

*The Arc of Texas*

**MASTER POOLED**

*trust*

**an investment in you**

*Enrollment Guide*

# Welcome!

Welcome to the Master Pooled Trust! This Enrollment Guide will answer most of the questions you may have regarding funding the sub-account and other basic information on how the Trust works. It is important that you read this Enrollment Guide. This will prepare you, the Primary Representative, and the Beneficiary, to use this sub-account to improve the quality of life and ensure a successful future for the Beneficiary.

Included with this Enrollment Guide is suggested language for use in a will or life insurance policy if one will be funding the sub-account. Provide this language to your Attorney or other necessary individuals so that it may be properly included in your future planning documents.

*Copies of any life insurance policies, annuity contracts or retirement account information should be provided to the Master Pooled Trust. This will help in the funding process.*

The Master Pooled Trust will not know when a Grantor or other sub-account contributor passes away. It is **recommended** that the Grantor designate an individual to contact the Master Pooled Trust to begin the process of funding the sub-account at that time. The designated individual must have the ability to provide a certified copy of the Grantor's or contributing party's death certificate to the Master Pooled Trust if any life insurance policies, annuity contracts or retirement accounts are involved. The designated individual can be the Primary Representative, a family member to the deceased, or another responsible party.

*Keep all information for future reference, including this Enrollment Guide, Joinder Agreement and Trust Document in a safe place. We recommend you keep it with your will or other documents such as your life insurance policy or retirement information.*

Feel free to contact us at [trust@thearcoftexas.org](mailto:trust@thearcoftexas.org) with any questions. We look forward to working with you!

# trust an investment in you

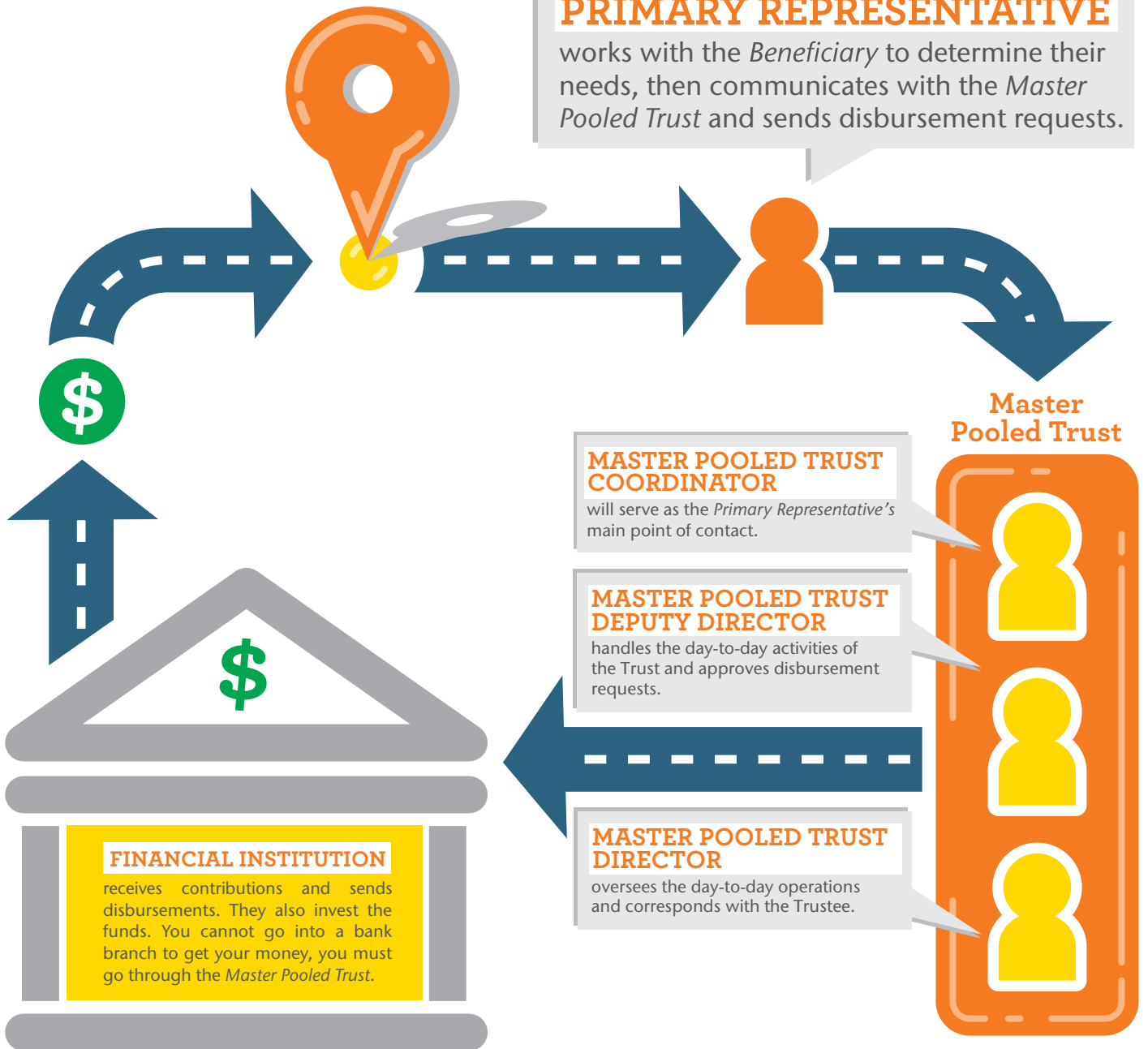
**The TRUST starts here.**

## **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.



# The Master Pooled Trust Enrollment Guide

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

The Arc of Texas Master Pooled Trust will provide a Master Pooled Trust Toolkit to the Primary Representative for the Beneficiary's sub-account once the account has been funded. The Toolkit explains all the features of the Master Pooled Trust and how to manage the sub-account funds for the Beneficiary. The Toolkit can be found online at [www.thearcoftexas.org/trust-toolkit](http://www.thearcoftexas.org/trust-toolkit).



## *Things to Know Before Funding the Sub-Account*



Once the Beneficiary's sub-account is funded, it is irrevocable. The Grantor or contributing party no longer has any further interest in the funds placed in the Beneficiary's sub-account. The Grantor or contributing party relinquishes ALL rights and control over the contributed funds.



There are no annual fees until the sub-account is funded.



A sub-account number will be assigned when the funds arrive.



The sub-account may be closed before funding, however, the enrollment fee is non-refundable.



There is no maximum amount that can be deposited when funding the sub-account.



Contact the Master Pooled Trust to make changes to the Joinder Agreement at [trust@thearcoftexas.org](mailto:trust@thearcoftexas.org).





## **Grantor's Roles & Responsibilities**

*As the Grantor (the person who established the sub-account for the Beneficiary), you are responsible for keeping the Master Pooled Trust updated on any changes to information included in the Joinder Agreement.*

*As the Grantor, we encourage you to have a conversation with the Primary Representative designated in the Joinder Agreement to explain their responsibilities and intent for using the funds once the sub-account is funded. Please see LETTER OF INTENT on page fourteen (14) for more information.*

Prior to funding, the Grantor is the main point of contact for the sub-account with the Master Pooled Trust. Information about the Beneficiary is very important to the Master Pooled Trust. Updating information is required. You must update the Master Pooled Trust on the Beneficiary's information, including address, phone number, e-mail, type and amount of benefits, living situation and/or the Beneficiary's passing.

It is also important that the Grantor update the Master Pooled Trust on all information concerning the Primary Representative, Legal Representative, Alternate Representatives and Final Remainder Beneficiaries before the sub-account is funded.

*The Master Pooled Trust should be made aware of any addendums or changes made to wills, life insurance policies, etc., as soon as possible.*

### **UPDATING THE JOINDER AGREEMENT**

The Grantor may make changes to Final Remainder Beneficiaries in the Joinder Agreement BEFORE the sub-account is funded. Once the sub-account is funded, the Final Remainder Beneficiaries MAY NOT be changed. Be aware of this when making any changes to the Joinder Agreement. To make updates to the Joinder Agreement, please contact the Master Pooled Trust to complete a new Joinder Agreement before the account is funded.

The Grantor may make OTHER changes to the Joinder Agreement at any time with the approval of the Master Pooled Trust, including any changes to the Beneficiary's benefits (**FORM D**), or changes to the Primary Representative (**FORM E**). Both forms may be found at the end of this Guide or online at: [www.thearcoftexas.org/mpt/request/](http://www.thearcoftexas.org/mpt/request/).

### **LEAVING TEXAS?**

If the Beneficiary moves from Texas, contact the Master Pooled Trust immediately.



## *Primary Representative Roles & Responsibilities*

### **PRIMARY REPRESENTATIVE ROLES & RESPONSIBILITIES**

The Primary Representative is the person or entity which serves as the main point of contact for the Master Pooled Trust once the sub-account is funded. This is the only person who will be able to request disbursements, update sub-account contact information, correspond with the Master Pooled Trust and receive quarterly statements. This person cannot update the Joinder Agreement.

After the sub-account is funded the Primary Representative will receive a Master Pooled Trust Toolkit that explains all features of the Master Pooled Trust and how to manage the sub-account for the Beneficiary. The Primary Representative has many roles and responsibilities further explained in the Toolkit. The Primary Representative must read the Master Pooled Trust Toolkit before requesting any funds from the sub-account.

### **ALTERNATIVE REPRESENTATIVE**

If the Primary Representative is no longer able to 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.

## *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 Coordinator:** The gateway to the Master Pooled Trust! The Administrative Coordinator 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 Coordinator 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.

## 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.



## *Other Important Roles & Responsibilities*

### **EXECUTOR OF AN ESTATE**

The Executor of an estate or will is an individual appointed to administer the estate of a deceased individual. The Executor's main duty is to carry out the instructions and wishes of that individual. This may include funding the sub-account for a Beneficiary enrolled in the Master Pooled Trust.

The Executor of the estate, the Grantor or other contributing party must contact the Master Pooled Trust to fund the Beneficiary's sub-account.

### **LEGAL REPRESENTATIVE**

The Legal Representative is the person or entity which has legal power to act on behalf of the Beneficiary enrolled in the Master Pooled Trust. This includes an Attorney, Power of Attorney, Guardian or Representative Payee. If changes are made to the Beneficiary's Legal Representative, update the Master Pooled Trust.



## *Letter of Intent*

We encourage the Grantor to provide a Letter of Intent to the Master Pooled Trust explaining the goals and intentions for using the sub-account funds for the Beneficiary. The Letter of Intent helps guide the Master Pooled Trust in making decisions about distribution of funds from the Beneficiary's sub-account to best meet the needs of the Beneficiary. The Master Pooled Trust will attempt to accommodate your wishes as best as possible.

The Letter of Intent outlines information about the Beneficiary's daily needs, supports, legal matters and financial situation.

### **The Letter of Intent should:**

- be used to supplement information provided in a parent's will.
- be updated at least once a year to reflect changes in the current situation and goals for the future for the Beneficiary.
- communicate the family and Beneficiary's intentions for the future.
- keep everyone in the Beneficiary's support network, including the Master Pooled Trust, informed of the Beneficiary's needs and wants.



**THE LETTER OF INTENT IS  
NOT A LEGALLY BINDING  
DOCUMENT.**

Visit <http://www.thearcoftexas.org/mpt/resources/> for more information.

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## Referencing the Trust

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*The following language will help your Attorney or life insurance agent properly reference The Arc of Texas Master Pooled Trust in your will so your intent can be properly recorded.*

If [name of Beneficiary] is living at my death, then [specify dollar amount or percentage] shall be delivered to The Arc of Texas, Inc. and paid to The Arc of Texas Master Pooled Trust III, dated December 2, 2000 - for the benefit of [name of Beneficiary].

Contact Information: **The Arc of Texas**

**Attn: Master Pooled Trust**

8001 Centre Park Drive, Suite 100

Austin, Texas 78754

1-800-252-9729

trust@thearcoftexas.org

*An EIN or TAX ID number will not be assigned until the account is funded.*

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# Initial Contributions

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## Check Writing Instructions

After the Joinder Agreement and enrollment fee have been processed, the sub-account is ready to be funded at the appropriate time.

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 will be assigned when the account is funded.

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

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 our Master Pooled Trust Toolkit after the initial contribution has been sent to the bank. The contributor is not notified. Funds are available for use ten (10) days from the date of contribution.



***There is no maximum amount that can be contributed to the sub-account. The Master Pooled Trust DOES NOT accept property and oil or mineral rights. DO NOT SEND CASH!***

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# Initial Contributions

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## Electronic Contribution Instructions

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 transfer. Venmo, PayPal, Zelle and Debit or Credit Cards **are not accepted**. Contact the Master Pooled Trust with questions or help completing this process.

When electronic contributions have been received by the Master Pooled Trust, the contributor is not notified. Funds are available within ten (10) days from the date of the contribution.

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### BANKING INFORMATION

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#### Wire Deposits

Bank Name: JPMorgan Chase Bank, NA  
ABA (Routing Number): **021000021**  
Account Number: **5251719006**  
Account Name: The Arc of Texas Master Pooled Trust  
*Please reference the below information on your wire:*

- Beneficiary Name: [First and Last]
- Sub-account number, if known

#### ACH Deposits

Bank Name: JPMorgan Chase Bank, NA  
ABA (Routing Number): **022000842**  
Account Number: **5251719006**  
Account Name: The Arc of Texas Master Pooled Trust  
*Please reference the below information on your ACH deposit:*

- Beneficiary Name: [First and Last]
- Sub-account number, if known

***\*Email [trust@thearcoftexas.org](mailto:trust@thearcoftexas.org) for the most up-to-date banking information and when the electronic contribution has been initiated.***





## 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 any 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/mpt/resources/](http://www.thearcoftexas.org/mpt/resources/) to find blank, customizable templates of our Lifetime and Monthly Budgets ready for use.

### **LIFETIME BUDGET**

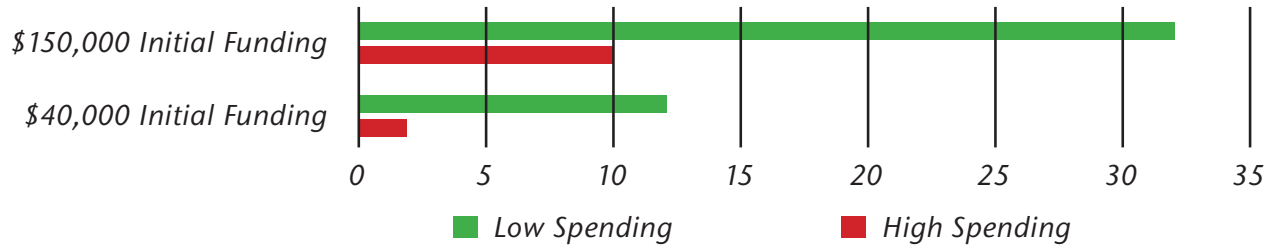
A sub-account can last for one year, ten years or longer depending on how much money is contributed and how fast it is disbursed. What seems like a large amount of money can feel like a small amount of money when it is spent very quickly.

### **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.

# Budgeting

## HOW MANY YEARS WILL THE SUB-ACCOUNT LAST?



## Budget Reminders!

### EARNINGS

- The sub-account funds are invested by the financial institution. Earnings (gains or losses) will vary depending on the sub-account balance and fluctuations of the market. Quarterly statements will show the sub-account earnings.
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### 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.*
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### 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.
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### 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 12 for more information.*
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### 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.

## Taxes

**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.*

**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.

661117  
OMB No. 1545-0047

**2021**

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

For calendar year 2021, or tax year beginning \_\_\_\_\_ ending \_\_\_\_\_

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

**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 \_\_\_\_\_

E.  Check if this is the final Form 1041 for the estate \_\_\_\_\_

**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  
SAN ANTONIO, TX 78209**

H.  Domestic beneficiary  Foreign beneficiary

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

1	Interest income	11	First year deductions
2a	Ordinary dividends	2,101	
2b	Qualified dividends	1,026	
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain		12
4c	Unrecaptured section 1222 capital gain		
5	Other portfolio and nonbusiness income		
6	Charitable contributions		
7	Net rental real estate income		13
8	Net rental real estate income		
9	Directly apportioned deductions		
10	Estate tax deduction	2,102	
14	Other information		5b
B			
E			
H			0
I*	STMT		

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

For IRS Use Only

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. www.irs.gov/Form1041 Schedule K-1 (Form 1041) 2021



**The Master Pooled Trust will make every attempt to mail tax forms by April 1st of the following tax year to the Primary Representative's address on file. Any tax forms received 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.**

## 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.*



# Fees

*Sub-Account Fees as of July 1, 2019*

## **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:

<b><i>Sub-Account Balance</i></b>	<b><i>Approximate Fee</i></b>	<b><i>Sub-Account Balance</i></b>	<b><i>Approximate Fee</i></b>
\$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:** *For requests that exceed twenty-four (24) per year of \$12.50 per disbursement.*
- **IRS Tax Preparation Fee:** *To be negotiated at the lowest reasonable rate.*
- **Closing Fee:** *A \$100 fee will be assessed upon closure of the sub-account.*





## How the Trust Works

### RECEIVING THE FUNDS

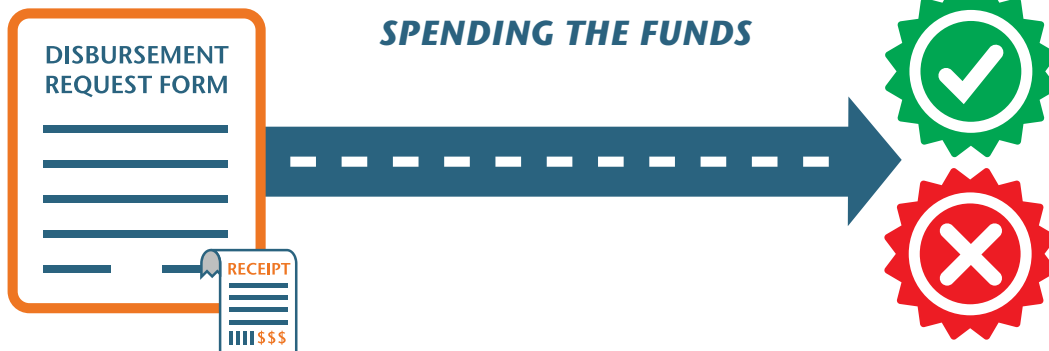


Money is placed in the sub-account of the Beneficiary.

The Beneficiary is assigned a four (4) digit sub-account number.

Funds are available for use ten (10) days after the contribution has been made to the sub-account.

### SPENDING THE FUNDS



The Primary Representative completes a Disbursement Request Form and sends it to the Master Pooled Trust, along with documentation of the purchase, bill or other invoice.

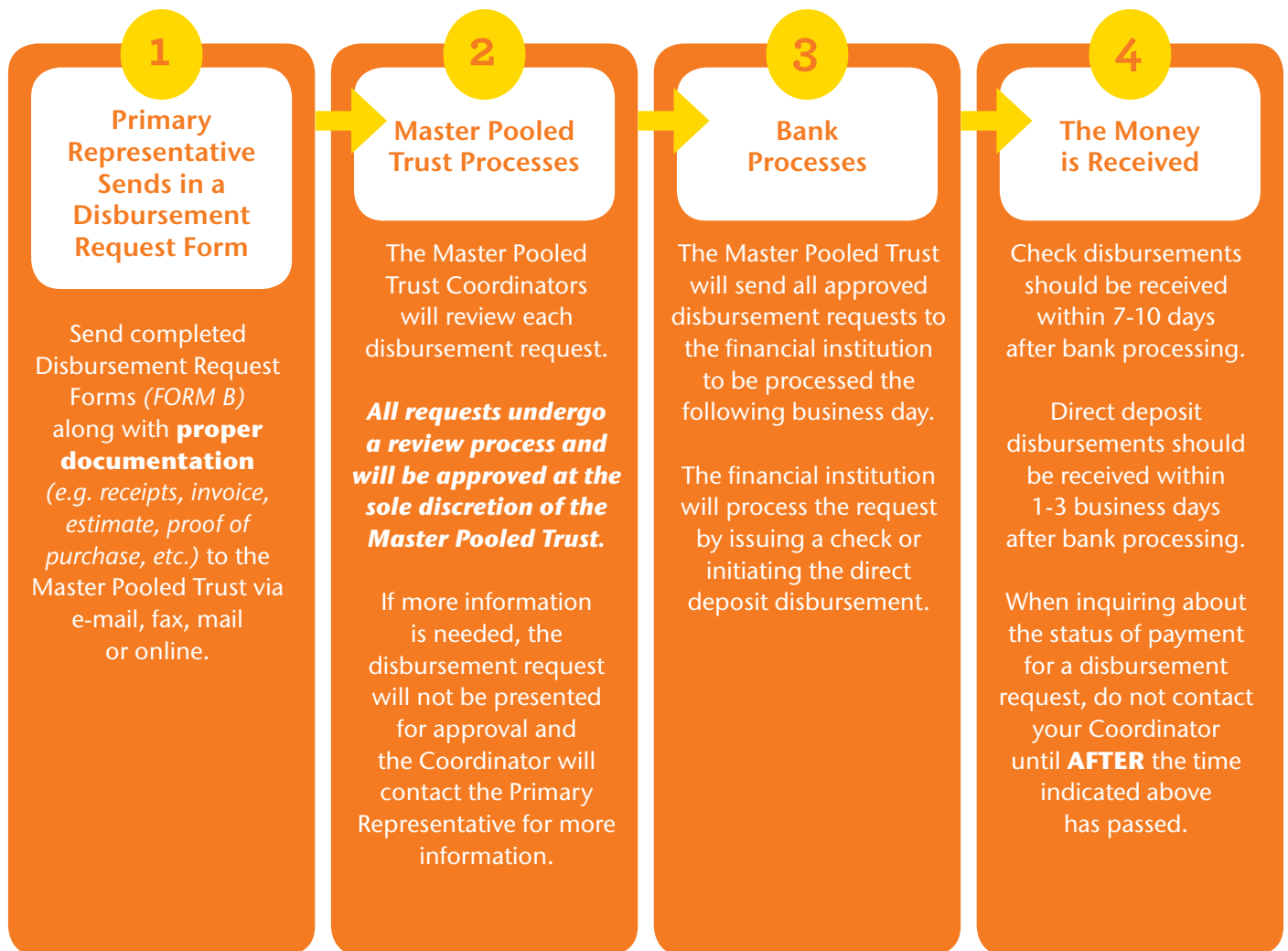
The disbursement request undergoes a review process and is approved at the sole discretion of the Master Pooled Trust before payment is made.



## 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 Timeline



## General Guidelines for Sub-Account Disbursements

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

<b>Generally Not Allowed</b> These items MAY NOT be approved by the Master Pooled Trust. <b>DO NOT PURCHASE!</b>	<b>Generally Allowed</b> 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
Homes or Real Estate 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

***The Master Pooled Trust NEVER purchases or reimburses for: guns or other weapons; luxury vehicles; stocks, investments or cryptocurrency; or exotic animals.***

## 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**). Once the sub-account is funded, the Primary Representative may request a True Link Card from the Master Pooled Trust.

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 **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.***

## 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

Funds in the sub-account at the time of the Beneficiary's death may 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.

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.

*Let the Master Pooled Trust know when plans are made or if there is a plan in place.*

# Death of a Beneficiary

## Things to consider after the Beneficiary's sub-account has been funded

**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.



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ENROLLMENT GUIDE  
**Forms**

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**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**

<b>Beneficiary:</b>	<b>Primary Rep (PR):</b>
<b>Sub-Account Number:</b>	<b>PR Phone:</b>
<b>Date:</b>	<b>PR Email:</b>
<b>Benefits</b> (✓ 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	<b>TOTAL</b> \$ _____

*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 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:
<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: \_\_\_\_\_

# 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><b>Name on Account:</b> The Beneficiary's name on the sub-account. <b>Sub-Account #:</b> The sub-account number assigned to the Beneficiary on the Joinder Agreement. <b>Date:</b> The date you are submitting the disbursement request. <b>Phone Number:</b> A contact phone number for the Primary Representative. <b>Benefits:</b> 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><b>Item/Service Description:</b> Provide a brief description of how the money will be used for the disbursement (e.g. furniture, storage fee, phone bill). Itemize the request. <b>Amount:</b> For each item or group of items, put the amount to be reimbursed or paid. <b>Total Amount:</b> Add up all amounts listed. Is this a request to <b>ADVANCE</b> funds or <b>REIMBURSE</b> funds or <b>BOTH</b>? Check the appropriate box.</p>
<p><u>SECTION 2</u></p>	<p><b>ONLY COMPLETE ONE PAYMENT OPTION: CHECK, DIRECT DEPOSIT or TRUE LINK CARD</b> <b>**If an additional payment option is needed, complete a second Disbursement Request Form**</b></p> <p><b>Check Request:</b> <b>Make Check Payable To:</b> The name of the company or person to whom the check should be made payable. <b>Memo on Check:</b> 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). <b>Mail Check to:</b> <b>Name:</b> The name of the individual/store/company to whom the check should be sent. <b>Address:</b> The address of the person/store/company receiving the check.</p> <p><b>Direct Deposit:</b> <b>***A Disbursement Direct Deposit Authorization Form (DDDAF) must be completed or be on file for funds to be disbursed via direct deposit.***</b> <b>Checking:</b> Check this box for a checking account. <b>Savings:</b> Check this box for a savings account. <b>Bank Name:</b> Name of the bank where the money being deposited. <b>Account Holder's Name:</b> The name of the person who holds the account (should be exactly as it appears on the bank statement). <b>Last 4 Digits of Bank Account #:</b> 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><b>True Link Card:</b> <b>Name of Card Holder:</b> List the name provided on the True Link Card. <b>Last 4 Digits of the Card:</b> 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. <b><u>The signature of the Primary Representative is required.</u></b> An electronic signature is acceptable if sent from the Primary Representative's e-mail 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](mailto:trust@thearcoftexas.org)

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



**TO SUBMIT THIS FORM**  
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**FAX:** 512-454-4956  
**MAIL:** 8001 Centre Park Drive, Suite 100  
 Austin, Texas 78754



**CHANGE OF BENEFITS FORM**

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

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](http://www.thearcoftexas.org/trust-forms)

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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](http://www.thearcoftexas.org/trust-forms)

*The Arc of Texas*

**MASTER POOLED**

*trust*

**The Arc of Texas**

**Master Pooled Trust**

8001 Centre Park Drive, Suite 100

Austin, Texas 78754

**Email** [trust@thearcoftexas.org](mailto:trust@thearcoftexas.org)

**Website** [www.thearcoftexas.org/trust](http://www.thearcoftexas.org/trust)

**Toll Free** 1-800-252-9729

**Fax** 512-454-4956

**Hours of Operation**

8:30am - 4:30pm

Monday thru Friday