



MCKENZIE LEGAL & FINANCIAL

FINANCIAL CONSULTING | ESTATE PLANNING | ELDER LAW

THOMAS L. MCKENZIE, JD, RFC
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Website: www.ThomasMcKenzieLaw.com

WEALTH PRESERVATION, ESTATE PLANNING, FINANCIAL CONSULTING AND ELDER LAW STRATEGIES

TRANSMITTAL MEMO

Name: _____ Dated: _____

Enclosed you will find our confidential special needs trust planning questionnaire. This questionnaire is used to gather the information necessary to properly plan your estate. Please answer all applicable questions as completely as you can. The more information you can provide, the better I can answer your questions, and, if you have decided to establish your plan through this office, draft your documents in accordance with your wishes. However, accuracy to the exact dollar is not necessary.

If you would like an appointment, please let me know as soon as possible.

If you have scheduled a meeting, please bring **the completed questionnaire, any existing estate planning documents you OR the beneficiary may have in place** (e.g. trusts, wills, etc.), as well as a **copy of the deed(s) to any real property**, and any **financial information or investments** that you would like reviewed (e.g. statements, annuity contracts, etc.).

Please note that no attorney-client relationship is established until an Agreement for legal services has been executed by yourself and a representative of the firm, and the required deposit, if any, is paid in full.

Thank you for your cooperation,

THOMAS L. MCKENZIE
TLM:nam

MCKENZIE LEGAL & FINANCIAL – DRIVING INSTRUCTIONS

2631 COPA DE ORO DRIVE, LOS ALAMITOS, CA
(562) 594-4200

Please note that as a result of Mr. McKenzie's desire to spend more time with his wife and four school-age children, his offices have been relocated from his prior high-rise offices in Torrance and Fountain Valley, to his current office in Los Alamitos. This custom-built office complex is in a residential tract, in an area of North Orange County known as "Rossmoor." Rossmoor is at the intersection of the 405 Freeway, the 605 Freeway and the 22 Freeway, and is bordered by Long Beach on the West, Seal Beach on the South, and Los Alamitos on the East. Following, are directions to our office:

From the 5 Freeway or the 605 Freeway traveling South: If you are on the 5 Freeway, take the 5 Freeway to the 605 Freeway South. When on the 605 Freeway, travel South to exit 1D to merge onto Katella Ave./E. Willow St. towards Los Alamitos. Continue to follow Katella Ave. approximately 1 mile to Los Alamitos Blvd. and turn right. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

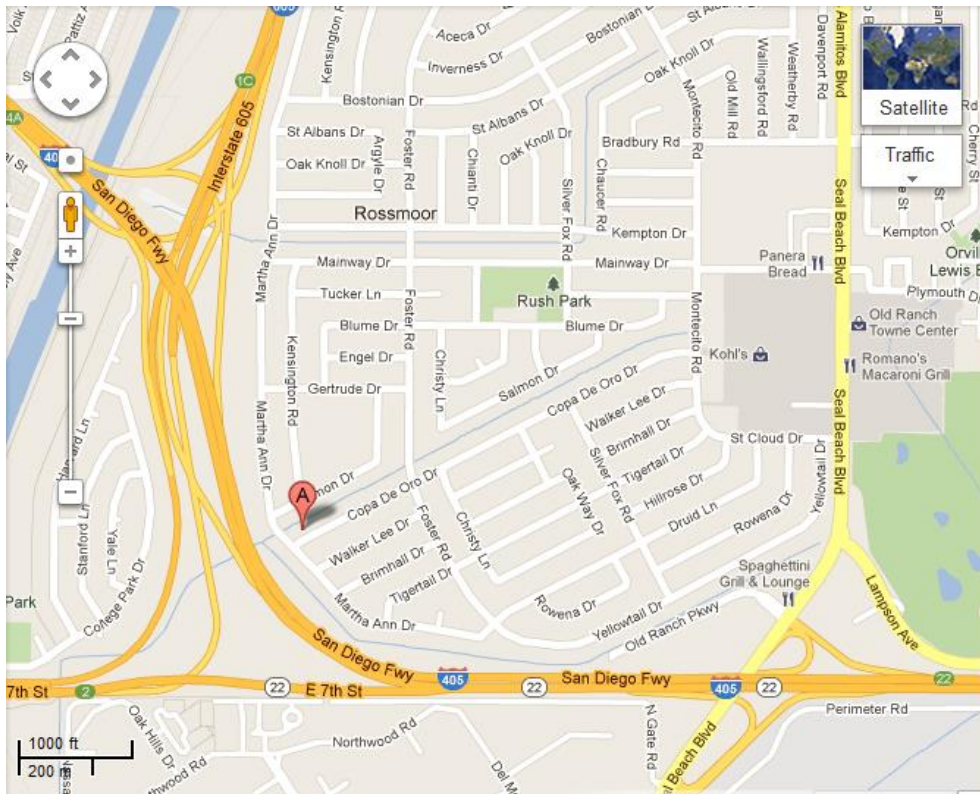
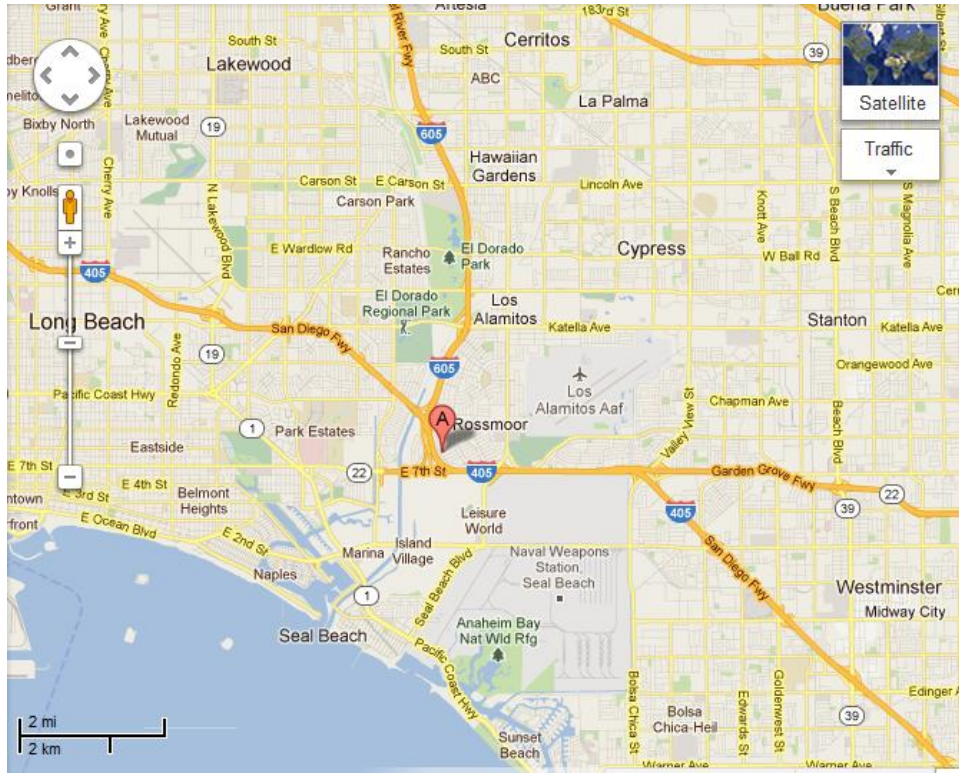
From the 405 Freeway traveling South: Take the 405 Freeway to South to the Seal Beach Blvd. exit, Exit 22, toward Los Alamitos Blvd. Keep right to take the ramp towards Los Alamitos/Seal Beach/Rossmoor. Then, merge right onto Seal Beach Blvd. Travel approximately 0.2 miles and turn left onto St. Cloud Dr., (which will become Montecito Rd.). Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

From the 405 Freeway traveling North: Take the 405 Freeway to exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

From the 22 Freeway traveling West: Take the 22 Freeway toward Long Beach. Merge onto the 405 Freeway, North. Take exit 22 for Seal Beach Blvd. toward Los Alamitos Ave. Turn right onto Seal Beach Blvd. Travel approximately 0.3 miles and turn left onto St. Cloud Dr., which will become Montecito Rd. Travel approximately 0.1 miles and turn left onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

From the 91 Freeway traveling West towards the 605 Freeway. Take the 91 Freeway West to the 605 Freeway, South. Take exit 1D to merge onto Katella Ave./E Willow St. toward Los Alamitos. Continue to follow Katella Ave., then turn right onto Los Alamitos Blvd. In approximately 0.3 miles, turn right onto Bradbury Rd. Travel to Montecito Rd. and turn left. Take the 6th right onto Copa De Oro Drive. Our office will be approximately 0.7 miles on the right.

2631 Copa De Oro Drive, Los Alamitos, CA 90720





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Thomas L. McKenzie JD, RFC Legal and Financial Consulting

Thomas L. McKenzie received his *Juris Doctor* degree from Western State University College of Law, in Fullerton, California. While working full-time at night and attending full-time daily classes, Tom graduated law school with honors in 1993. While at law school, Tom was on the Dean's List, and was selected as Associate Editor of Western State's Law Review. He also received several American Jurisprudence Awards for excellence in academics. During his second year of law school, Mr. McKenzie was the recipient of the Scott McCune Scholarship. Passing the bar on his first try, Tom established *McKenzie Legal & Financial*, and went on to practice in the areas of estate planning, financial planning, elder law and long-term care planning.



Tom is a member of the California State Bar, as well as the Trust & Estates Section of the Bar. He is an active member of the National Academy of Elder Law Attorneys, and was a member of their National Multidisciplinary Task Force. Mr. McKenzie is a member of the Orange County Bar Association, and is a past Chairman of the Board of Directors of the Elder Law Section of the Orange County Bar Association. Finally, Mr. McKenzie is an accredited attorney by the US Veterans Administration.

Mr. McKenzie has written numerous articles for various publications and legal periodicals, including the Los Angeles and San Francisco Daily Journals, the National Academy of Elder Law Attorneys' NAELANEWS, the Gilfix Elderlaw Newsletter, the Leisure World News, the Los Cerritos Community News, and the Orange County Bar Association's Elder Law Section Newsletter. He frequently lectures on estate planning, financial planning, elder law, and Medi-Cal long-term care planning issues. Tom has been an expert panelist on programs sponsored by Continuing Education of the Bar (University of California), Orange County Bar Association, and California Advocates for Nursing Home Reform.

Mr. McKenzie is also a Registered Financial Consultant, a Series 7 licensed securities broker and Registered Representative, a licensed independent insurance broker, and a Series 65 Investment Advisor Representative. In January of 2011, Tom was selected as a "Five Star Wealth Manager Award Winner" by *Los Angeles Magazine*, which is an award given to less than 2% of all wealth managers in Southern California. In February of 2011, Mr. McKenzie was profiled in **Newsweek Magazine's** "Wealth Managers of Los Angeles" section, as one of the Southland's top advisers. In 2012, Tom was also profiled in *Orange Coast Magazine* as one of Orange County's top wealth managers. With an understanding of both legal and financial issues, Mr. McKenzie is uniquely situated to advise his clients in the development of a truly comprehensive estate and financial plan.

Mr. McKenzie resides in Orange County with his wife, Natalie, and their four children, Macy, age; 14 Ryan, age 13; Cody, age 8; and Noah, age 6. The firm offers estate planning, long-term care planning, financial consulting and educational services to consumers throughout California.



OF ORANGE COUNTY





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OVERVIEW OF SPECIAL NEEDS TRUSTS

Special needs trusts, also known as supplemental needs trusts, are irrevocable trusts established for the benefit of physically or mentally disabled individuals.

There are several advantages to establishing a special needs trust. Significantly, special needs trusts protect the assets of disabled adults while maintaining their eligibility for governmental support.

A disabled individual may lack the mental capacity to manage his or her own financial affairs. A special needs trust ensures that the individual's assets will remain under the control of an appointed trustee. This person has a duty to protect the assets of the trust and to act in the best interest of the disabled individual at all times. While the funds may not be given directly to the disabled individual, they may be used to pay for education, medical expenses, personal care attendants, or any other goods or services that benefit the individual. Additionally, the funds in the trust account are not subject to creditors or seizure. Thus, the funds will remain available to care for the disabled individual at all times.

If a disabled adult holds more than \$2,000 in assets, he or she will not qualify for the Social Security Administration's Supplemental Security Income Benefits (SSI). In addition to providing the individual with a monthly stipend, SSI eligibility qualifies a disabled individual for other governmental programs, including Medicaid and food stamps. Since a disabled individual has no control over the money or assets in a special needs trust, the contents of the trust are not considered when calculating the individual's total assets. Special needs trusts thus ensure that disabled individuals will remain eligible for governmental benefits, regardless of the actual value of their total assets.

Special needs trusts are authorized and governed by the federal Omnibus Budget and Reconciliation Act (OBRA-93). A special needs trust may be set up by a family member, guardian, caregiver, or friend, and must be created before the disabled individual's 65th birthday. The person establishing the trust must execute a trust document, appoint a trustee, and fund the trust.

The trust document for a special needs trust must contain certain language. Among other requirements, the trust document must state that it is intended to provide a disabled individual with supplemental and extra care over and above that which is provided by the government. The trust document must also name a trustee and enumerate the trustee's powers.

A trustee is typically a family member, friend, financial professional, bank, or other financial institution. Special needs trusts may be funded by any type of asset, including inheritances, insurance proceeds, settlement proceeds, income, or lump-sum payments from Social Security Disability Insurance (SSDI) or SSI.

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CONFIDENTIAL THIRD-PARTY SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

This questionnaire is designed to help gather the information necessary to properly prepare a third-party supplemental needs trust (third-party SNT). Even for established clients, this questionnaire is extremely helpful in preparing a third-party SNT that will meet your objectives. Those questions that do not apply to you may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information that you feel is relevant. Also, any answers of which you are unsure, may be discussed at our meeting. Finally, not all of the information requested below will be specifically included in the special needs trust document, however, this information is important for your records, as well as ours. Thank you.

DATE: _____

SECTION 1

INFORMATION ABOUT THE PERSON CREATING THE TRUST

A. PERSON CREATING THE TRUST (OR SPOUSE #1 FOR JOINT TRUST):

Full Name: _____
(first) (middle) (last)

Signature Name: _____
(print name as signed - for example, Mary Susan Smith might sign as Mary S. Smith)

Birthdate: _____ Social Security No: _____ - _____ - _____

Home Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____ Rel. to Beneficiary: _____

B. SPOUSE OF PERSON CREATING THE TRUST (OR SPOUSE #2 FOR JOINT TRUST):

Full Name: _____
(first) (middle) (last)

Signature Name: _____

Birthdate: _____ Social Security No: _____ - _____ - _____

Home Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____ Rel. to Beneficiary: _____

C. TRUSTEES. Who would be the trustee(s) of the special needs trust? Please note that the Trustees can be the parents or parent of the beneficiary; a trusted third party; or even a professional fiduciary, bank or trust company.

First:

Full Name: _____
(first) (middle) (last)

Birthdate: _____ Social Security No: _____ - _____ - _____

Home Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email Address: _____ Rel. to Beneficiary: _____

Second:

Full Name: _____
(first) (middle) (last)

Birthdate: _____ Social Security No: _____ - _____ - _____

Home Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email Address: _____ Rel. to Beneficiary: _____

Third:

Full Name: _____
(first) (middle) (last)

Signature Name: _____
(print name as signed - for example, Mary Susan Smith might sign as Mary S. Smith)

Birthdate: _____ Social Security No: _____ - _____ - _____

Home Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email Address: _____ Rel. to Beneficiary: _____

D. TRUST PROTECTORS. In certain cases, a Trust Protector is named in the trust. A Trust Protector is someone other than the beneficiary or the trustee, who has the power to make certain changes to the trust, if such changes would be beneficial. Who would be named as Trust Protector of the trust? (Please leave this section blank for now, as we will discuss this issue at our meeting.)

First:

Full Name: _____
(first) (middle) (last)

Signature Name: _____
(print name as signed for example, Mary Susan Smith might sign as Mary S. Smith)

Birthdate: _____ Social Security No: _____ - _____ - _____

Home Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email Address: _____ Rel. to Beneficiary: _____

Second:

Full Name: _____
(first) (middle) (last)

Signature Name: _____
(print name as signed for example, Mary Susan Smith might sign as Mary S. Smith)

Birthdate: _____ Social Security No: _____ - _____ - _____

Home Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email Address: _____ Rel. to Beneficiary: _____

E. ADDITIONAL INFORMATION:

Yes No

Are you (or your spouse) receiving social security, disability, or other gov't benefits? [y] [n]

(Describe: _____)

Do you (or your spouse) own real estate? [y] [n]

Do you (or your spouse) have an existing Will or Living Trust? [y] [n]

If so, please describe: _____

SECTION 2

BENEFICIARY INFORMATION

A. BENEFICIARY:

Full Name: _____
(first) (middle) (last)

Common Use Name: _____
(print name commonly used for example, John Jamison Dough might use John Dough)

Birthdate: _____ Social Security No: _____ - _____ - _____

Home Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email Address: _____

Does the beneficiary pay any rent, and if so, how much per month? \$ _____

B. BENEFICIARY'S SPOUSE (if any):

Full Name: _____
(first) (middle) (last)

Common Use Name: _____

Birthdate: _____ Social Security No: _____ - _____ - _____

Home Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email Address: _____

C. BENEFICIARY'S UNDERLYING DISABILITY OR DISABILITIES:

Describe beneficiary's underlying disability: _____

Yes No

Was onset of disability prior to age 22? [y] [n]

Is beneficiary competent to handle funds? [y] [n]

Does the beneficiary have estate planning documents (e.g. trust, will, power of attorney, etc)? [y] [n]

If so, please explain: _____

Is the beneficiary subject to a conservatorship guardianship or conservatorship? [y] [n]

If so, who is the guardian or conservator?: _____

Home Address: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email Address: _____

Does beneficiary require supervision? [y] [n]

Does beneficiary have issues with substance abuse? [y] [n]

Is beneficiary developmentally disabled? [y] [n]

Is beneficiary receiving Regional Center Assistance? [y] [n]

Describe beneficiary's current therapeutic, educational, vocational, and social services:

Is anyone in the beneficiary's household or immediate family receiving public benefits? [y] [n]

If so, what public benefits are family or household members receiving?

Social Security Disability \$ _____ SSI \$ _____

Medicare \$ _____ Medi-Cal \$ _____

D. BENEFICIARY'S BENEFITS:

Name of representative payee for social security benefits, if applicable: _____

NEEDS-BASED FINANCIAL BENEFITS

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Supplemental Security Income (SSI)	[y]	[n]	[f]	\$ _____
Temporary Aid to Needy Families (TANF)	[y]	[n]	[f]	\$ _____
Section 8 Housing (HUD)	[y]	[n]	[f]	\$ _____
Other (Describe: _____)	[y]	[n]	[f]	\$ _____

NEEDS-BASED MEDICAL BENEFITS

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Medi-Cal Benefits (MC)	[y]	[n]	[f]	\$ N/A _____
Aid for Hemophilia or Sickle Cell (GHPP)	[y]	[n]	[f]	\$ _____
In-Home Supportive Services (IHSS)	[y]	[n]	[f]	\$ _____
Other (Describe: _____)	[y]	[n]	[f]	\$ _____

ENTITLEMENT-BASED FINANCIAL BENEFITS

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Social Security Disability Insurance (SSDI)	[y]	[n]	[f]	\$ _____
Supplemental Security Income (SSI) for disability before age 22	[y]	[n]	[f]	\$ _____
Department of Rehabilitation	[y]	[n]	[f]	\$ _____
Other (<i>Describe:</i> _____)	[y]	[n]	[f]	\$ _____

ENTITLEMENT-BASED MEDICAL BENEFITS

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Medicare	[y]	[n]	[f]	\$ _____
Private Health Insurance (<i>Insurer:</i> _____)	[y]	[n]	[f]	\$ _____
Other (<i>Describe:</i> _____)	[y]	[n]	[f]	\$ _____

PENDING APPLICATIONS

Has someone made an application for benefits that is still pending? If so, who and what type of benefits? _____

CASEWORKER(S)

If applicable, who is the Social Security caseworker and what is their telephone number?

Name: _____ Telephone No.: _____

If applicable, who is the Medi-Cal caseworker and what is their telephone number?

Name: _____ Telephone No.: _____

If applicable, who is the SSI caseworker and what is their telephone number?

Name: _____ Telephone No.: _____

SECTION 3

PLANNING OBJECTIVES

Please describe your planning objectives to assist the beneficiary in the following areas. Keep in mind that a supplemental needs trust by its nature places all discretion in the hands of the trustee. It is important for the trustee to have specific information about your overall intent.

A. RESIDENTIAL:

Acceptable residential situations:

- [] Personal residence (house, condo, apartment)
- [] Authorize the trustee to buy and maintain a residence for the beneficiary
- [] Independent living with support (supported living)
- [] Residence of a named individual (*Who?* _____)
- [] Group home
- [] Specific group home, care facility, or provider (*Name:* _____)
- [] Public care facility
- [] Other (*Describe:* _____)

Unacceptable residential situations:

- Group home
- Public care facility
- Specific group home, care facility, or provider (*Name:* _____)
- Public institution
- Other (*Describe:* _____)

B. SOCIAL AND RECREATIONAL ACTIVITIES:

Do you want a provision about supported social and recreational activities? Yes No

List the activities that the beneficiary enjoys, or that you want to encourage the beneficiary to participate in (for example, soccer, bowling, karate, playing piano, shopping with friends, going to movies, building models, etc.):

C. FAMILY:

Do you want a provision about maintaining contact with family? Yes No

Family expenditures that you consider an appropriate use of trust funds:

- Purchase gifts to acknowledge events such as birthdays, holidays, etc.
- Pay for beneficiary to travel to family events
- Pay for family members to visit beneficiary
- Other: _____

D. OTHER PLANNING OBJECTIVES:

SECTION 4

BENEFICIARY'S ASSETS

Please list all assets owned by the beneficiary, including market value and ownership.

A. REAL PROPERTY: <u>Description (address, co-owners)</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. AUTOMOBILES: Description (year, make, model, co-owners) Value
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

C. SAVINGS, CHECKING, CDs: Description (type, co-owners) Balance
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

D. BROKERAGE ACCOUNTS: Description (type, co-owners) Balance
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

E. OTHER ACCOUNTS: Description (type, co-owners) Balance
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

F. STOCKS AND BONDS: Description (type, co-owners) Value
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

G. VALUABLE PERSONAL PROPERTY: Description (type, co-owners) Value
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

H. LIFE INSURANCE OWNED BY BENEFICIARY

<u>Insurance Company</u>	<u>Insured Party</u>	<u>Death Beneficiary</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

I. LIFE INSURANCE NAMING BENEFICIARY AS DEATH BENEFICIARY

<u>Insurance Company</u>	<u>Insured Party</u>	<u>Policy Owner</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

J. RETIREMENT ACCOUNTS OWNED BY BENEFICIARY

<u>Type (e.g., IRA)</u>	<u>Company</u>	<u>Death Beneficiary</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

K. RETIREMENT ACCOUNTS NAMING BENEFICIARY AS DEATH BENEFICIARY

<u>Type (e.g., IRA)</u>	<u>Company</u>	<u>Account Owner</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

L. GIFTS AND INHERITANCES: Describe in appropriate detail any gifts or inheritances that the beneficiary might receive, including the name of the person making the gift or leaving the inheritance:

Total estimated value: \$ _____

M. LAWSUIT SETTLEMENTS AND JUDGMENTS: Describe in appropriate detail any money that you anticipate beneficiary will receive through a lawsuit settlement or judgment:

Total estimated value: \$ _____

N. INHERITANCES: Describe in appropriate detail any money that you anticipate the beneficiary may inherit from others:

Total estimated value: \$ _____

O. OTHER ASSETS: Description (type, co-owners)

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SECTION 5

BENEFICIARY'S LIABILITIES

<u>Description</u>	<u>Balance</u>
<i>Home Mortgage</i>	\$ _____
<i>Loans against Life Insurance</i>	\$ _____
<i>Automobile Loans</i>	\$ _____
<i>Credit Card Debt</i>	\$ _____
<i>Miscellaneous Loans (Notes)</i>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SECTION 6

BENEFICIARY'S INCOME

<u>Description</u>	<u>Monthly Amount</u>
<i>Social Security</i>	\$ _____
<i>SSI</i>	\$ _____
<i>Income From Work</i>	\$ _____
<i>Other (please specify)</i>	\$ _____
<i>Other (please specify)</i>	\$ _____

SECTION 7

TRUSTED PEOPLE AND ENTITIES

A. FAMILY ADVISORS:

<u>Advisor</u>	<u>Name</u>	<u>Phone</u>
<i>Personal Attorney</i>	_____	_____
<i>Accountant</i>	_____	_____
<i>Financial Advisor</i>	_____	_____
<i>Life Insurance Agent</i>	_____	_____
<i>Care Manager</i>	_____	_____
<i>Caregiver</i>	_____	_____
_____	_____	_____
_____	_____	_____

B. OTHER TRUSTED PEOPLE AND ENTITIES:

To help determine the most appropriate trust management system that fits your beneficiary's unique needs, please list the names of the people and entities that you trust and believe can assist with securing or overseeing the beneficiary's personal care and assist in making financial decisions.

If the circumstances warrant, it is preferable to establish a system of checks and balances for personal and financial management with third-party SNT administrators, family, friends, social workers, financial advisors, and others to ensure the highest quality of care for the beneficiary, and to ensure the financial interests of the beneficiary are protected. Although the following information may not be specifically set forth in the special needs trust, this information is important for your records, and ours, as well.

Please list people and entities that you trust. Indicate their strengths and weaknesses, but leave any column blank if you don't know or are unsure. (1=weakness, 2=neutral, 3=strength)

<u>Name</u>	<u>Relationship</u>	<u>Financial</u>			<u>Family</u>			<u>Advocacy</u>			<u>Accounting</u>			<u>Spiritual</u>		
_____	_____	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
_____	_____	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
_____	_____	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
_____	_____	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
_____	_____	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
_____	_____	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
_____	_____	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
_____	_____	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3

SECTION 8

TRUST TERMINATION PROVISIONS

A. DISTRIBUTION UPON CHANGED CIRCUMSTANCES:

If the law changes and the existence of the trust renders the beneficiary ineligible for benefits, what would you like to do? (select only one):

- Continue the trust
- Terminate the trust (if so, select one or both of the following):
 - Use the trust assets to purchase exempt assets or services for the beneficiary
 - Distribute the trust assets to a trusted person who is requested to use the proceeds for the beneficiary's benefit (Name of trusted person: _____)

If the beneficiary becomes gainfully employed and no longer dependent on public benefits, what would you like to do? (select only one)

- Continue the trust
- Terminate the trust and distribute the trust assets to the beneficiary (if so, complete the following):
Beneficiary must be gainfully employed for ____ months over a period of ____ months.

B. DISTRIBUTION UPON DEATH:

Select the following option if you want to allow the beneficiary to decide who will get the remainder of the trust assets when the beneficiary dies (this is called a testamentary power of appointment).

- Let the beneficiary to decide who will get the remaining trust assets. If so, who may the beneficiary leave the assets to? (select one or more)
 - Beneficiary's descendants
 - Beneficiary's spouse
 - Your descendants
 - Charities
 - Religious organizations
 - No restrictions

How do you want the remainder of the trust assets to be distributed upon the beneficiary's death (answer this even if the above option was selected, in case the beneficiary doesn't decide): (select only one)

- Divide in equal shares for your children (a deceased child's share would be similarly divided)
- Divide into shares (percent or fraction) among named people or charities:

<u>Share %</u>	<u>Person or Charity</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 9

OTHER ITEMS TO INCLUDE OR DISCUSS

Obviously, your third-party SNT should address all your hopes, fears, and wishes for the beneficiary. Please list any other items you want included in the trust or that you want to discuss.

I/We certify that to my/our knowledge, the foregoing information is true and correct.

Date: _____

Signature

Date: _____

Signature