ATTORNEY ACKNOWLEDGEMENT



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

	Third Party Pooled Special Needs Trust
Please	have the Representative Attorney complete this checklist and submit it with the Joinder Agreement.
	It is not the intent of The Full Life Center to provide legal advice.
	The Beneficiary of the trust is disabled as defined by the Social Security Administration.
	I have informed my client that a K-1 will be provided to the Beneficiary Advocate, as required by IRS
	Regulations. These documents may have tax consequences to the Beneficiary which should be
	discussed with a tax preparer.
	$Funds\ deposited\ into\ The\ Full\ Life\ Center\ Discretionary\ Trust\ belong\ to\ a\ third\ party.\ The\ Beneficiary's$
	own assets cannot be used to fund a third party trust.
Prote	ction of benefits for a client receiving Supplemental Security Income (SSI) and Medicaid
	I have informed my client that in order to protect SSI benefits, the trust does not distribute funds for
	shelter or food as SSI is intended to pay for these expenses.
	I have informed my client the trust follows the rules regarding SSI and Medicaid in order to maintain
	government benefits eligibility.
	I am aware of my duty to identify and notify public agencies from whom the Beneficiary receives
	benefits. If funding is immediate, I will notify these agencies of the funded trust and forward a copy
	of the notice to FLC. If funding is deferred, I will advise the Beneficiary Advocate to notify the public
	agencies when the trust is funded, and forward a copy of the notice to FLC.
End o	f Life Disbursements
	I have informed my client that the Beneficiary Advocate should notify FLC as soon as possible upon
	the death of the Beneficiary. I have advised my client that distributions can only be made for trust-
	related administrative fees after the Beneficiary's death. The remaining funds will be distributed
	pursuant to the Joinder Agreement.
For a	client receiving Section 8 Subsized Housing (HUD)
	I have informed my client that a special needs trust may impact eligibility for subsized housing.
Benefi	ciary Name: Beneficiary Date of Birth:
Attorn	ey Name: Attorney Signature:
Date: _	

"My purpose is to give life in all its fullness" – John 10:10