

SPECIAL NEEDS TRUST QUESTIONNAIRE

Information about Trust:

Name of Trust: The _____ Special Needs Trust

Funding: Self-Settled Third Party

Beneficiary's Information

Name: _____

Address: _____

Phone: _____

Description of disability: _____

Current Benefits:

Does Beneficiary currently receive any government benefits? Yes No

If so, which Government Agencies and monthly benefit amount: _____

Does Beneficiary have a caseworker assigned for any of the benefits described? Yes No

If so, please provide name and contact information: _____

Trustee(s):

Name, Relationship and Address of Trustee and Successor Trustees:

1. _____

2. _____

3. _____

4. _____

Residue (for a Self-Settled Special / Supplemental Needs Trust, government benefits must be reimbursed prior to distribution to any other beneficiary)

At beneficiary's death, after reimbursement of any government agencies, to whom will the remainder go?

Beneficiary's Children / Descendants and if no Children / Descendants, then

To _____

Beneficiary's Heirs at Law

Other _____