

PLAN of Maryland-D.C., Inc.

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APPLICATION TO ESTABLISH A PLAN LIFE TRUST

Trust and Grantor / Settlor Information:

1. Name of Trust: _____

2. Name, Address, and Phone No. of Grantor(s)/Settlor(s):

3. If existing trust qualifies as a Grantor Trust, provide Social Security Number of the Grantor _____

4. Member of PLAN: _____ Yes _____ No

5. Is there a Future Plan of Care for the Beneficiary on file with PLAN of Maryland - D.C., Inc.? _____ Yes _____ No

6. If there is no Future Plan of Care, do you have a contract with PLAN to have one written? _____ Yes _____ No

7. Approximate amount of proposed trust: \$ _____

8. Source of Funds (please be specific - cash, securities, tangible personal property, real estate, insurance, retirement accounts):

9. Settlor /Donor's Primary Goals for use of the trust funds (e.g. emergency fund, funding for services provided by PLAN, supplemental support, etc.)

10. Anticipated date(s) of funding the Trust: _____

11. Next Friend * (Name, address, telephone number)

12. Trust Protector * (Name, Address, telephone number)

13. Remainder beneficiaries (Names, addresses, telephone numbers, shares of remainder):

Beneficiary Information

14. Name of Beneficiary: _____

15. Beneficiary Address

16. Beneficiary Telephone Numbers: _____

17. Date of Birth / Age _____

18. Gender _____

19. At what age did the beneficiary become disabled? What proof is there of the age of disability? _____

20. Beneficiary Social Security Number: _____

21. Public Benefits received by Beneficiary (e.g. SSI, SSDI, Medicaid, Medicare, Pharmacy Assistance, rent subsidy):

22. Beneficiaries Sources of Income from other than Public Benefits:

Source	Amount	Monthly/Yearly

23. Applications for public benefits now pending:

24. Other financial resources available to beneficiary (e.g. Bank account, Investment account, Other trusts, car, owned home):

25. Beneficiary Marital status: _____

26. Children of beneficiary: _____

27. Burial information for beneficiary (preferences, pre-need funeral arrangements made):

28. Current expenditures by donor or others for or on behalf of the Beneficiary:

29. Estimated distribution from the Trust once it is established: _____

Family Information

30. Beneficiary's father's name and Social Security Number: _____

31. Beneficiary's Mother's name (Married and maiden) and Social Security Number

32. Parent's addresses and telephone numbers _____

33. Beneficiary's siblings (Names, addresses and telephone numbers):

34. Parent's employment or former employment: _____

35. Guardian (Name, address, telephone number): _____

36. Family Attorney handling wills and trust related work (Name, address, telephone number):

37. Family Accountant handling taxes related to the trust:

38. Power of Attorney (Name, address, telephone number): _____

39. Please provide copies of the following documents:

(Either check to show that the document is accompanying the application or NA if no such document exists)

- _____ a. Beneficiary Birth Certificate
- _____ b. Beneficiary Social Security Card
- _____ c. Beneficiary Medicaid card
- _____ d. SSI/SSDI determination of disability
- _____ e. Beneficiary photo ID or driver's license
- _____ f. Certified Letter of Guardianship (if any)
- _____ g. Representative Payee determination letter (if any)
- _____ h. General Durable Power of Attorney (beneficiary appointing X as power of attorney)
- _____ i. Health Care Power of Attorney
- _____ j. Living Will
- _____ k. Copy of statements from financial institutions where beneficiary has his/her own accounts

- _____ l. Deed to property owned by beneficiary
- _____ m. Condo or coop documents
- _____ n. Lease for beneficiary's rental dwelling
- _____ o. Life insurance policy and designation of beneficiary form
- _____ p. Pre-need funeral contract
- _____ q. Safe-deposit box information (if trust related documents are kept in a safe-deposit box)

Grantor=s Signature: _____

Date: _____

* The **Trust Protector** is authorized to remove the Trustee and to appointment successor Trustees. (See the master trust document for more detail.)

The **Next Friend** shall at least annually evaluate and report to the Trustee regarding the Beneficiary's (1) physical and mental condition, (2) financial welfare and comfort, (3) educational, medical, and other programs in which the Beneficiary is participating, (4) medical care the Beneficiary is receiving, and (5) the extent to which the Beneficiary's legal rights are being enforced. (See the master trust document for more detail.)

5/1/07