

THE FIRST MARYLAND DISABILITY TRUST

EXHIBIT C
POST-MORTEM INSTRUCTIONS FOR DISTRIBUTION OF ASSETS

This form indicates what will happen to any funds remaining in the Sub-Account at the death of the Beneficiary.

Please complete both parts. ***If the form is not completed, then the entire balance of the account will go to First Maryland Disability Trust, Inc.***

Part I – If the balance remaining in the Sub-Account is *less than* the amount claimed by all Medicaid programs, so that nothing can go family members or others, then First Maryland Disability Trust shall retain _____ % [from 0 to 100%] (written out: _____ percent) for its charitable purposes; I understand that the balance, if any, will go to the government.

Signature

Witness: _____

Date: _____

Part II – If the balance remaining in the Sub-Account is *more than* the amount claimed by all Medicaid programs, then the account shall be distributed as follows:

All to First Maryland Disability Trust, Inc.

OR

Pay off the Medicaid claim and pay the excess to:

%(*)	Percent	To	But if he/she does not survive, then to
		First Maryland Disability Trust, Inc.	

(*) The total in this column should add up to 100%.

Signature

Witness: _____

Date: _____