



Advocates & Guardians for the Elderly & Disabled

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TRUST FEE AGREEMENT

THIS AGREEMENT dated as of _____, 20____ is made between the Advocates & Guardians for the Elderly & Disabled, A.G.E.D. (Nicholas Barton - Trustee) and _____ (Beneficiary).

IN CONSIDERATION of the mutual covenants and conditions hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Enrollment will be \$750.00.
2. Annual fee will be 2.5% of Trust corpus with a \$100.00 minimum billed monthly. *(Subject to change with notice).*
3. A minimum of one year's administration fee is due if the trust is terminated within the first year.
4. Any additional contributions not covered in this Agreement shall be subject to additional fees.
5. There is a \$50 fee for emergency disbursements required within 24 hours.
6. This Agreement sets forth the entire agreement between the parties regarding the fees to be paid for trust administration, whether oral or in writing. The parties agree that no amendment to this Agreement (other than periodic fee increases) shall be binding upon the parties unless it is in writing executed by both parties.
7. This Agreement shall inure to the benefit of and be binding upon the respective heirs, executors, administrators, successors and assigns of each of the parties hereto.
8. The parties acknowledge that this Agreement may be negotiated and transmitted

between the parties by means of a facsimile machine and that the terms and conditions agreed to are binding upon the parties. Upon acceptance of this Agreement, copies of the facsimile will be executed by both parties.

9. Services to be performed:

- Conference with Beneficiary/applicant, the Beneficiary/applicant's attorney, legal representative and/other professionals, to determine the appropriate approach and documentation
- Disbursements of funds as required
- Administration
- Accounting

IN WITNESS WHEREOF this Agreement has been executed by the parties hereto as of the date first above written.

- Disabled Individual (Beneficiary/Grantor)
- Attorney-in-Fact
- Parent Grandparent Guardian
- Court

Sign: _____
Print Name: _____

Advocates for the Elderly and Disabled
(A.G.E.D.)

Sign: _____
Print Name: _____