



(800) 400-HELP (4357)

Special Needs Trust Questionnaire

Name: _____

Spouse's name: _____

Address: _____

Telephone: _____ Backup Telephone Number: _____

Grantor Email: _____ Email: _____

Grantor Date of Birth: _____

Grantor SSN: _____

Name of intended beneficiary: _____

Date of Birth: _____

SSN: _____

Address: _____

Guardian or parent: _____

Guardian or Parent's address: _____

Your Relationship to Beneficiary: _____

Professional advisors:

Accountant: _____

Telephone: _____

Address: _____

Investment counselor: _____

Telephone: _____

Attorney: _____

Telephone: _____

Address: _____

Approximate value of assets you expect to be available to fund the Special Needs Trust either at the present time or upon your death. _____.

Specific concerns:

Specific concerns continued:

Upon the beneficiary's death, to whom do you want any remaining trust principal to be distributed?

Who do you want to act as Trustee? _____

Relationship, if any to you or the beneficiary: _____

Who would be your second choice? _____

Relationship, if any to you or the beneficiary: _____