



Description of Beneficiary's Disability:

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Treating Physicians (list names and area of practice) (optional):

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Does the Beneficiary have a Court-Appointed Guardian? If so, who is that? (optional):

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If the Beneficiary has no Guardian, does the Beneficiary have a Medical Power of Attorney or Durable Power of Attorney? If so, who is appointed under those documents? (optional):

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**Section Two -- Who is Creating the Trust?**

A person creating a trust is called a "Grantor" or "Settlor" of the Trust. This can sometimes be the person whose assets are used to fund the trust, but not always. Please provide information on the person or persons who will be signing the trust document as the Grantor or Settlor of the Trust:

Name of Grantor/Settlor #1: \_\_\_\_\_

Name of Grantor/Settlor #2: (if applicable) \_\_\_\_\_

Name of Grantor/Settlor #3: (if applicable) \_\_\_\_\_

Relationship of Grantor/Settlor(s) of the Trust to the Beneficiary of the Trust:

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### **Section Three - Assets of the Trust**

Which of the Following Best Describes the Source of the Assets for the Trust:

- Assets Belonging to the Individual Beneficiary (Owned by the Beneficiary Already)
- Assets of Third Parties, Other than the Individual Beneficiary (parents, siblings, family, friends, etc.)

If Third Party assets are funding the Trust, please check all that apply:

- Assets of Parents' Estate
- Assets of Other Family Members' Estate
- Gifts from Family Members or Others
- Life Insurance
- Real Estate
- Investment Accounts
- 401(k), IRA, or other Retirement Accounts
- Oil, Gas, Mineral Interests
- Business Interests
- Vehicles, art work, collectibles, or other personal property items
- Other: (describe): \_\_\_\_\_

### **Section Four – Trustee of the Trust**

Who is going to be the Trustee of the Trust? The Trustee is the person or entity that is responsible for holding, administering, managing, and distributing the assets of the trust for the Beneficiary. The Trustee could be an individual, a corporate fiduciary (bank, etc.) or a private professional fiduciary.

Trustee Selection and Backup Trustees:

Trustee - First Choice	
Trustee - Second Choice	

Trustee - Third Choice	
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Do you want your Trustee to have the ability to name a co-trustee, including a bank or other corporate fiduciary, to serve along with the Trustee? \_\_\_\_\_

Do you want your Trustee to have the ability to name their successor, such that the Trustee can appoint someone other than you name in the document? \_\_\_\_\_

**Section Five - Remainder Beneficiaries**

Who do you want to receive the assets of the trust, if any are left, following the death of the primary Beneficiary? \_\_\_\_\_

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**Section Six -- Optional - Details on Assets of Trust**

Instructions: Do NOT complete this unless you want to discuss the details regarding the transfer or management of specific assets within the trust.

**Cash Accounts (checking, savings, etc.)**

<i>Name(s) on Account</i>	<i>Bank/Institution</i>	<i>Approximate Value</i>

**Investment Accounts (brokerage, stocks, bonds, etc.)**

<i>Name(s) on Account</i>	<i>Institution</i>	<i>Approximate Value</i>

**Retirement Accounts – 401k, IRA, Roth IRA, etc.**

<i>Type of Account</i>	<i>Institution</i>	<i>Approximate Value</i>
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**Real Estate**

<i>Address or Location</i>	<i>Owners</i>	<i>Approximate Value</i>

**Life Insurance**

<i>Institution</i>	<i>Payee on Death</i>	<i>Death Benefit/Cash Value</i>

**Vehicles and Automobiles**

<i>Description</i>	<i>Owners</i>	<i>Value</i>


**Business Interests:** Describe any business interests that might pass to the trust:

**Section Seven – Benefits Received by the Beneficiary**

**Special Needs Provisions**

**Does the Beneficiary Currently receive any of the following:**

- SSI (if yes, amount: \_\_\_\_\_)
- SSDI (if yes, amount: \_\_\_\_\_)
- Medicare
- Medicaid

**If the answer is “No” to any or all of the above, is there a plan to apply for any of those benefits in the next 24 months for the beneficiary?**

**Other Concerns or Issues (including concerns about potential family disagreement or conflict)**

**Please describe any other concerns or issues that you wish to discuss as part of the trust establishment process:**