

# THE DISABILITY FOUNDATION, INC.

## DUTIES & RESPONSIBILITIES OF PERSONAL REPRESENTATIVE

I, \_\_\_\_\_ Personal Representative for \_\_\_\_\_, will faithfully and completely fulfill my duties as Personal Representative as follows:

1. **To assess the supplemental needs where appropriate in partnership with the above-named individual with disabilities ("fund recipient"), and to submit to The Disability Foundation, Inc ("Foundation") requests for distribution of the fund recipient's funds;**

2. **To provide timely and accurate receipt documentation to the Disability Foundation as requested;**

*(Receipts must be provided for all distributions of funds within 90 days. Failure to provide receipts may result in future distributions only being made as reimbursement from valid receipts.)*

3. **To provide Foundation with information as requested regarding an annual plan for disbursements for the fund recipient;**

*(If the personal representative does not identify any anticipated expenditures as part of the annual plan for the fund recipient, the personal representative may be asked to provide Foundation with intended future goals and approximate date of anticipated usage for funds held in the fund recipient's spending account.)*

4. **To use any funds disbursed from the Ohio Community Pooled Annuity Trust or the 2014 Flexible-Spending Trust (" Trust") solely for the benefit of the fund recipient, for supplemental needs only, for a purpose expressly authorized by the Distribution Committee of the Foundation;**

*(NOTE: The use of funds in a manner not approved by the Disability Foundation may jeopardize a fund recipient's eligibility for public benefits. Funds are not to be used for the Personal Representative's own benefit. If the funds are used in this manner, the Personal Representative may be required to repay improperly used funds and may be removed as Personal Representative.)*

5. **To provide the Foundation with current information regarding the fund recipient's public benefits and to notify the Foundation concerning any changes, if known;**

6. **To notify public agencies from whom the fund recipient receives benefits of the existence of the fund recipient's account and to provide the Foundation**

**with copies of any correspondence from such public agencies related to the Foundation or to the fund recipient's account;**

- 7. To notify the Disability Foundation of the death of the fund recipient as quickly as practicable and to provide the Disability Foundation with a copy of the death certificate for such fund recipient;**
- 8. To comply with all policies and rules of the Disability Foundation concerning the Trust, which may be modified unilaterally by the Disability Foundation from time to time. I understand, however, that I will be provided on a periodic basis with information regarding changes in relevant policies and rules. Further, I acknowledge receipt of the Handbook for Personal Representatives.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Personal Representative