

Uvalde Together We Rise Fund

3 things to do before you start your Category A application

1. Decide who will get the money

In **Category A**, if the person who was killed had a Will, payment will be made to the people listed as heirs in the Will. If the person who was killed did not have a Will, we will generally look to the intestacy laws of the state of Texas to identify the legal heirs to be paid (If person was married and had kids, spouse and kids are the legal heirs; if person was never married and had no kids, parents are the legal heirs, etc.) but there are some special circumstances addressed in the Final Protocol. We can divide the money up among the family any way the family likes if all legal heirs agree. Regardless of whether there was a Will, every person receiving money under Category A, must submit with their application a “Consent to Distribution Form” which is signed, notarized, and indicates the percentage of the family’s gift they are agreeing to. All forms submitted for that family must total 100%. Attached are the “Consent to Distribution” forms in English and Spanish.

2. Decide where the money will be deposited

- A. **If the person receiving the money is an adult** (such as a surviving parent of a child who was killed, or a teacher who was wounded or present) there is absolutely no restriction on where the funds go or how they are used. However, if you receive public benefits, please see the section below to consider the impact. We **recommend** that you work with a certified financial planner so the money can do whatever you want it to do.
- B. **If the person receiving the money is under the age of 18 and is receiving the money under an application in Category A** (such as a child whose parent was killed), the money must be paid to a third-party managed trust to ensure that the funds are safeguarded and used for the health, education, welfare, and support of the child while the child is growing up. Once the child reaches the age of 21, they will have the money free and clear and can use it as they wish.

The Parent or Guardian will get to choose:

- Where they want the trust to be held
- Whether they want the trust to be a bank account or an investment account
- Who they want the trustee to be

You must have the Trust established **before** you submit your application so that you can include the appropriate payment information in your application. Creating a Third-Party trust will require you to get a separate taxpayer identification number (TIN) for the trust. You can obtain a TIN online at <https://www.irs.gov/individuals/international-taxpayers/taxpayer-identification-numbers-tin>

These local institutions are available to assist you with opening a Third-party managed trust:

- **Edward Jones Investment Services** (investment account)
200 E. Nopal, Suite 205
Uvalde, TX 78801

Contact: Aaron Pulsford
830 278-7138
aaron.pulsford@edwardjones.com

- **Raymond James Financial Services, Inc.** (investment account)
Member FINRA/SIPC
426 E. Nopal
Uvalde, Texas 78801
830-278-4555
Contact: Tina Scott

3. Consider your Public Benefits

Do you receive any of the following public benefits?

- Public Assistance/Cash Assistance/TANF
- SNAP/Food Stamps
- Medicaid/MAGI
- SSI/Disability
- SSD/Disability
- Veterans Benefits
- Rental Assistance/Shelter
- Section 8/Belmont/Housing Choice Voucher/RAC/BMHA
- Public Housing/BMHA/HUD/rapid rehousing/SPOA
- Medicare/Medicare Part D
- Children's Health Insurance Program/CHIP

If you answer "yes" to any of the above, when the government learns about the gift you receive, it could possibly impact your ability to continue to receive these public benefits. Receiving public benefits will not have any impact whatsoever on the size of the gift that you receive from the fund. We also want to ensure that any gift you receive from the fund does not jeopardize your public benefits. If you receive public benefits, you will be referred to a pro bono (free) attorney who will look at your specific situation and benefits and offer you legal advice on what you can do to protect your public benefits.

The attorney may advise you that the gift you receive will have no impact on your benefits. Or the attorney may recommend the creation of a "special needs trust" so your gift does not disqualify you from any of your public benefits. It is always **your choice** how to proceed, but we want you to make an informed choice as to what option is best for you, so you do not have any unexpected consequences. If you choose to create a "special needs trust" and the victim is a minor for whom you are required to create a Third-party trust, **it can be the same trust**. So, if you have public benefits *and* a minor is receiving the money, you should get legal advice on your benefits **before** you create a trust.

To be referred to a free attorney for advice on protecting your public benefits, contact:

- Bernadette Segura at 915-585-5100 x 5133; OR
Brittanny Perrigue Gomez at 361-880-5460
Texas RioGrande Legal Aid



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Uvalde Together We Rise Fund Consent to Proposed Distribution Plan

Learn more about the Fund's Protocol at nationalcompassion.org.

This Consent Form indicates your agreement with the Proposed Distribution Plan submitted for compensation from the Uvalde Together We Rise Fund (the "Fund") for the claim submitted on behalf of _____ (the "decedent"). In accordance with the terms of the Fund's Protocol, the distribution of the amount of the Fund's compensation to all persons entitled to recover for the death of the decedent requires that all persons entitled to recover, including all the decedent's known legal heirs and beneficiaries disclosed to the National Compassion Fund, agree to be bound by the terms of the Protocol. The Protocol can be reviewed by visiting the Fund's website at www.nationalcompassion.org.

By signing below, you agree to the allocation of _____ % set forth in the Distribution Plan within the Application.

Please fill out one Consent to Distribution Form per beneficiary indicating the percentage for each. NOTE: If any dispute exists over the terms of the Distribution Plan in the Application, which cannot be resolved by the parties, the Administrator will deposit the amount of the final compensation with the court in which probate proceedings for the decedent's estate are pending or, if none, in the court having jurisdiction of the decedent's estate.

Printed Name of Heir/Beneficiary _____

Signature of Heir/Beneficiary _____

Date _____

Notary
Signature _____

State of _____ County of _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20__ by _____

My Commission expires:

Affix Seal Here

Fondo de Uvalde Together We Rise Consentimiento para el Plan de Distribución Propuesto

Obtenga más información sobre el Protocolo del Fondo en *nationalcompassion.org*.

Este Formulario de Consentimiento indica su acuerdo con el Plan de Distribución Propuesto enviado para la compensación del Fondo de Uvalde Together We Rise (el "Fondo") por la reclamación presentada en nombre de _____ (el "difunto"). De acuerdo con los términos del Protocolo del Fondo, la distribución del monto de la compensación del Fondo a todas las personas con derecho a recibir una compensación por la muerte del difunto requiere que todas las personas con tal derecho, incluidos todos los herederos legales y beneficiarios conocidos del difunto divulgados al National Compassion Fund, acepten estar sujetas a los términos del Protocolo. Puede revisar el Protocolo si ingresa en el sitio web del Fondo en *www.nationalcompassion.org*.

Al firmar a continuación, usted acepta la asignación del _____ % establecida en el Plan de Distribución dentro de la Solicitud.

Complete un Formulario de Consentimiento para la Distribución por beneficiario que indique el porcentaje para cada uno. NOTA: si existe alguna disputa sobre los términos del Plan de Distribución en la Solicitud que las partes no pueden resolver, el Administrador depositará el monto de la compensación final ante el tribunal en el que están pendientes los procedimientos de sucesión del patrimonio del difunto o, si no los hay, en el tribunal que tiene jurisdicción sobre el patrimonio del difunto.

Nombre en letra de imprenta del Heredero/Beneficiario _____

Firma del Heredero/Beneficiario _____

Fecha _____

Notario
Firma _____

Estado de _____ Condado de _____

El instrumento anterior fue suscrito y jurado ante mí este _____ de _____, 20__ por

Mi Comisión expira:

Coloque el sello aquí.