



Berkshire County ARC, Inc. Family Special Need Pooled Trust
Designation of Personal Representative

I hereby designate _____, to act as Personal Representative of _____ [beneficiary's name] for his/her account in the *Berkshire County ARC, Inc. Family Special Needs Pooled Trust*.

I understand that as Personal Representative he/she will have the primary responsibility for communicating with Berkshire County ARC, Inc. as Personal Trustee of the trust in order to ensure that the trust account is properly used for the maximum benefit of _____ [beneficiary's name]. I further understand that the Personal Representative will have full access to the records concerning the trust account for the benefit of _____ [beneficiary's name], including the annual accountings provided by the trustees.

Signature: _____ Date: _____
Print Name: _____

Acceptance of Personal Representative

I, _____, hereby accept my designation as Personal Representative of _____ [beneficiary's name] for his/her account in the *Berkshire County ARC, Inc. Family Special Needs Pooled Trust*. I understand that as Personal Representative I have the responsibility to communicate the needs of _____ [beneficiary's name] to Berkshire County ARC, Inc. as Personal Trustee of the trust, in order to ensure that the trust account is properly used for the maximum benefit of _____ [beneficiary's name].

I certify that the contact information given below is my current contact information.

Signature: _____ Date: _____
Print name: _____

Address _____

Phone Home: _____ Work/cell: _____

Email _____

Relationship to Beneficiary _____