

ACTEC ANNUAL MEETING · WELL-BEING SUBCOMMITTEE · TAMPA, MARCH 2026

Physical Health as a Component of Well-Being

How Exercise, Nutrition, and Sleep Improve Mental Health—and Why That Matters for the Trusts We Draft

Keith A. Herman

KeithAHerman.com
Harrison LLP



The Big Picture: Physical and Mental Health Are Connected

Exercise

The most-studied physical health behavior for mental health. Clinical trials show it matches, and in some measures surpasses, antidepressant medication for depression.

Nutrition

Dietary improvement reduces symptoms of depression and anxiety. In one clinical trial, benefits appeared in as little as two weeks.

Sleep

Improving sleep causally improves depression, anxiety, stress, and rumination — supported by 65 randomized controlled trials covering 8,608 people.

Global Council on Brain Health

The Global Council on Brain Health—an independent scientific panel convened by AARP and Age UK, drawing on researchers and clinicians from around the world—has determined that improved mental well-being directly improves brain health. As part of their research, the Council examined what behaviors improve mental well-being. Three of their core recommendations: (1) exercise regularly, especially outdoors; (2) get seven to eight hours of sleep each night; and (3) eat healthy foods. The Council has issued comprehensive reports on well-being, nutrition, sleep, and physical activity.

Leading Models of Well-Being Include Physical Health

Building on Martin Seligman's PERMA model, researchers added health as a sixth element, creating PERMAH—recognizing that eating well, moving regularly, and sleeping adequately form the physical foundation of well-being. (Butler & Kern 2016). Other researchers have proposed PERMA-V, which adds vitality (encompassing physical energy, health, and lifestyle choices) as a sixth pillar supported by empirical evidence. Gallup's research across 150+ countries confirms physical well-being independently predicts life satisfaction.

Exercise and Mental Health

The evidence is stronger than most people realize

43%

fewer bad mental health days

People who exercised had 43% fewer bad mental health days per month. Study of 1.2 million U.S. adults. (Chekroud et al., Lancet Psychiatry, 2018)

218

clinical trials reviewed

Multiple exercise types were substantially more effective than antidepressants for depression. Walking/jogging showed the largest benefit. (Noetel et al., BMJ, 2024)

=

exercise matched therapy

Exercise matched cognitive behavioral therapy (talk therapy) in effectiveness for treating depression. (Noetel et al., BMJ, 2024)

What This Means for Trust Drafting

- Optimal dose: 3–5 sessions per week, about 45 minutes each. Team sports showed the greatest benefit. Walking also showed meaningful improvement.
- The January 2026 Cochrane review (73 trials, nearly 5,000 participants) found little to no difference between exercise and medication in direct comparisons—another strong endorsement for exercise as treatment.
- Important: when people with depression had more freedom to choose how they exercised, benefits were smaller. Structure and accountability matter. This directly supports trust provisions funding specific, structured programs.

Healthy Eating and Mental Health

The connection is real, fast, and clinically meaningful

2 weeks

Young adults given extra fruits and vegetables showed clear improvements in vitality, motivation, and flourishing—in just 14 days.
(Conner et al., PLoS One, 2017)

Fruit > Chocolate

People eating fruit felt better than those eating chocolate. The “comfort food makes you happy” idea is a myth.
(Smith & Rogers, Frontiers in Nutrition, 2014)

Clinical Trial

Adults with major depression who improved their diet (more vegetables, fruits, whole grains) showed significantly reduced depressive symptoms.
(Jacka et al., BMC Medicine, 2017 — the “SMILES” trial)

Confirmed

A review of multiple clinical trials confirmed that dietary improvement reduces symptoms of both depression and anxiety.
(Firth et al., Psychosomatic Medicine, 2019)

Sleep and Mental Health

Improving sleep directly causes improved mental health

A review of 65 randomized controlled trials (8,608 people): when researchers improved sleep, mental health improved — depression, anxiety, stress, and rumination.

Because these were controlled experiments, the results support a causal conclusion: improving sleep directly improves mental health. (Scott et al., Sleep Medicine Reviews, 2021)

7–9 hours

The National Sleep Foundation and American Academy of Sleep Medicine both recommend 7–9 hours per night. Less than 7 hours raises risk of heart disease, metabolic problems, and mental health disorders.

2.5× risk

People averaging 6 hours of sleep or less were 2.5 times more likely to experience frequent mental distress. Study of nearly 274,000 U.S. adults. (Blackwelder et al., Preventing Chronic Disease, 2021)

Consistency

Going to bed and waking at the same time every day is important for mental and physical health. Irregular schedules are linked to obesity, diabetes, and impaired thinking. (National Sleep Foundation, Sleep Health, 2023)

First-Line Treatment

Cognitive behavioral therapy for insomnia is the recommended first-line treatment, ahead of medication. It changes the behaviors and thought patterns that prevent good sleep.

How Physical Health Improves the Brain

The mechanisms behind the mental health benefits

Exercise produces chemical changes in the brain that explain why its mental health effects are so powerful:

Endorphins & endocannabinoids

Exercise increases the brain's natural painkillers and mood boosters — the same chemicals behind “runner's high” and reduced anxiety.

Serotonin & dopamine

Exercise raises the same brain chemicals targeted by antidepressant medications. This is why exercise works comparably to medication for many people with depression.

Stress hormone regulation

Regular exercisers are more resilient to stress. Their bodies manage the stress hormone cortisol more effectively — exercise builds a biological buffer against stress.

Memory, attention & thinking

Exercise improves cognitive performance for up to two hours after a single workout. One study found aerobic exercise reversed age-related brain shrinkage by one to two years.

(Erickson et al., Proceedings of the National Academy of Sciences, 2011)

The Bottom Line for Estate Planners

- **The research is clear.** Exercise, healthy eating, and good sleep improve depression, anxiety, stress, resilience, memory, and overall well-being.
- **These are not minor effects.** In the largest review of clinical trials to date, walking and jogging were more than twice as effective as antidepressants for depression, and exercise matched talk therapy. Improving sleep causes meaningful reductions in anxiety and stress. A healthier diet reduces depression symptoms in as little as two weeks.
- **People struggle to prioritize these habits.** They often lack structure, accountability, or resources. Trust provisions that fund physical health activities can remove those barriers.
- **The science supports a broad, flexible approach.** Walking is effective. Yoga is effective. A better mattress is effective. The key is making it easier for beneficiaries to do what the research says works.
- **Structure helps.** People with depression did better when they had less choice and more structure in their exercise routines. This supports trust provisions that fund specific, structured programs rather than leaving everything open-ended.

The Health & Well-Being Journal™ — Physical Health Pillars

A structured system that addresses the three behaviors the research identifies

Healthy Eating

Meal-planning pages, a personalized healthy diet questionnaire, and simple strategies for improving food quality — without calorie counting, restriction, or rigid meal plans.

Exercise

Daily scheduling prompts to plan physical activity, with tracking to build the consistency the research shows is critical. Structure replaces willpower.

Sleep

Self-care logging that includes sleep tracking, supporting the regularity and duration the research recommends. A study of 21,000+ students found 8–9 hours predicted the best mental health outcomes one year later.

Why Structure Matters

The BMJ review of 218 clinical trials found that when depressed participants had more autonomy in choosing how they exercised, benefits were weaker. People with depression benefit from clear direction and accountability. The journal provides exactly that: plan your meals, schedule your exercise, track your self-care. Process replaces willpower. (Noetel et al., BMJ, 2024)

The Health & Well-Being Journal™ — Mental Well-Being

Evidence-based practices that directly improve happiness, resilience, and purpose

In addition to the three physical pillars, the journal directly targets mental well-being through:

Gratitude Practice

Weekly gratitude and awe exercises that build resilience and improve well-being. Individuals who wrote about things they were grateful for reported higher well-being and more positive affect.

(Emmons & McCullough, *Journal of Personality and Social Psychology*, 2003)

Meaning and Purpose

Daily prompts help users recognize and repeat experiences that bring happiness, peace of mind, and a sense of purpose — directly targeting the Meaning component of Seligman's PERMA model.

(Seligman, Flourish, 2011)

Positive Emotions & Engagement

By scheduling activities that bring energy and focus, users cultivate the positive emotions that Fredrickson's broaden-and-build theory shows expand our cognitive and behavioral capacity.

(Fredrickson, *American Psychologist*, 2001)

Sleep Consistency Tracking

Even among healthy sleepers, small variations in sleep quality predicted differences in psychological distress. Systematizing sleep habits through daily tracking yields measurable mental health benefits even before problems become clinical.

(Milojevich & Lukowski, *PLoS One*, 2016)

Available Now

The Health & Well-Being Journal™

A 13-week, 10-minutes-a-day guided system that translates the research summarized in this presentation into a daily practice.

It provides structured daily prompts to help you plan meals, schedule exercise, improve sleep, and intentionally build a life of meaning and purpose.

Also coming in 2026:

Eat Like an Expert (book) · *100 Days of Gratitude (journal)*

Both available at KeithAHerman.com

About the Presenter

Keith A. Herman

Keith A. Herman is a partner at Harrison LLP, the only national boutique private wealth planning firm.

In addition to his legal practice, Keith has spent years studying the peer-reviewed research on health, nutrition, and habit change—applying the same evidence-analysis skills he uses in his legal work to the often confusing world of health information. He developed the Health & Well-Being Journal™ to translate that research into a practical, structured daily system accessible to everyone.

Keith's book, *Eat Like an Expert*, and his next journal, *100 Days of Gratitude*, will both be available for sale at KeithAHerman.com in 2026.

KeithAHerman.com

References

Exercise & Physical Activity (1–10)

Exercise & Physical Activity

1. Chekroud SR, et al. Association between physical exercise and mental health in 1.2 million individuals in the USA between 2011 and 2015: a cross-sectional study. *Lancet Psychiatry*. 2018;5(9):739–746.
2. Childs E, de Wit H. Regular exercise is associated with emotional resilience to acute stress in healthy adults. *Front Physiol*. 2014;5:161.
3. Clegg AJ, et al. Exercise for depression. *Cochrane Database Syst Rev*. 2026;1:CD004366.
4. Cotman CW, Berchtold NC. Exercise: a behavioral intervention to enhance brain health and plasticity. *Trends Neurosci*. 2002;25(6):295–301.
5. Dishman RK, O'Connor PJ. Lessons in exercise neurobiology: the case of endorphins. *Mental Health Phys Act*. 2009;2(1):4–9.
6. Erickson KI, et al. Exercise training increases size of hippocampus and improves memory. *Proc Natl Acad Sci*. 2011;108(7):3017–3022.
7. Global Council on Brain Health. *The Brain-Body Connection: GCBH Recommendations on Physical Activity and Brain Health*. Washington, DC: AARP; 2016.
8. Heyman E, et al. Intense exercise increases circulating endocannabinoid and BDNF levels in humans. *Psychoneuroendocrinology*. 2012;37(6):844–851.
9. Mahindru A, et al. Role of physical activity on mental health and well-being: a review. *Cureus*. 2023;15(1):e33475.
10. Noetel M, et al. Effect of exercise for depression: systematic review and network meta-analysis of randomised controlled trials. *BMJ*. 2024;384:e075847.

References

Nutrition & Diet (11–15) · Sleep (16–25)

Nutrition & Diet

11. Conner TS, et al. Let them eat fruit! The effect of fruit and vegetable consumption on psychological well-being in young adults: A randomized controlled trial. *PLoS One*. 2017;12(2):e0171206.
12. Firth J, et al. The effects of dietary improvement on symptoms of depression and anxiety: a meta-analysis of randomized controlled trials. *Psychosom Med*. 2019;81(3):265–280.
13. Global Council on Brain Health. Brain Food: GCBH Recommendations on Nourishing Your Brain Health. Washington, DC: AARP; 2018.
14. Jacka FN, et al. A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial). *BMC Med*. 2017;15(1):23.
15. Smith AP, Rogers R. Positive effects of a healthy snack (fruit) versus an unhealthy snack (chocolate/crisps) on subjective reports of mental and physical health: a preliminary intervention study. *Front Nutr*. 2014;1:10.

Sleep

16. Blackwelder A, et al. Effect of inadequate sleep on frequent mental distress. *Prev Chronic Dis*. 2021;18:E61.
17. Global Council on Brain Health. The Brain-Sleep Connection: GCBH Recommendations on Sleep and Brain Health. Washington, DC: AARP; 2016.
18. Hirshkowitz M, et al. National Sleep Foundation's updated sleep duration recommendations: final report. *Sleep Health*. 2015;1(4):233–243.
19. Milojevich HM, et al. Sleep and mental health in undergraduate students with generally healthy sleep habits. *PLoS One*. 2016;11(6):e0156372.
20. National Sleep Foundation. The importance of sleep regularity: a consensus statement of the National Sleep Foundation sleep timing and variability panel. *Sleep Health*. 2023;9(6):801–820.
21. Scott AJ, et al. Improving sleep quality leads to better mental health: a meta-analysis of randomised controlled trials. *Sleep Med Rev*. 2021;60:101556.
22. Shah AS, et al. Effects of sleep deprivation on physical and mental health outcomes: An umbrella review. *Am J Lifestyle Med*. 2025. 23. Vestergaard CL, et al. Sleep duration and mental health in young adults. *Sleep Med*. 2024;115:30–38.
24. Watson NF, et al. Recommended amount of sleep for a healthy adult: a joint consensus statement of the American Academy of Sleep Medicine and Sleep Research Society. *Sleep*. 2015;38(6):843–844.
25. Zhang Y, Li J, Dong J, Shi L, Zhang N. The relationship between sleep quality and psychological resilience of college students. *Front Psychol*. 2025;16:1640656.

References

Well-Being Models & Positive Psychology (26–34)

Well-Being Models & Positive Psychology

26. Davidson Gifted Institute. PERMA-V framework [Internet]. Available from: <https://www.davidsongifted.org/gifted-blog/perma-v-framework/>
27. Emmons RA, McCullough ME. Counting blessings versus burdens: an experimental investigation of gratitude and subjective well-being in daily life. *J Pers Soc Psychol.* 2003;84(2):377–389.
28. Fredrickson BL. The role of positive emotions in positive psychology: the broaden-and-build theory of positive emotions. *Am Psychol.* 2001;56(3):218–226.
29. Global Council on Brain Health. Brain Health and Mental Well-Being: GCBH Recommendations on Feeling Good and Functioning Well. Washington, DC: AARP; 2018.
30. Butler J, Kern ML. The PERMA-Profil: A brief multidimensional measure of flourishing. *Int J Wellbeing.* 2016;6(3):1–48.
31. Kern ML. PERMAH: A useful model for focusing on well-being in schools. In: *Handbook of Positive Psychology in Schools: Supporting Process and Practice.* 3rd ed. New York: Routledge; 2022. pp. 12–24.
32. Rath T, Harter J. *Wellbeing: The Five Essential Elements.* New York: Gallup Press; 2010.
33. Sears LE, et al. The Well-Being 5: Development and validation of a diagnostic instrument to improve population well-being. *Popul Health Manag.* 2014;17(6):357–365.
34. Seligman MEP. *Flourish: A Visionary New Understanding of Happiness and Well-Being.* New York: Free Press; 2012.

Appendix

Sample Trust Provision: Physical Health and Wellness

For reference — full language provided in PDF handout

Sample Trust Provision — Grantor’s Intent & Authorized Distributions

ARTICLE ____ : PHYSICAL HEALTH AND WELLNESS DISTRIBUTIONS

Section 1. Statement of Grantor’s Intent

“It is the Grantor’s deeply held belief that physical health is foundational to a life well lived. A growing body of scientific evidence demonstrates that regular physical activity, sound nutrition, and adequate, high-quality sleep profoundly improve not only physical health but also mental health, emotional resilience, cognitive function, and overall well-being... This Article is intended to be interpreted liberally and broadly in favor of making distributions that support the physical health and wellness of the Beneficiaries.”

Section 2. Authorized Distribution Categories

(a) Exercise	Gym memberships, personal trainers, sports leagues, home equipment, athletic footwear, race registrations, online fitness platforms.	(b) Nutrition	Registered dietitian services, meal delivery services focused on whole foods, cooking classes, kitchen equipment, farm subscription programs delivering fresh produce directly from local farms, grocery delivery.
(c) Sleep Health	Sleep studies, cognitive behavioral therapy for insomnia, high-quality mattresses and bedding, temperature regulation devices, blackout curtains, white noise machines, wearable sleep trackers.	(d) Health Monitoring	Wearable fitness devices, smartwatches, body composition scales, blood pressure monitors, health and wellness apps.
(e) Professional Guidance	Preventive screenings, health coaching, physical therapy, chiropractic care, massage, sports medicine, workplace furniture and equipment designed to support proper posture and reduce physical strain.	(f) Education & Retreats	Wellness retreats, health education courses, structured journals and tracking tools designed to build accountability for healthy habits.

Sample Trust Provision — Trustee Guidance & Protections

Sections 3–7: Beneficiary Requests, Participation, Discretion, Coordination, and Trustee Protection

Section 3. Beneficiary-Initiated Requests

Any current Beneficiary may submit a written request for a distribution under this Article. The Trustee shall give good-faith consideration to each request but retains sole and absolute discretion to approve, modify, or decline.

Section 4. Reasonable Participation

The Trustee may condition continued funding on the Beneficiary's reasonable participation. Rigid requirements are not imposed — illness, injury, and life transitions are accounted for. A Beneficiary who switches activities (e.g., personal trainer to yoga) is not deemed to have failed.

Section 5. Guidelines for Trustee Discretion

Factors include: Beneficiary's health status, age, and ability; likelihood the expenditure will contribute to well-being; reasonableness of cost relative to trust assets; Beneficiary's demonstrated good-faith commitment; and Beneficiary's own goals and preferences.

Section 6. Coordination with Other Trust Provisions

Distributions under this Article are in addition to, and shall not reduce, any other distribution authority including HEMS. If a distribution could fall under both this Article and another provision, the Trustee may choose the applicable provision.

Section 7. Trustee Protection

The Trustee shall not be liable for distributions made in good faith that do not achieve a desired health outcome, nor for declining a request after exercising reasonable judgment. The Trustee may rely on qualified health professionals and is entitled to reimbursement for reasonable costs of

administering this Article.

Appendix to
Physical Health as a Component of Well-Being
By Keith A. Herman
Presented to Well-Being Subcommittee
ACTEC 2026 Annual Meeting – Tampa – March 4 to 8

SAMPLE TRUST PROVISION
Physical Health and Wellness Incentive

[For Insertion into Revocable or Irrevocable Trust Agreement]

DRAFTING NOTE

This provision is intended to be inserted as a separate Article or Section within a trust instrument. It grants the Trustee broad discretionary authority—and invites Beneficiary requests—to distribute trust assets for physical health and wellness purposes. The intent is to encourage Beneficiaries to adopt and sustain healthy behaviors related to exercise, nutrition, and sleep, recognizing the substantial body of peer-reviewed research demonstrating that these behaviors improve mental health, cognitive function, emotional resilience, and overall well-being.

ARTICLE ___ : PHYSICAL HEALTH AND WELLNESS DISTRIBUTIONS

Section 1. Statement of Grantor’s Intent

It is the Grantor’s deeply held belief that physical health is foundational to a life well lived. A growing body of scientific evidence demonstrates that regular physical activity, sound nutrition, and adequate, high-quality sleep profoundly improve not only physical health but also mental health, emotional resilience, cognitive function, and overall well-being. The Grantor has observed that these benefits are often difficult to prioritize without structure, accountability, and resources, and it is the Grantor’s intent that Trust assets be available to remove barriers to healthy living for each Beneficiary.

This Article is intended to be interpreted liberally and broadly in favor of making distributions that support the physical health and wellness of the Beneficiaries. The Grantor recognizes that the specific means of improving physical health will vary among Beneficiaries based on age, ability, medical condition, personal preference, and circumstance, and the Grantor encourages the Trustee to be flexible, creative, and responsive in applying this provision. The examples set forth below are illustrative and not exhaustive; they are included to clarify the Grantor’s intent and to give the Trustee confidence in the breadth of permissible distributions.

Section 2. Trustee Authority for Health and Wellness Distributions

In addition to any other distribution authority granted elsewhere in this Trust, the Trustee is authorized, in the Trustee's sole and absolute discretion, to distribute Trust income or principal (or both) for the purpose of promoting, supporting, maintaining, or improving the physical health and wellness of any current Beneficiary, including but not limited to expenditures in the following categories:

- (a) **Exercise and Physical Activity.** Gym memberships, fitness studio memberships, or class packages (including but not limited to yoga, Pilates, cycling, swimming, martial arts, dance, and group fitness); personal trainers or fitness coaches; sports leagues, clubs, or team fees; exercise equipment for home use (including cardiovascular equipment, free weights, resistance bands, and functional training apparatus); athletic footwear and appropriate exercise clothing; outdoor recreation equipment; race, event, or competition registration fees; sports coaching or instruction; and any online or app-based fitness program, subscription, or platform.
- (b) **Nutrition and Healthy Eating.** Services of a registered dietitian, licensed nutritionist, or nutrition coach; consultation with a physician regarding diet; personal chef services or meal preparation services emphasizing whole, nutrient-dense foods; healthy meal delivery services or meal kit subscriptions that emphasize fruits, vegetables, whole grains, low-mercury high omega-3 seafood, and minimally processed ingredients; cooking classes focused on healthy meal preparation; kitchen equipment, tools, or appliances that facilitate healthy cooking (such as high-quality blenders, food processors, air fryers, or meal prep containers); grocery delivery services; community-supported agriculture (CSA) memberships or farm shares; and any book, course, app, or program designed to improve dietary knowledge and habits.
- (c) **Sleep Health and Optimization.** Sleep studies, sleep disorder evaluations, and consultations with board-certified sleep medicine physicians; cognitive behavioral therapy for insomnia (CBT-I) or other evidence-based sleep interventions; a high-quality mattress, mattress topper, pillows, or bedding designed to improve sleep quality; temperature regulation devices for the sleep environment (such as the ChiliPad, Eight Sleep, or similar cooling or heating sleep systems); blackout curtains, shades, or window treatments; white noise machines or sound-conditioning devices; blue-light-blocking eyewear; wearable sleep-tracking devices or smart rings (such as the Oura Ring, WHOOP, Garmin, Fitbit, Apple Watch, or similar devices); air purifiers or humidifiers for the bedroom; and any app, program, subscription, or service designed to improve sleep duration, quality, consistency, or environment.
- (d) **Health Monitoring and Wearable Technology.** Wearable fitness and health-tracking devices and their associated subscriptions or memberships; smartwatches or

fitness bands that monitor physical activity, heart rate, sleep, or other health metrics; body composition scales or devices; blood pressure monitors; continuous glucose monitors (where medically appropriate); health and wellness apps or software platforms that track, analyze, or coach physical activity, nutrition, sleep, or overall health; and periodic replacement or upgrade of such devices when reasonably necessary to maintain current functionality or motivate the beneficiary.

- (e) **Professional Guidance and Preventive Care.** Annual physical examinations, preventive health screenings, and wellness check-ups not otherwise covered by insurance; health coaching or wellness coaching services; genetic or biomarker testing for health optimization purposes; physical therapy, chiropractic care, massage therapy, or other bodywork that supports physical function and recovery; sports medicine consultations; ergonomic assessments or equipment for a home or work environment (such as standing desks, ergonomic chairs, or monitor arms); and any other professional service aimed at preventing illness, optimizing physical function, or supporting the Beneficiary's physical health goals.
- (f) **Education, Programs, and Retreats.** Health and wellness retreats, workshops, or immersive programs focused on physical health improvement; wellness-related travel expenses when the primary purpose is participation in a structured health program; books, courses, certifications, or educational materials related to exercise science, nutrition, sleep science, or personal health management; journals, planners, or structured tracking tools designed to build accountability for healthy habits; and any structured program that provides education, coaching, or community support for physical health improvement.
- (g) **Age-Appropriate Activities for Minor Beneficiaries.** For any Beneficiary who is a minor, the foregoing categories shall be applied in an age-appropriate manner, and shall additionally include: youth sports league fees, equipment, and uniforms; swim lessons, dance classes, or martial arts instruction; summer camps with a physical activity or outdoor recreation focus; bicycle, skateboard, or other active recreation equipment; and any other activity or expenditure that encourages the minor Beneficiary to develop lifelong habits of physical activity, healthy eating, and adequate sleep. The Trustee may coordinate with the minor Beneficiary's parent or legal guardian in determining appropriate expenditures under this subsection.
- (h) **Other Health-Related Expenditures.** Any other product, service, program, device, membership, subscription, professional consultation, environmental modification, or expenditure that, in the Trustee's reasonable judgment, is likely to promote, support, or improve the physical health and wellness of a Beneficiary, even if not specifically enumerated above. The Trustee shall interpret this authority broadly and in light of the Grantor's stated intent.

Section 3. Beneficiary-Initiated Requests

Any current Beneficiary (or, in the case of a minor Beneficiary, the minor's parent or legal guardian) may submit a written request to the Trustee for a distribution under this Article. The request should describe the proposed expenditure and how it relates to the Beneficiary's physical health and wellness. The Trustee shall give good-faith consideration to each such request but shall retain sole and absolute discretion to approve, modify, or decline the request. A Beneficiary's request need not be limited to the specific examples listed in Section 2; the Trustee is encouraged to consider any request that is reasonably related to the Grantor's intent as expressed in this Article.

The Trustee shall respond to any Beneficiary request within a reasonable time, and if the Trustee declines a request, the Trustee is encouraged (but not required) to explain the basis for the decision and, where appropriate, to suggest an alternative expenditure that might serve the Beneficiary's health goals.

Section 4. Reasonable Participation and Continued Funding

The Trustee may, in the Trustee's sole and absolute discretion, condition the continuation of any ongoing health and wellness expenditure on the Beneficiary's reasonable participation in or use of the funded activity, product, service, or program. The purpose of this provision is to honor the Grantor's intent that Trust assets be used to meaningfully support healthy behaviors, not merely to purchase unused memberships or equipment.

- (a) **Defining Reasonable Participation.** The Trustee shall not impose rigid or burdensome requirements. Reasonable participation means that the Beneficiary is making a good-faith effort to engage with the funded activity on a regular basis. The Trustee should account for illness, injury, travel, life transitions, and other circumstances that may temporarily reduce a Beneficiary's participation without reflecting a lack of commitment.
- (b) **Methods of Verification.** The Trustee may use any reasonable method to assess participation, including but not limited to: periodic self-reports from the Beneficiary; attendance records or usage data from a gym, studio, trainer, or program; data from wearable health-tracking devices (with the Beneficiary's consent); reports from a personal trainer, coach, dietitian, or other professional; or simply an informal conversation with the Beneficiary. The Trustee shall not require medical records, and shall respect the Beneficiary's privacy and dignity in all inquiries.
- (c) **Graduated Response.** If the Trustee determines that a Beneficiary is not reasonably participating in a funded activity, the Trustee should first discuss the matter with the Beneficiary in a supportive and nonjudgmental manner, and should consider whether a different activity, format, or approach might better serve the Beneficiary's needs.

Only after a good-faith effort to re-engage the Beneficiary should the Trustee consider reducing, suspending, or discontinuing funding for the particular expenditure in question. Discontinuation of one expenditure shall not affect the Beneficiary's eligibility for other distributions under this Article.

- (d) **No Penalty for Changing Course.** A Beneficiary who discontinues one health activity in favor of another (for example, switching from a personal trainer to a yoga studio, or from a meal delivery service to a cooking class) shall not be deemed to have failed to participate. The Grantor recognizes that healthy living is a journey, not a rigid prescription, and that experimentation and adaptation are part of the process.

Section 5. Guidelines for the Trustee's Exercise of Discretion

In exercising discretion under this Article, the Trustee shall consider the following non-exclusive factors:

- (1) The Beneficiary's current physical health status, age, ability level, and any medical conditions or limitations.
- (2) The likelihood that the proposed expenditure will meaningfully contribute to the Beneficiary's physical health and wellness.
- (3) The reasonableness of the cost relative to the Trust's assets, the Beneficiary's other available resources, and the number of Beneficiaries.
- (4) Whether the Beneficiary has demonstrated a good-faith commitment to using previously funded health and wellness resources.
- (5) The Beneficiary's own expressed goals and preferences, recognizing that autonomy and personal choice are important to sustained behavior change.
- (6) Whether the expenditure addresses one or more of the three core pillars of physical health—exercise, nutrition, and sleep.

The Trustee is not required to make equal distributions among Beneficiaries under this Article, and may distribute different amounts or fund different activities for different Beneficiaries based on their individual needs and circumstances.

Section 6. Coordination with Other Trust Provisions

Distributions under this Article are in addition to, and shall not reduce or limit, any other distribution authority granted to the Trustee elsewhere in this Trust, including but not limited to distributions for health, education, maintenance, and support or any other ascertainable standard. If a distribution could be characterized as falling under both this Article and another provision of

this Trust, the Trustee may make the distribution under whichever provision the Trustee deems appropriate.

Nothing in this Article shall be construed to require the Trustee to make any particular distribution, to override any spendthrift provision, or to create any enforceable right in any Beneficiary to demand a specific distribution.

Section 7. Trustee Protection

The Trustee shall not be liable for any distribution made in good faith under this Article that ultimately does not achieve the desired health outcome, nor for declining a Beneficiary's request if the Trustee has exercised reasonable judgment. The Trustee is not expected to have medical or scientific expertise and may rely on the advice of qualified health professionals, the Beneficiary's own physician, or published guidelines from recognized health authorities in evaluating any request or proposed expenditure. The Trustee shall be entitled to reimbursement from the Trust for any reasonable costs incurred in administering this Article, including the cost of consulting professionals.