

# Love for Louisville Old National Bank Survivors 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 Kentucky 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.

### 2. Decide where the money will be deposited

- A. **If the person receiving the money is an adult** 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 custodial bank account 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 Custodian of the account (Usually a Parent or Guardian) will get to choose:**

- In which bank they want to open the custodial account
- How the money should be used for the child’s benefit before the child is 21 years of age

### 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 Housing
- 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 directed to speak with an 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 we are paying to a trust or a minor custodial account, we must issue that individual payment by check.

## Love for Louisville Old National Bank Survivors Fund Consent to Proposed Distribution Plan

Learn more about the Fund's Protocol at [nationalcompassion.org](http://nationalcompassion.org).

This Consent Form indicates your agreement with the Proposed Distribution Plan submitted for compensation from the Love for Louisville Old National Bank Survivors 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](http://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, in its discretion, determine the distribution amount.

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 \_\_\_\_\_, 2023 by

My Commission expires:

Affix Seal Here