

**Waiver of Liability
and
Advice to Seek Legal Counsel**

In consideration for making the requested disbursement, I _____, hereby release, waive, discharge, and covenant not to sue Charities Pooled Trust, their officers agents, or employees from any and all liability, claims, demands, actions, and causes of action whatsoever relating to this disbursement request for goods or services which may reduce or disqualify me or the trust beneficiary for government benefits. It is my express intent that this agreement shall bind the members of my family, spouse, agents, and my heirs, assigns, and personal representative.

I understand that I am requesting Charities Pooled Trust to pay for goods or services that may reduce or disqualify me or the trust beneficiary for government benefits such as SSI and Medicaid. I also understand that Charities Pooled Trust, its employees, nor agents have or will provide legal advice involving my eligibility for government benefits and that I have been advised to seek independent legal advice.

_____ I have retained independent legal counsel to provide advice

_____ I would like Charities Pooled Trust to retain an attorney to provide me with legal counsel.
(Payment for attorney services will be paid from beneficiaries account. Beneficiary may be required to provide information and documentation to attorney in order to provide competent representation.)

_____ I do not wish to seek legal advice

This agreement shall be construed in accordance with the Laws of the State of Florida and that any mediation, suit, or other proceeding must be filed or entered into only in Florida. Any portion of this agreement deemed unlawful or unenforceable shall be stricken without any effect on the enforceability of the remaining provisions.

In signing this agreement, I acknowledge and represent that I have read the foregoing Advice to Seek Counsel and Waiver of Liability, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this agreement for full, adequate, and complete consideration fully intending to be bound by same.

In WITNESS WHEREOF, I have signed this Agreement this _____ day of _____, 2010.

BENEFICIARY OR REPRESENTATIVE:

WITNESS:
