (512) 454-8095

12/8/2016 11:47 AM 2/83/12078

SHIPPED ITEM(S)

	Stylus Skinny Jeans Plus Item# 977-2022	Qty: 1	Color/Size: MEDIUM DARK 24W SHORT	\$20.99
	ana Skinny Jeans Plus Item# 984-6101	Qty: 1	Color/Size: INDIGO DREAMS 24W SHORT	\$22.49
	Worthington Long Sleeve Open Front Blazer Plus Item# 946-1025	Qty: 1	Color/Size: BLACK 3X	\$29.99
				order subtotal \$73.47
				shipping \$0.00
				tax \$6.05
				Order Total \$79.52

The order total above reflects special offers that were in effect at the time the order was placed. All orders are subject to credit review. If you need further assistance with your order or regarding JCPenney.com, please call [1-800-322-1189](tel:1-800-322-1189).

Promotion Code : Impact
 Regular Sale by 83:Farley, Jason
 MCM GHOST9NEUTRALRUN, in
 BLACK/GRAPE/CERAMIC
 120225-092 10 D 1 125.00
 Coupon: \$20 off community impac -11.01
 Net Price 113.99
 SOFT RIB QUARTER, in BLACK
 8712-BLACK M 2 26.00
 Coupon: \$20 off community impact -2.29
 Net Price 23.71
 SOFT RIB QUARTER, in WHITE
 8712-WHITE M 2 26.00
 Coupon: \$20 off community impact -2.29
 Net Price 23.71
 FULL ORTHOTIC W/MET
 POMERSTEP-PLUS 8 1 50.00
 Coupon: \$20 off community impact -4.41
 Net Price 45.59

Subtotal: 207.00
 State: 17.08
 Total: 224.08
 3 - MC/VISA 224.08
 Visa #XXXXXXXXXXXX8814
 Approval #02093D

Grantor Letter

Tax Year Ending: 12/31/20

Grantor Name & Address:

JANE SMITH
8001 CENTRE PARK DR.
AUSTIN, TX 78754

Grantor SSN: XXX-XX-XXXX

Name of Trust: Jane Smith TR UA
ARC OF TEXAS

Employer ID Number: XX-XXXXXXX

**THE FOLLOWING ITEMS ARE TO BE REPORTED ON
THE FEDERAL INCOME TAX RETURN OF THE ABOVE-NAMED GRANTOR**

Interest Income

Other interest (Enter on Schedule B (1040)) \$2.56

Dividends

Ordinary Dividends (Enter on Schedule B (1040)) \$418.65
Qualified Dividends, included in ordinary dividends (Enter on Schedule B (1040)) \$244.67
Interest from US Gov't Obligations reported as dividends (Enter on Schedule B (1040)) \$47.55
Capital Gains Distributions (Enter on Schedule D (1040)) \$8.88
Foreign Tax Paid \$9.97

Capital Gains

Short term capital gains / losses (Enter on Schedule D (1040)) \$(9.69)
Long term capital gains / losses (Enter on Schedule D (1040)) \$633.89

Total Federal Taxable Income \$1,101.84

Total Income \$1,101.84

Other Information

Section 199A REIT dividends, included in ordinary dividends \$7.05
Foreign Total Dividends, included in qualified dividends \$119.66

661117

Final K-1 Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041)
Department of the Treasury
Internal Revenue Service

2021

For calendar year 2021, or tax year

beginning _____ ending _____

Beneficiary's Share of Income, Deductions, Credits, etc.
See back of form and instructions.

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	11	Final year deductions
2a	Ordinary dividends	1	
2b	Qualified dividends	2,101	
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1256 gain		
5	Other portfolio and nonbusiness income		
6	Other business income		
	Net rental real estate income		
8	Rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14	Other information
		B	56
10	Estate tax deduction	E	2,102

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number
98-7654321

B Estate's or trust's name
TOM PARKER TR UA ARC OF TEXAS

C Fiduciary's name, address, city, state, and ZIP code
**PROVIDENCE FIRST TRUST COMPANY
8840 E. CHAPARRAL ROAD, SUITE 250
SCOTTSDALE, AZ 85250**

D Check if Form 1041-T was filed and enter the date it was filed _____


E Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number
XXX-XX-1234

G Beneficiary's name, address, city, state, and ZIP code
**TOM PARKER
785 VISTA LA VERDE
SAN ANTONIO, TX 78209**

*See attached statement for additional information.
Note: A statement must be attached showing beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.



If no funds were disbursed, a Schedule K-1 will still be mailed to the Primary Representative, but will not include page two (2) as shown here and instead include zeros and blanks.

**TOM PARKER TR UA ARC OF TEXAS
K-1 Statement (Sch K1 (1041))** 98-7654321

Line 14 - Other Information

B Code B - Foreign taxes 56
E Code E - Net investment income 2,102
H Code H - Adjustment for section 1411 net investment income or deductions 0

Section 199A information (Code I)

Additional Information
Section 199A REIT dividends 41

TOM PARKER
XXX-XX-1234

Supplemental Schedule (Sch K1 (1041)) TOM PARKER TR UA ARC OF TEXAS 98-7654321

Line 14 (Sch K1 (1041)) - Foreign Taxes Available for Credit

	Foreign Income	Taxes Paid
1 Foreign branch income	0	0
2 Gen Limitation	0	0
3 Lump-sum distributions	2,344	56
4 Passive Income	0	0
5 Resourced by Treaty	0	0
6 Section 901(j) income	0	0
7 Section 951A income	0	0

Line 9 (Sch K1 (1041)) - Directly Apportionable Deductions for Passive Income

	1	2	3	4	5	6	7	8	9	10
1	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0

Line 11 (Sch K1 (1041)) - Final Year Deductions

	A	B	C	D	E	F
1 Excess deductions - Section 67(e) expenses	0	0	0	0	0	0
2 Excess deductions - Non-miscellaneous itemized deductions	0	0	0	0	0	0
3 Excess deductions on termination includable in net investment income	0	0	0	0	0	0
4 Short term capital loss carryover	0	0	0	0	0	0
5 Short term capital loss carryover includable in net investment income	0	0	0	0	0	0
6 Long-term capital loss carryover	0	0	0	0	0	0
7 Long-term capital loss carryover includable in net investment income	0	0	0	0	0	0
8 Net operating loss carryover - regular tax	0	0	0	0	0	0
9 Net operating loss carryover - minimum tax	0	0	0	0	0	0
10 Net operating loss carryover - net investment income	0	0	0	0	0	0

Line 14 (Sch K1 (1041)) - Other, Continuation

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

EXAMPLE