



# FAIM Contract Agreement

Between: Family Assets for Independence in Minnesota, the local FAIM agency \_\_\_\_\_, and the applicant \_\_\_\_\_ (applicant's full first and last name).

### The account holder listed above understands/agrees:

- To provide all information/documentation required by the program.
- To remain in contact with the FAIM coach/agency and participate in all requests for evaluation data.
- He/she must be a resident of Minnesota and must remain a resident of Minnesota through final payout.
- To complete 12 hours of Financial Management curriculum **AND** 10 additional hours of asset-specific curriculum and/or training **PRIOR** to making the first authorized withdrawal/payout request.
- All deposits made to the Family Asset Account will be made from his/her earned income, or his/her Earned Income Tax Credit refund.
- He/she has until 3/1/2021 to make deposits that may be matched. Late deposits may not be eligible.
- To save at least \$80 each month: I will deposit \$\_\_\_\_\_ per month into my FAIM account to meet the goal of securing the asset of:  Homeownership  Microenterprise  Post-secondary education
- That deposits up to \$480 per year may be matched by public and/or private sources at a rate of 3:1 (\$3 match for every \$1 deposited). Maximum match amount not to exceed \$1,440 per year for a total savings and match of \$1,920 per year, up to a total savings and match of \$3,840 after 366 days of program participation. Match funds are not guaranteed and are contingent on funds remaining in grants.
- Partial match funds may be available after 6 months of program participation - calculated from the date of first deposit to his/her FAIM savings account. If \$960 savings goal is reached, full match funds may be available after 366 days of program participation - contingent upon funds remaining in the grants.
- Payout request and required documentation must be submitted to the FAIM Coach **AT LEAST 21 business days prior** to the date for which an authorized withdrawal is required.
- **FAIM savings and match funds must be spent for the chosen asset no later than March 26, 2021.**
- No checks will be issued for odd cents at the end of his/her enrollment. **I choose to (mark one):**
  - Waive any cents leftover in my FAIM account at the end of my enrollment to West Central MN Communities Action. These cents will be placed in the general account.
  - Pick up any cents leftover in my FAIM account at the end of my enrollment in person at the bank.
- To designate a Family Assets Account beneficiary in the contract. The beneficiary(s) is only eligible for savings and interest, unless they can prove eligibility to the FAIM program.
- To contact my coach immediately if I require a change in asset tracks or choose to leave the program.

### If the account holder decides to terminate participation in the program, they shall agree to either:

1. Withdraw all savings and interest earned and close his/her Family Asset Account; **OR**
2. Transfer all savings and interest to another savings account and close his/her Family Asset Account. Any match funds earned on his/her savings up to the termination date will be forfeited.

***-- FAIM reserves the right to change program rules during the term of this letter of agreement --***

### Family Assets for Independence in Minnesota (FAIM) will provide the account holder:

- As assets are accumulated, savings and match may be vendor paid on behalf of FAIM account holder.
- FAIM Account Statement will be distributed to participants by the local agency/coach at least quarterly.
- Twelve (12) hours of Financial Management Curriculum will be provided.
- Additional ten (10) hours of asset-specific curriculum and/or training will be made available.

**The account holder understands & agrees to the terms and conditions of participating in the Family Assets for Independence in Minnesota program, as specified in this Contract.**

\_\_\_\_\_  
FAIM Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FAIM Program Manager/Coach Signature

\_\_\_\_\_  
Date



## FAIM Program

### Beneficiary Form: Rules for Designation of Beneficiaries for Family Asset Accounts<sup>1</sup>

A FAIM account holder may nominate any person, persons, institution, trust, estate, etc., as primary or contingent beneficiary, including a religious or charitable institution. If a religious or charitable institution is named, its tax identification number & incorporation date should be included on the form.

If more than one person is named as primary beneficiary, the following shall apply: "Share & Share Alike, Survivor or Survivors", unless the member specifies an unequal distribution (see below). If multiple beneficiaries are named, it is to be understood that the beneficiaries living at the member's death will share equally in the distribution of the death benefits (unless an unequal distribution has been outlined by the member, see below). The same applies to multiple contingent beneficiaries.

If a member wants an unequal distribution among beneficiaries, he or she can use a percentage or a fraction next to the person's name. If the member specifies a percentage nomination, the percentages written must add up to 100%. For example, the member writes, Mary Smith, sister, 70%; Thomas Jones, brother, 30% (70% + 30% = 100%).

In the case of fractional nominations, the fractions must add up to one (1). For example, the member writes: Joe Jones, son, 1/4; Jim Jones, son, 1/4; Patty Smith, daughter, 1/2 (1/4 + 1/4 + 1/2 = 1).

**PRIMARY BENEFICIARY(IES): All information is required for each beneficiary. Add another sheet if more space is needed.**

Full Name	Relationship	Birthdate	Phone Number
Street Address	City	State	Zip Code
Full Name	Relationship	Birthdate	Phone Number
Street Address	City	State	Zip Code

**CONTINGENT BENEFICIARY(IES): If primary beneficiary(ies) not living at my death, funds go to:**

Full Name	Relationship	Birthdate	Phone Number
Street Address	City	State	Zip Code
Full Name	Relationship	Birthdate	Phone Number
Street Address	City	State	Zip Code

\_\_\_\_\_  
FAIM Account Holder Signature

\_\_\_\_\_  
Date

<sup>1</sup> Material excerpted from Employers' Pensions & Benefits Administration Manual (EPBAM), Winter 2003