



Online Youth Portal – Enrollee Terms of Service Agreement –

Welcome to the HOPE For Children Trust Account Program!

By enrolling, you are taking an important step towards securing your financial future. Please review and sign this form to confirm your understanding and agreement.

About Enrollment

- **Program Overview:** The HOPE For Children Trust Account Program is designed to provide you with financial education and economic autonomy. By enrolling, you are agreeing to participate in the program share personal information, receive financial education resources, and access funds.
- **Transparency & Trust:** We are committed to being transparent about how this program works. You will receive clear information on your account, your rights & responsibilities, and the helpful resources available to you. Once funds are withdrawn by you the HOPE For Children Trust Account Program is not liable for lost/stolen funds. The program encourages you to participate in the financial education programs and work along with mentors available to find a secure transfer account.

Your Rights & Responsibilities

- **Financial Education:** You will have access to financial education resources. It is your right to engage with these materials to maximize your benefits from the program.
- **Fund Access:** You are required to draw down the funds in your account by the age of 26. Details about this timeline will be provided during the enrollment process.
- **Economic Autonomy:** You are responsible for managing your account and making informed decisions about your finances. This program is designed to empower you to make these choices independently, with

the encouragement of program resources to help support your own personal financial planning goals.

- **Privacy & Protection:** You will receive secured login access to the online program portal that connects to your personal account. Nobody else should have login details for your account, it is your responsibility to not share your personal username or password with anyone.

Eligibility Process

- **Duration:** The eligibility verification process will take approximately [insert time frame]. You will be notified of your status of enrollment as soon as it is complete.
- **Cross-Program Functionality:** The HOPE for Children Trust Account program has no influence or bearing on receipt of funds from other state/federal programs or financial aid that you may be receiving.

Please sign your initials after each statement and provide your full signature at the end.

(Youth who are not able to read and understand the statements below should have their adult primary caregiver fill it out. That could be a parent, foster parent, guardian, Indian custodian or other adult who is primarily responsible for the care and wellbeing of the youth.)

- I understand that my enrollment in the HOPE Trust Account for Children Program means I have an account in my name that will receive an annual deposit of money until I reach 18 years old. []
- I understand that I can withdraw the money in my HOPE Account only once, for the entire amount, at any time beginning on my 18th birthday until the day before my 27th birthday. Once I turn 27, I will not be able to withdraw from my HOPE Account. []
- I understand that to receive the withdrawal from my HOPE Account, I must have a checking, savings, or prepaid card account at a bank or credit union that is in my name only and []

that only I own and manage. (The only exception is if I am legally unable to own and manage my own account and someone has been appointed by a court to manage one for me on my behalf.)

- I understand that I will be offered free financial education and money management training that I can use until I am 30 years old to support money management and achieving financial goals. []
- I understand that the money in my HOPE Account is meant for my use, my future, and that only I can decide how to use the money. I understand that no one has the right to require me to use the money in my HOPE Account in any way. []
- I understand that I am not required to tell anyone that I have a HOPE Account if I don't want to. []
- I understand that I can see how much money is in my HOPE Account by logging on to the HOPE Account Portal at [www._____](#). []
- I have the right to receive excellent customer service to answer any questions I have about my HOPE Account. I understand I can ask for help in several ways including by calling ___, by sending an email to ___, or by clicking "XXX" on the HOPE Account Portal. []
- For foster youth only: I understand that if I am adopted or enter guardianship before I turn 18, I will stop receiving annual deposits to my HOPE Account 12 months after that happens. However, if I return to foster care, I will begin receiving annual deposits immediately. []

Acknowledgment of Enrollment

[X] Please check the box to acknowledge that you have read and understood the above information.

By signing this form you confirm your enrollment in the HOPE For Children Trust Account Program and understand all of the statements above, that the HOPE program exists to support me and the future that I want for myself, and that it is my responsibility to ask questions and plan how I will use my HOPE Account to achieve that future.

Participant Name: _____

Participant Signature: _____

Date: _____