The Arc of Bristol County Master Pooled Trust

ACKNOWLEDGEMENT OF POLICIES FORM

Beneficiary:	Personal Representative:
	PR Phone:
Date:	PR Email:

1.) I have read and understand the need to pre-pay for the Beneficiary's funeral expenses, especially if the Beneficiary has received MassHealth/Medicaid assistance at any time.

Please acknowledge your understanding by initialing ONE of the following:

2.) I acknowledge by initailing **ONE** of the below, that funeral expenses must be **paid BEFORE the Beneficiary passes away**, and that the selection below outlines the Beneficiary's funeral arrangements and expenses plan (select one of the following):

_____ The Beneficiary **has already paid** for funeral expenses by either pre-paying a funeral home, setting up an irrevocable burial plan or contract or through funds in an insurance policy.

_____ The Beneficiary **has not pre-paid for funeral expenses** but would like to do so with funds from the sub-account. I understand that it is the responsibility of the Beneficiary, their families or loved ones to make funeral arrangements and pay for funeral expenses. I understand that I must submit an irrevocable burial plan or contract and a Disbursement Request Form to Trust Services Staff for payment PRIOR to the passing of the Beneficiary.

_____ The Beneficiary **does not plan on pre-paying** for funeral expenses at this time, nor have other arrangements been made. I understand that it is the Beneficiary's responsibility to do so on their own in the future, otherwise their loved ones will be responsible for their funeral arrangements/expenses.

3.) By signing this document, I am acknowledging that I have read and understand this Guide.

NO DISBURSEMENTS WILL BE MADE UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO TRUST SERVICES STAFF.

BENEFICIARY'S NAME *(PLEASE PRINT)*: _____

SIGNATURE of Personal Representative or Beneficiary: _____

DATE: _____

Send this completed form to The Arc of Bristol County Master Pooled Trust at:

EMAIL: Trusts@arcnbc.org

MAIL: The Arc of Bristol County, Trust Services, 16 Hillside Avenue, Attleboro, MA 02703

FAX: 774-203-3082

Please allow 5-7 buisness days for processing. Incomplete forms will be returned to the Personal Representative.
FEEL FREE TO MAKE COPIES OF THIS FORM.