

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

SPONSOR AGREEMENT

The undersigned hereby establishes a Trust Account under the AHRC New York City Foundation, Inc. Community Trust I for Persons with Disabilities dated August 20, 2007, in the initial sum of \$\_\_\_\_\_ (not less than \$10,000).

**SPONSOR INFORMATION:**

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

**DESIGNATED BENEFICIARY INFORMATION:**

7. Name of Designated Beneficiary  
\_\_\_\_\_
  
8. Designated Beneficiary Address  
\_\_\_\_\_

City, State, Zip Code

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9. Telephone number

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10. Birth Date

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11. Social Security Number

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12. Designated Beneficiary  
Legal Guardian (if any)

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Street Address

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City, State, Zip Code

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Telephone Number

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**SUCCESSOR SPONSOR INFORMATION:**

13. Name of Successor Sponsor to  
receive statements upon death of  
initial Sponsor

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Street Address

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City, State, Zip Code

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Telephone Number

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14. Relationship to Designated  
Beneficiary

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**REMAINDERMAN:**

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

**THIS DESIGNATION MAY NOT BE CHANGED OR REVOKED.**

15. Have funeral arrangements been pre-paid for the Designated Beneficiary?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" copies of all contracts and documents must be included with this Sponsor Agreement.

**ACKNOWLEDGEMENTS:**

The undersigned Sponsor hereby acknowledges:

A. That the signing of this document constitutes a legal agreement and contributions to the Trust Account may have tax consequences. I have been advised to consult with my attorney and tax advisor before signing this Sponsor Agreement.

B. That I am obligated to make a minimum contribution to the Trust Account in the amount of \$10,000. An initial minimum contribution of \$10,000 is required to be made within two months (60 days) of acceptance of this Sponsor Agreement by the Trustees.

C. That all contributions made to the Trust Account will be held and administered pursuant to the provisions of the AHRC New York City Foundation, Inc. Community Trust I for Persons with Disabilities dated August 20, 2007, including any amendments to the Trust made prior to, on, or after the date of this Sponsor Agreement. The provisions of the AHRC New York City Foundation, Inc. Community Trust I for Persons with Disabilities Trust Agreement are incorporated herein by reference. I have received and reviewed a copy of the Trust Agreement prior to signing this Sponsor Agreement.

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

Dated:

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Signature of Sponsor

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

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Trustee

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Trustee