

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:  Non\_Expendable  
 Expendable

Term of Trust Fund:  Perpetual  
 Limited\_Life

If Limited Life, Specify Expiration Date: \_\_\_\_\_

TRUST FUND AGREEMENT

Purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assets are restricted and may only be expanded as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of discontinuance of a school or consolidation of the MSAD No.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 account, in institutions who shall fully insure, or collateralize such deposits. I also understand that in order to maximize interest earnings and to centralize accounting function, the district may use a cash pool approach in managing the assets and for distributing interest earnings.

Signature of Contributor(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
(Business Administrator) (Date)

Approved By: \_\_\_\_\_  
(Superintendent) (Date)

Approved: June 17, 1997  
Reviewed: January 22, 2002  
Reviewed: March 31, 2009