

**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 September 25, 2012 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
(Must be different from Sponsor) _____
8. Designated Beneficiary Address
City, State, Zip Code _____
9. Telephone number _____
10. Birth Date _____
11. Social Security Number _____
12. Designated Beneficiary
Legal Guardian (if any)
Street Address _____

City, State, Zip Code _____

Telephone Number _____

SUCCESSOR SPONSOR INFORMATION:

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

Street Address _____

City, State, Zip Code _____

Telephone Number _____

14. Relationship to Designated Beneficiary _____

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 September 25, 2012, 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

Sworn to before me this

_____ day of _____, _____

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

Sworn to before me this

_____ day of _____, _____

Notary Public
Commission Expires:
(Affix Notary Stamp or Seal)

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

Trustee

Trustee