

MSAD No. 9

Date: _____

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:

follows:

_____ Assets are restricted and may only be expanded as

_____ 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