

Beneficiary Name

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 CAREFULLY COMPLETE BOTH PART I AND PART II.**

**If any part or all of this form is not completed, then at the time the Sub-Account becomes distributable, the portion of the Sub-Account without instruction for distribution of assets, or the entire balance of the Sub-Account, as the case may be, will go to First Maryland Disability Trust, Inc., to be used for its charitable purposes.**

**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 to family members or others, then First Maryland Disability Trust shall retain seventy five percent (75%) for its charitable purposes.

I elect to have the balance (the remaining 25%) distributed:

- To pay off the Medicaid Claim
- To First Maryland Disability Trust, Inc.

**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.
- 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: \_\_\_\_\_