

EXHIBIT C – IRREVOCABLE DESIGNATION OF REMAINDERMAN

Remainderman:

1) Name:

Address:

Mr. /Ms. /Mrs. _____

Home Phone No.: _____

City: _____ State: _____ Zip: _____

Cell Phone No.: _____

Work Phone No.: _____

E-mail Address: _____

SSN: _____ DOB: _____

Percentage: _____

Contingent Remainderman for individuals who are not then living? Yes/No/NA _____

2) Name:

Address:

Mr. /Ms. /Mrs. _____

Home Phone No.: _____

City: _____ State: _____ Zip: _____

Cell Phone No.: _____

Work Phone No.: _____

E-mail Address: _____

SSN: _____ DOB: _____

Percentage: _____

Contingent Remainderman for individuals who are not then living? Yes/No/NA _____

3) Name:

Address:

Mr. /Ms. /Mrs. _____

Home Phone No.: _____

City: _____ State: _____ Zip: _____

Cell Phone No.: _____

Work Phone No.: _____

E-mail Address: _____

SSN: _____ DOB: _____

Percentage: _____

Contingent Remainderman for individuals who are not then living? Yes/No/NA _____

TOTAL PERCENTAGE (must total 100%) _____

Add any additional Primary Remainderman on a separate paper.

NOTE: If a Primary Remainderman predeceases the Beneficiary and has not named a Contingent Remainderman, entitled to his or her share, the distribution lapses and will be divided among the remaining Primary Remainderman.

If no Remainderman is designated, then all remaining funds will be retained by FMDT.

Contingent Remainderman – to be paid only if the corresponding Primary Remainderman has predeceased the Beneficiary.

1) Name: Address: _____
Mr. /Ms. /Mrs. _____
Home Phone No.: _____ City: _____ State: _____ Zip: _____
Cell Phone No.: _____ Work Phone No.: _____
E-mail Address: _____ SSN: _____ DOB: _____
Percentage: _____

2) Name: Address: _____
Mr. /Ms. /Mrs. _____
Home Phone No.: _____ City: _____ State: _____ Zip: _____
Cell Phone No.: _____ Work Phone No.: _____
E-mail Address: _____ SSN: _____ DOB: _____
Percentage: _____

3) Name: Address: _____
Mr. /Ms. /Mrs. _____
Home Phone No.: _____ City: _____ State: _____ Zip: _____
Cell Phone No.: _____ Work Phone No.: _____
E-mail Address: _____ SSN: _____ DOB: _____
Percentage: _____

TOTAL PERCENTAGE (must total 100%) _____

Add any additional Contingent Remainderman on a separate sheet of paper

NOTE: If a Contingent Remainderman predeceases the beneficiary then the distribution lapses and will be divided among the remaining Primary Remainderman. **If there is no Primary or Contingent Remainderman who are then living, and no entities named above which are then in existence, such remaining funds will be retained by FMDT.**

First Maryland Disability Trust accepts contributions to help support our mission.

Grantor's initials _____ Date: _____

Grantor's initials _____ Date: _____