

**PRESBYTERIAN HOME OF MARYLAND, INC.  
DIRECTION FOR DISPOSITION OF REFUNDS**

I, \_\_\_\_\_ understand that pursuant to the Resident Contract (the "Agreement") with Presbyterian Home of Maryland, Inc., 400 Georgia Avenue, Towson, Maryland 21204 (the "Home") dated \_\_\_\_\_ I may be entitled to a refund of any monthly fees (the "Refund").

I further understand that I may assign my right to the Refund and designate a beneficiary to receive the Refund, and that the disposition of the Refund, as provided below, supersedes any prior instructions I may have provided to take effect during the period prior to the date set forth below.

In the event that a Refund becomes payable under the terms of the Agreement, I **HEREBY DIRECT** the Home to pay or transfer the Refund at such time as the Refund becomes payable, to:

Beneficiary <sup>1</sup>	Percentage of Refund <sup>2</sup>
1. If the Refund is payable while I am alive:	
a. Myself	_____ %
b. To the following named person(s) then surviving:	
(1) _____	_____ %
(Name)	
_____	
_____	
(Address)	

---

<sup>1</sup> Additional names and addresses may be added if necessary.  
<sup>2</sup> The Percentage of Refund must account for 100% of the Refund due.

(2) \_\_\_\_\_ %  
(Name)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)

(3) \_\_\_\_\_ %  
(Name)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)

(4) \_\_\_\_\_ %  
(Name)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)

c. If any aforementioned person(s) designated in (b) above is not then surviving, then:

(1) \_\_\_\_ To his or her descendants per stirpes in the percentages indicated above. (Generally, per stirpes means that if a named person is not living at the time the Refund is to be distributed, his or her children will share equally the deceased person's share of the Refund and if a child of the named person is not then living, the children of that child will share equally the share that child would have been entitled to take if he or she had been living. This pattern continues through succeeding generations.)

(2) \_\_\_\_ To the remaining surviving beneficiaries in equal amounts.

(3) \_\_\_\_ Other (Please Specify):

\_\_\_\_\_ %  
(Name)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)

2. If the Refund is payable after my death:

a. \_\_\_\_\_ To my Estate.

b. \_\_\_\_\_ To the person(s) and in the percentages named in Section 1 above. If any person named in Section 1 above is not then surviving, to his or her descendants per stirpes.

c. \_\_\_\_\_ To the person(s) and in the percentages named in Section 1 above. If any person(s) named in Section 1 above is not then surviving, to the remaining surviving beneficiaries in equal amounts.

d. \_\_\_\_\_ To the following named person(s) then surviving, or if any person is not then surviving, (\_\_\_\_to his or her descendants per stirpes in the percentages indicated below; \_\_\_\_\_to the surviving beneficiaries in equal amounts.)

(1) \_\_\_\_\_ %  
(Name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

(2) \_\_\_\_\_ %  
(Name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

(3) \_\_\_\_\_ %  
(Name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

(4) \_\_\_\_\_ %  
(Name)  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

If none of the beneficiaries named in (b), (c) or (d), above, is living at the time the Refund is to be distributed, then I direct the amount payable to be paid to my estate.

I reserve the right to revoke or change this designation of beneficiary by notice to the Home.

The undersigned hereby authorizes the Home to offset against any repayment of the Refund all sums which remain unpaid under the terms of the Agreement at the time that the Refund becomes payable.

The undersigned hereby agrees to indemnify and hold the Home harmless from any claims and any costs or expenses, including reasonable attorney's fees, which may be incurred by the Home as a result of, or otherwise in connection with, the Home's payment of the Refund in accordance with this Direction for Disposition of Fee Refund. This indemnity provision is binding on the undersigned, his or her estate, heirs, personal representatives, and assigns.

**IN WITNESS WHEREOF**, the undersigned has executed this Direction for Disposition of any refunds.

**WITNESSES:**

(1) \_\_\_\_\_

(2) \_\_\_\_\_ Print Name

The Home hereby acknowledges receipt of the executed Direction for Disposition of Refunds.

**PRESBYTERIAN HOME OF MARYLAND, INC.**

**By:** \_\_\_\_\_

**Title:**

**Date:**