

MAINE TRUST FOR PEOPLE WITH DISABILITIES

***Request to Change Investment Allocation  
of Funds in an Existing Account***

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*You should use this form only if:*

- *You want to change the investment allocation of funds held in an existing MTPD account; **and***
  - *You are an individual who has authority to make investment decisions as described below in “Important Note”.*
- \_\_\_\_\_

**IMPORTANT NOTE:** A re-allocation of funds in an MTPD account can be made only once per year. All re-allocations will be effective as of January 1 of the year following the year in which the re-allocation request is received. All re-allocation requests must be received by the MTPD Board of Advisors no later than December 1 to be effective on January 1 of the following year. After the death or disability of the individual who established the account and signed the Joinder Agreement (who is known as the “Sponsor”), the beneficiary’s legal representative identified in the Joinder Agreement will have the authority to change the investment allocations of the account. If at that time there is no legal representative, then the Advisory Family Member identified in the Joinder Agreement will have authority to change the investment allocations of the account. If there is more than one legal representative or Advisory Family Member listed in the Joinder Agreement and the Joinder Agreement does not otherwise specify who has investment authority, then the MTPD Board of Advisors will in its sole discretion choose one such legal representative or Advisory Family Member to exercise investment authority.

MTPD account to which this request applies: # \_\_\_\_\_

Name and address of person who is the beneficiary of the account:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name and address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (day): \_\_\_\_\_ (night): \_\_\_\_\_

You are the beneficiary's: *(check the appropriate box or boxes)*

Sponsor under the Joinder Agreement. (The Sponsor is the person who set up the MTPD account and signed the Joinder Agreement.)

Legal representative named in the Joinder Agreement. If you checked this box, identify any other legal representatives named in the Joinder Agreement:

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Advisory Family Member named in the Joinder Agreement. If you checked this box, identify any other Advisory Family Members named in the Joinder Agreement:

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Other: *(explain)* \_\_\_\_\_

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***INVESTMENT RE-ALLOCATION***

The investment re-allocation you elect in this section will be effective only to the extent the funds in the account are not required to be held in a money market account under the terms of the Joinder Agreement and the Trust. There generally are two circumstances in which some or all of the funds of an account are required to be held in a money market fund for some period of time. These two circumstances are summarized as follows:

*Initial Establishment of an Account.* Following the initial establishment of an account, the Board of Advisors will seek a written statement from the Maine Department of Health and Human Services and the Social Security Administration that the new account constitutes a special needs trust whose assets will not be counted as the beneficiary's assets for purposes of qualifying for Medicaid and SSI. Until the written approval of both the Maine Department of Health and Human Services and the Social Security Administration has been obtained, the account's assets will be held in a money market account. (See the section titled "Approval of Government Agencies" in the Joinder Agreement for more information on gaining approval of the Maine Department of Health and Human Services and the Social Security Administration.)

*Cash Needs of Beneficiary.* Once distributions from an account begin to be made to the beneficiary, the MTPD Board of Advisors retains the discretion to invest a portion of the account's assets in a money market cash account. The amount invested in the cash account will be the amount the Board of Advisors determines in its sole discretion is prudent for the short-term needs of the beneficiary. Generally, this will consist of the

amount projected to be needed for the supplemental needs of the beneficiary over a 12-month period, plus costs likely to be allocated to the beneficiary's account.

Have the investment funds of this account been re-allocated within the last 12 months?

- Yes (If you check this box, see "Important Note" on page 1 regarding how often you can request a re-allocation of funds.)
- No

The account's **current** investment allocation is:

\_\_\_\_\_ % in the Trust's money market fund.

\_\_\_\_\_ % in the Trust's balanced stock/bond index fund.

The account's **new** investment allocation will be:

\_\_\_\_\_ % in the Trust's money market fund.\*

\_\_\_\_\_ % in the Trust's balanced stock/bond index fund.\*

**\*NOTE:** See "Schedule C" of the Joinder Agreement attached to the end of this form, which provides additional information regarding the investment funds available.

### IMPORTANT NOTICE

**THE UNDERSIGNED ACKNOWLEDGES THAT NO TRUSTEE OR MEMBER OF THE MTPD BOARD OF ADVISORS IS GIVING OR HAS GIVEN INVESTMENT ADVICE TO HIM OR HER, AND THE UNDERSIGNED IS NOT RELYING ON ANY TRUSTEE OR MEMBER OF THE BOARD OF ADVISORS TO SELECT THE TYPE OF INVESTMENTS IN WHICH THE ACCOUNT INVESTS. THE UNDERSIGNED RECOGNIZES THAT NOTWITHSTANDING THIS INVESTMENT RE-ALLOCATION, THE TRUSTEE AND BOARD OF ADVISORS ARE GRANTED AUTHORITY TO SUBSTITUTE OR REPLACE INVESTMENTS IF THEY DEEM SUCH ACTION TO BE IN THE BEST INTEREST OF THE BENEFICIARY OF THE TRUST. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT NEITHER THE BENEFICIARY'S INTEREST IN THE TRUST NOR ANY ACCOUNT IN THE TRUST IS REGISTERED AS A SECURITY UNDER THE LAWS OF THE UNITED STATES OR OF ANY STATE.**

The undersigned specifically acknowledges and agrees to each of the following:

- The Trust, Trustee, Board of Advisors and Settlor (as defined in the Joinder Agreement) shall not in any event be liable to the undersigned or his or her successors-in-interest for placing into effect the investment re-allocation requested hereunder.
- The undersigned states that he or she has not been provided, nor is he or she relying upon, any representation of or any legal advice by the MTPD Trustee, Board of Directors or Board of Advisors in making this investment re-allocation.
- The undersigned acknowledges receipt of copies of the Master Trust Agreement and the Joinder Agreement, and that the undersigned has read and understands both. The undersigned agrees that this investment re-allocation shall be bound by their terms.
- The statements made herein by the undersigned are true and accurate and are made with the intention that the Board of Advisors will rely upon them in approving this request for an investment re-allocation.
- The undersigned has had the opportunity to have this completed request reviewed by his or her own attorney.
- The undersigned has reviewed and understands to his or her full satisfaction the legal, economic and tax effects of making the requested re-allocation of funds, including the possible taxable capital gains and/or capital losses that may result for the liquidation of previous investments and re-allocation of funds into new investments.
- The undersigned understands and agrees that the MTPD Board of Advisors may notify the beneficiary's parent, guardian, conservator, legal representative, or other persons deemed appropriate by the Board of Advisors regarding this request for a re-allocation of the account's investments.
- The MTPD Board of Advisors reserves the right to decline acceptance of this request to approve a re-allocation of the account investment if permitting such would be contrary to the purposes of the account.

This *Request to Change Investment Allocation of Funds in an Existing Account* is signed:

At the following place: \_\_\_\_\_, Maine

On the following date: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of person requesting  
investment re-allocation*

\_\_\_\_\_  
*Print or type name*

*Mail this completed form to:*

**Maine Trust for People with Disabilities  
PO Box 9729  
Portland, ME 04104-5029**

*ATTACHMENT TO  
FORM TO REQUEST CHANGE OF INVESTMENT ALLOCATION*

*[FROM SCHEDULE C OF THE MPTD JOINDER AGREEMENT]*

## **Summary of Investment Funds**

To the extent assets of a Subaccount contributed by the Sponsor are not held in cash to pay for the short-term needs of the Beneficiary and expenses of the Subaccount, the Sponsor must direct how all the remaining assets will be invested in the funds maintained by the Trust. Each of the funds maintained by the Trust as of the date of this Joinder Agreement is described below. All Trust investments will be held in the name of the Trustee.

**Money Market Fund.** The money market fund currently available to hold Subaccount assets is the Northern Institutional Prime Obligations Fund (NPAXX). The Prime Obligations Portfolio seeks to maximize current income to the extent consistent with the preservation of capital and maintenance of liquidity. The Portfolio invests exclusively in high-quality money market instruments, such as, government, bank and commercial obligations available in money markets.

**Balanced Stock/Bond Index Fund.** The Balanced Stock/Bond Index Fund is also currently available to hold Subaccount assets and consists of a portfolio made up of 50% Vanguard Total Market Stock Index (VTI) and 50% iShares Lehman Aggregate Bond Fund (AGG). The fund's investment strategy is to maintain a diversified portfolio that reflects the broad market index of publicly-traded stocks and bonds.

The above investment funds are described in greater detail in separate prospectuses, and the Sponsor acknowledges receiving copies of the prospectuses of each fund. The Sponsor acknowledges that the investments made available by the Trust may change from time to time and will be described in the Trust's annual report. (NOTE: Prospectuses can also be located at the following Web site of the US Securities and Exchange Commission: <http://www.sec.gov/edgar/searchedgar/prospectus.htm>.)

**THE SPONSOR ACKNOWLEDGES THAT NO TRUSTEE OR MEMBER OF THE BOARD OF ADVISORS IS GIVING INVESTMENT ADVICE TO THE SPONSOR, AND THE SPONSOR IS NOT RELYING ON ANY TRUSTEE OR MEMBER OF THE BOARD OF ADVISORS TO SELECT THE TYPE OF INVESTMENTS INTO WHICH THE SUBACCOUNT INVESTS. THE TRUSTEE**

**AND BOARD OF ADVISORS, HOWEVER, ARE GRANTED AUTHORITY TO SUBSTITUTE OR REPLACE INVESTMENTS IF THEY DEEM SUCH ACTION TO BE IN THE BEST INTEREST OF THE BENEFICIARIES OF THE TRUST. THE SPONSOR FURTHER ACKNOWLEDGES THAT NEITHER THE INTEREST IN THE TRUST OR ANY SUBACCOUNT IS REGISTERED AS A SECURITY UNDER THE LAWS OF THE UNITED STATES OR OF ANY STATE.**

**DO NOT COMPLETE THIS PAGE**

**[Reserved for use by the Board of Advisors of  
the Maine Trust for People with Disabilities]**

Contribution funding request is:  Approved

Declined

Note any special conditions or restrictions that will apply to this gift: \_\_\_\_\_

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Maine Trust for People with Disabilities  
Board of Advisors

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

By: \_\_\_\_\_  
Member, Board of Advisors