

# PLAN of Maryland-D.C., Inc.

604 South Frederick Avenue, Suite 411

Gaithersburg, Maryland 20877

Tel: 301-740-8444 - Fax 301-740-8455

www.planofmd-dc.org

## 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