

REQUEST FOR ESTABLISHMENT OF A TRUST FUND

Name(s) of Contributor(s): _____

Name of Trust Fund: _____

School Identified: _____

Trust Fund Principal: _____

Individual Responsible: _____

Classification of Trust Fund Principal: Nonexpendable
 ExpendableTerm of Trust Fund: Perpetual
 Limited Life

If Limited Life, Specify Expiration Date: _____

TRUST FUND AGREEMENTPurpose:

_____Assets are restricted and may only be expanded as follows:

_____In the event of discontinuance of a school or consolidation of the RSU 9 school system, or similar event describe how the assets of The Fund should be disposed:

I agree to the above terms and conditions, and I understand that it is the policy of the Board of Directors to maximize interest earnings for trust funds through the Purchase of Certificates of Deposit and similar safe and prudent deposits in interest bearing accounts, in institutions who shall fully insure, or collateralize such deposits. I also understand that in order to maximize interest earnings and to centralize accounting functions, the district may use a cash pool approach in managing the assets and for distributing interest earnings.

Mailing Address:

Telephone Number:

Reviewed By:

Director of Finance

(Date)

Approved By:

(Superintendent)

(Date)

Signature of Contributor(s)

Approved: June 17, 1997

Previously Reviewed: January 22, 2002, March 31, 2009

Reviewed: February 3 2026