BENEFICIARY INFORMATION FORM

Empowering individuals with disabilities to live their fullest life. John 10:10

CONFIDENTIAL INFORMATION: The information you provide will be used to administer the trust in accordance with your vision to meet the individual needs of the Beneficiary. Please read thoroughly and complete as much as possible. It is recommended that this information be updated annually or as needed.

Prepared by: _____

Relationship to Beneficiary: _____ Date: _____

CONTACTS			
Beneficiary Information			
Name:		Nickname:	
☐ Male ☐ Female	Date of Birth:		SSN:
Primary Phone:	Email Address:		
Address:			
City:		State:	Zip:
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed			
Type of Residence: ☐ House Owned by Beneficiary ☐ House Owned by Family/Friend ☐ Apartment ☐ Subsized Housing (HUD, Section 8) ☐ Semi-Independent Program ☐ Group Home ☐ Assisted Living ☐ Nursing Home ☐ Other: _____			
Mailing Address If you would like correspondence mailed to an address other than the Beneficiary's, please complete the information below.			
Name:		Relationship to Beneficiary:	
Address:			
City:		State:	Zip:
Grantor Information			
Name:			
Phone:	Email Address:		
Address:			
City:		State:	Zip:
Attorney			
Name:			
Phone:	Email Address:		
Address:			
City:		State:	Zip:

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BENEFICIARY REPRESENTATIVES

Complete this section if the Beneficiary has any of the following financial and/or medical representative(s) listed and provide any of the documents requested below.

Advanced Directives

Please provide a copy of the Living Will and/or Healthcare Power of Attorney.

Does the Beneficiary have a Living Will: ☐ Yes ☐ No	Healthcare Power of Attorney: ☐ Yes ☐ No	
Name:	Relationship to Beneficiary:	
Primary Phone:	Email Address:	
Address:		
City:	State:	Zip:

Guardianship

Please provide a copy of the Letters of Authority.

Guardian of the Person: ☐ Yes ☐ No		
Name:	Relationship to Beneficiary:	
Primary Phone:	Email Address:	
Address:		
City:	State:	Zip:
Guardian of the Estate ☐ Yes ☐ No		
Name:	Relationship to Beneficiary:	
Primary Phone:	Email Address:	
Address:		
City:	State:	Zip:

Power of Attorney

Please provide a copy of the Durable Power of Attorney.

Power of Attorney: ☐ Yes ☐ No		
Name:	Relationship to Beneficiary:	
Primary Phone:	Email Address:	
Address:		
City:	State:	Zip:

Conservatorship

Please provide a copy of the Letters of Conservatorship.

Conservatorship: ☐ Yes ☐ No		
Name:	Relationship to Beneficiary:	
Primary Phone:	Email Address:	
Address:		
City:	State:	Zip:

Representative Payee

Please provide a copy of the Approval Letter from the Social Security Administration (SSA)

Representative Payee: ☐ Yes ☐ No		
Name:	Relationship to Beneficiary:	
Primary Phone:	Email Address:	
Address:		
City:	State:	Zip:

BENEFICIARY INCOME AND BENEFITS		
Please review the income sources below and provide a copy of the identification cards and a Benefit Verification Letter if Beneficiary receives Social Security benefits.		
Income		
Supplemental Security Income (SSI):	☐ Does Not Receive	☐ Receives per month: $_____
Supplemental Security Disability Income (SSDI):	☐ Does Not Receive	☐ Receives per month: $_____
Social Security Retirement:	☐ Does Not Receive	☐ Receives per month: $_____
VA Benefits/Type: _____	☐ Does Not Receive	☐ Receives per month: $_____
Wages: _____	☐ Does Not Receive	☐ Receives per month: $_____
Other Income: _____	☐ Does Not Receive	☐ Receives per month: $_____
Public Benefits		
Medicaid:	☐ Does Not Receive	☐ Receives
Medicare:	☐ Does Not Receive	☐ Receives
Food Assistance:	☐ Does Not Receive	☐ Receives
Section 8 Housing:	☐ Does Not Receive	☐ Receives
Group Home:	☐ Does Not Receive	☐ Receives
Special Education:	☐ Does Not Receive	☐ Receives
Vocational Training:	☐ Does Not Receive	☐ Receives
Does the Beneficiary have any government benefit applications pending?	☐ Yes	☐ No
If yes, please indicate type of benefit: _____	Date filed: _____	

FINANCIAL INFORMATION			
General			
Person responsible for Beneficiary's finances:		Relationship to Beneficiary:	
Primary Phone:	Email Address:		
Address:			
City:		State:	Zip:
Assets			
Bank Account Number:		**Bank Account Number:**	
Does Beneficiary own:			
Property: ☐ Yes ☐ No	Property Address:		
Company Insuring Property:		Policy Number:	Contact:
Phone Number:	Email Address:		
Vehicle: ☐ Yes ☐ No	Year:	Make:	Model:
Company Insuring Vehicle:		Policy Number:	Contact:
Phone Number:	Email Address:		
Other Asset: Please describe:			
Company Insuring Asset:		Policy Number:	Contact:
Phone Number:	Email Address:		
Other Asset: Please describe:			
Company Insuring Asset:		Policy Number:	Contact:
Phone Number:	Email Address:		

Liabilities Please list any outstanding loans.			
Lender	Phone Number	Address	Monthly Amount Due

FUNERAL ARRANGEMENTS Public benefits do not pay for funeral and burial expenses. The trust is permitted to pay for funeral expenses if the funeral arrangements are made and paid for during the Beneficiary's lifetime. Disbursements cannot be made upon the death of the Beneficiary. It is imperative for the Grantor to purchase a pre-paid funeral contract prior to the Beneficiary's death to ensure trust funds can be used.		
Have funeral and burial arrangements been made? ☐ Yes ☐ No		
Name of Funeral Home:		
Company:	Policy/Contract Number:	
Contact:		
Phone Number:	Email Address:	
Address:		
City:	State:	Zip:
Do you plan on using trust funds to pay the funeral expenses? ☐ Yes ☐ No		
Who will be responsible for making final arrangements?		
Name:	Relationship to Beneficiary:	
Address:		
City:	State:	Zip:

FUNDING AND FEES		
Sources		
☐ **Check**	☐ Grantor Name:	☐ Beneficiary
Initial Funding Amount:		
Enrollment Fees Paid:	Outstanding Fee Amount:	
Total Check Amount:	Check Number:	
☐ **Additional Funding**		
Expected Funding Amount:		
☐ **Funding Source**		
☐ Other, please list:		Expected Date:
☐ Last Will & Testament	Name:	Relationship:
☐ Last Will & Testament	Name:	Relationship:
☐ Revocable Living Trust	Name:	Relationship:
☐ Pension or Social Security Benefits	Name:	Relationship:
☐ Life Insurance Policy	Name:	Relationship:

Funded Sub-accounts with a balance less than $750 will be closed if no additional funding is expected within 90 days.