



Beneficiary Name: _____ Participant number: _____

Beneficiary Agreement

Dear Trust Beneficiary,

We are pleased to offer you a KeyBank credit card.

The KeyBank credit card enables you to make disbursements safely, quickly, and reliably. The card also allows beneficiaries and their representatives the freedom to purchase things that enhance their quality of life. Please read the rules below used to govern the card.

The Social Security Administration closely monitors the use of these cards and will routinely ask for copies of the receipts. Because of this, we would like to make you aware of how to properly use these cards.

By signing below, you agree to all of the following:

- The card cannot be used by anyone other than the beneficiary or their primary representative (PR) for the sole benefit of the beneficiary, nor to withdraw cash.
- SSI (Supplemental Security Income) recipients may not use this card to purchase groceries, and to pay for housing, unless it is while on vacation.
- The card purchases must be consistent with the beneficiary's trust plan.

Request process

- You or your PR must submit a Recurring Disbursement Request Form and a detailed Training Invoice. Your card will be requested after your request is approved by the Trust Director.
- Training Invoices must clearly detail the goods or services, and the cost thereof.
- You must mail, fax, or email copies of the receipts to the Account Manager for every purchase you make using the card. This should be done by the 25th of the following month, at the latest.
- If receipts are not submitted by the due date, the card will be blocked until you turn them in. You have until the 25th of the following month to submit all receipts from the prior month.



Funding schedule

- Your monthly credit line will be the same every month unless we receive a new request to increase it.
- The full credit balance will be paid every month from your trust account.
- The credit card will not be used to improve your credit score.

All requests for additional funds, outside of the monthly budget, must be done using a Disbursement Request form and a training invoice. Each request outside of the monthly budget requires the approval of the Trust Director.

Unallowed items or services

- Items considered in-kind support and maintenance by SSI (i.e., food and shelter), *unless* the beneficiary and Trustee have entered into a signed agreement prior to purchase of said items
- Items used for illegal activity (e.g., firearms, weapons)

The undersigned agrees to the rules set out in this Beneficiary Agreement. If these rules are not followed or if the credit card is misused in any way, card privileges will be revoked.

Note: You may lose the privilege of being able to use this credit card if you violate any of these policies. If you have any questions regarding the use of **KeyBank** Visa card, please contact the Account Coordinator at (703) 208-1119 x136 between the hours of 9am - 4:30pm, Monday - Friday. Please sign and date this letter, and return it to the Trust Department, ATTN: Account Coordinator.

Be sure to keep a copy for your records.

Sincerely,

The Arc of Northern Virginia

Primary Representative Name: _____

Signature: _____ Date: _____