

PLAN of Maryland-D.C., Inc.

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APPLICATION TO ESTABLISH A PLAN LIFE TRUST

Trust and Grantor / Settlor Information:

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

2. Grantor's Social Security Number: _____

3. Grantor's Relationship to the Beneficiary _____

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. Is there a life insurance policy in force under which a life is insured for the benefit of the beneficiary of this Trust? If there is please give contact information for the insurance company and the policy number.

10. Will the Trust be funded by transferring the property listed above shortly after the Trust is executed, or will it be funded at the death of the Grantor (from the Grantor's estate):

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

12. If the Trust is not testamentary, anticipated date(s) of funding the Trust:

13. Is there a life insurance policy in force under which a life is insured for the benefit of the beneficiary? If yes, give policy number and the company issuing the policy:

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. Do you want the Trust to pay the funeral and burial expenses of the Beneficiary? _____

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

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

31. Considering the estimated value of the Trust, and the expenses the Trust will be expected to pay, how many years do you expect the trust to last? _____

Family Information

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

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

34. Parent's addresses and telephone numbers _____

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

36. Parent's employment or former employment: _____

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

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

39. Family Accountant handling taxes related to the trust:

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

41. Successor Trustee (Name, address, telephone number):: _____

42. Next Friend (initial and successor) * (Name, address, telephone number)

43. Trust Protector (initial and successor) * (Name, Address, telephone number)

44. Remainder beneficiaries for non-retirement accounts (Names, addresses, telephone numbers, shares of remainder):

45. If the remainder beneficiaries are no longer living at the death of the Beneficiary, how should the assets remaining in the Trust be distributed?

_____ To the estate of the primary beneficiary to be distributed according to his or her will, or if there is no Will, to be distributed as if the Beneficiary had died intestate.

_____ To those eligible to inherit from the remainder beneficiaries. (Distributed to the remainder beneficiaries “per stripes.”)

_____ To an alternative remainder beneficiary:

_____ To a not-for-profit organization: _____

_____ Other (please be specific): _____

46. If funds from retirement accounts will be distributed to the Trust, are they to be distributed in the same way as listed above? If not, how are they to be dealt with after the death of the primary beneficiary?

457 Do you wish distributions from Retirement Accounts to the primary beneficiary to be mandatory or discretionary?

48. **Couples Establishing a Trust**

Each Special Needs Trust must have its own Tax Identification Number. When a Special Needs Trust is funded the Trustee must apply to the Internal Revenue Service for that number. Most Special Needs Trusts set up by parents for the benefit of their child are grantor Trusts. The information requested to obtain a Tax Identification Number for the Trust includes the Social Security Number of the Grantor (the person establishing the trust). There can be only one Grantor. The selection of which member of the couple will be the Grantor may have important tax and other ramifications.

If you are an individual setting up a Special Needs Trust for a family member, then you will be the Grantor, and your Social Security Number will be used to apply for the Trust Tax Identification Number.

If you are a couple it is important that you discuss who should be the grantor with your estate or tax attorney.

There are many options, including but not limited to (1) naming one member of the couple to be the Grantor, (2) determining that the last to die will be the Grantor, or (3) setting up two Trusts, one for each Grantor. We will list the Grantor on your Joinder Agreement according to your instructions, or we will help you to prepare two Joinder Agreements, one for each member of the couple.

49. We are a couple establishing a trust for our child. (Choose one option below)

The Grantor will be _____

The Grantor will be the last of us to die. (We will help you to prepare two Joinder Agreements, and the one established by the last to die will be the one used to create the trust.)

We will establish two Trusts (We will help you to prepare two Joinder Agreements.)

Other (please describe how the Grantor is to be determined):

50. Once this Trust is established (choose one)

The Joinder Agreement may be revoked until the Trust is funded

The Joinder Agreement may not be revoked.

47 . Please provide copies of the following documents:

(Check to show that the document is accompanying the application, M if the document exists but is missing or you have no access to the document, 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.)

11/11/2016