

THE FIRST MARYLAND DISABILITY TRUST
FIRST PARTY - SELF SETTLED SPECIAL NEEDS TRUST
POOLED TRUST FEE SCHEDULE

The First Maryland Disability Trust, Inc. ("FMDT") is a not-for-profit organization whose expenses of administration are intended to be met through fees and receipt of charitable donations. FMDT has administrative and fiduciary responsibility for the management of the Trust.

The following fees apply when the Trust is funded: (Note that once the Trust is funded, additional deposits are accepted at any time).

Accounts \$0.00 - \$7,500.00:

One Time Enrollment Fee: \$500.00 (may be taken in lump sum or incrementally)
Annual Trustee Fee: \$200.00 per year (\$16.67 per month), are drawn monthly.

Accounts \$7,500.00 and up:

One Time Enrollment Fee: \$1,000.00 (may be taken in lump sum or incrementally)
Annual Trustee Fee: The greater of \$400.00 or 1.7% per year. Fees drawn monthly.

Investment Management: FMDT, Inc. has chosen Truist Foundations & Endowments Specialty Group ("TRUIST") to invest and manage the funds. Fees charged by TRUIST average 37 basis points (.037%) per year and drawn monthly. We reserve the right to hold sub-accounts under \$5,000.00 in cash equivalents, earning monthly interest only.

Account Termination/Closing Fee: The greater of \$250.00 or 1% of the balance of the account. The account termination fee is taken when a sub-trust is terminated/closed for any reason, including when the beneficiary passes away or the account is transferred to another Trust.

Additional Information:

- Statements are mailed out quarterly.
- Each beneficiary will receive an annual grantor letter or K-1 for the preparation of income tax returns.
- Services are intended to be inclusive; however, separate, and additional charges may be imposed for special or extraordinary services. Examples of extraordinary services include but are not limited to court accountings, attendance at hearings, extended search for beneficiaries.

The Trustee reserves the right to change the above fees subject to thirty (30) days' notice.

_____ Signature _____ Date