ALABAMA FAMILY TRUST
Administering Special Needs Trusts
100 Centerview Drive, Suite 200, Vestavia Hills, AL 35216
205.883.8333 Fax: 205.883.0333 info@alabamafamilytrust.com

FIRST–PARTY TRUST CONFIDENTIAL INFORMATION

I. ABOUT THE LIFE BENEFICIARY/CONTRIBUTOR/SETTLOR

Life Beneficiary Name:	
Address:	
Email Address:	
Telephone Numbers:	
Social Security Number:	
Date of Birth:	

Source of funds to be transferred to the AFT account, such as a verdict or settlement of a legal claim of the life beneficiary, inheritance received directly by the life beneficiary (but not in a testamentary trust for the benefit of the life beneficiary), or from the life beneficiary's own earnings, savings, or investments:

Please provide a copy of any settlement agreement, Will, probate determination of heirs, or other court order.

Documentation that the Life Beneficiary is disabled:

____ Medicare card showing an effective month prior to the month in which the Life Beneficiary turned age 65 (if born on the first day of a month, then the month before that)
____ Letters of Guardianship or Conservatorship issued after the Life Beneficiary is not a minor
____ Physician letter, nursing home admission face sheet, or other medical records

Documentation that the Life Beneficiary is currently receiving any of the following benefits:

____ Supplemental Security Income (SSI) if the Life Beneficiary is under 65 years of age
____ Social Security Disability benefits if the Life Beneficiary is under full retirement age
____ Nursing home Medicaid or Medicaid waiver at any age
____ Veterans Administration Aid and attendance or housebound benefits at any age

Description of the Life Beneficiary's physical and mental diagnoses, limitation, and impairments:

Living arrangements:

____ Single-family home/condo/duplex, and has an ownership interest (including life estate)

If so and there is a mortgage, what is the Life Beneficiary's monthly payment? $ _____

____ Check here if the Life Beneficiary has a Section 8 voucher.

____ Single-family home/condo/duplex and does not have an ownership interest

If so, Life Beneficiary pays $ _____ per month rent and $ _____ per month utilities

If so, who is the owner? _____

If so, owner's relationship to the Life Beneficiary? _____

____ Mobile home and owns the mobile home and the land upon which it is located

If so and there is a mortgage, what is the Life Beneficiary's monthly payment? $ _____

____ Mobile home and owns the mobile home but not the lot upon which it is located

If so, what is the Life Beneficiary's monthly lot rent? $ _____

____ Mobile home and does not own the mobile home or the lot

If so, what is the Life Beneficiary's total monthly rent? $ _____

____ Apartment in public housing

If so, what is the Life Beneficiary's monthly payment for rent and utilities? $ _____

____ Privately owned apartment

If so, Life Beneficiary pays $ _____ per month rent and $ _____ per month utilities

____ Nursing facility, assisted living facility, or group home, paying $ _____ per month

If so, please list the name, address, and telephone number of the facility:

If the Life Beneficiary does not reside in a facility and does not live alone, please list the names and relationships to the Life Beneficiary of the persons with whom the Life Beneficiary resides:

_____

Transportation:

Does the Life Beneficiary drive? _____; have a driver's license? _____; use public transport? _____

____ Check here if the Life Beneficiary owns a vehicle

If so, the make and model of the vehicle is _____

If so, please list any repairs or major maintenance that is currently needed:

_____

If not paid for, total owed is $ _____, and the payment is $ _____/ month

Any comprehensive or liability only insurance coverage? _____

If so, the cost is $ _____ per _____, policy limits of $ _____ / $_____

School:

Name of current school: _____; Full-time or hours per week: _____

List any tuition, fees, or other school expenses:

_____

Employment/Self-employment

____ Check here if the Life Beneficiary is employed; or _____ Check here if self-employed

List name, hours, and location of employer or nature of business _____

_____

Hobbies/Volunteer Activities:

List the Life Beneficiary's hobbies, volunteer activities, or interest and any costs associated with these activities:

Eligibility for public benefits, other sources of income, and health insurance:

Information that may affect your eligibility for benefits:

Current marital status

____ Currently married and residing with a spouse

____ Currently married, but not residing with a spouse

____ Divorced

If so, did any marriage last at least ten years? _____

If so, is the former spouse alive or deceased? _____

____ Widowed

____ Never married

Military Service

____ Life beneficiary served in the military

If so, dates on active duty: _____

____ Life beneficiary, did not serve, but is the widow or widower of a veteran

If so, dates on active duty: _____

Life beneficiary's current eligibility for public benefits, sources of income, and health insurance

Source	Eligible Now?	Monthly income	Monthly cost	Will apply soon?
Nursing home Medicaid				
Medicaid waiver				
SSI				

SS Disability				
SS Retirement/Survivor				
SS Disabled Child (DAC)				
Original Medicare (A B &D)				
Medicare Advantage (C)				
Employer/Retiree Health				
Medicare Supplement				
Federal Retirement				
Military Retirement				
State/Teacher Retirement				
Private Pension				
Tricare for Life/Champus				
Federal Retiree Health Ins				
Veterans Benefits DIC				
VA Pension/A & A				
QMB				
SLMB or QI				
LIS (Part D extra help)				
Other income				
Other health insurance				

II. ABOUT THE REPRESENTATIVES

Representatives named in the Trust Agreement will request that the Trustee pay for items and services for the benefit of the Life Beneficiary. **A copy of a government-issued identification card and the following information must be submitted for each person named in the Trust Agreement as Representative or Successor Representative.**

Representative Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

Representative Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

Representative Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

III. ABOUT THE REMAINDER BENEFICIARIES

At the death of the Life Beneficiary, the Remainder Beneficiaries named in the Trust Agreement will receive any funds that remain after Medicaid repayment, payment of closing costs, and the 10% allocation to the AFT Charitable Trust. Each such Remainder Beneficiary will receive the amount, fraction, percentage, or share stated in the Trust Agreement. **PLEASE PROVIDE BELOW THE FOLLOWING INFORMATION CONCERNING ANY REMAINDER BENEFICIARIES FOR WHOM THE INFORMATION HAS NOT ALREADY BEEN PROVIDED AS A REPRESENTATIVE ON THE PREVIOUS PAGE. Please Note:** If proper contact information and Social Security numbers are not provided for a Remainder Beneficiary, any funds payable to that Remainder Beneficiary may be paid to the Unclaimed Property Division of the Alabama State Treasurer.

Remainder Beneficiary Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

Remainder Beneficiary Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

Remainder Beneficiary Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

Remainder Beneficiary Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

Remainder Beneficiary Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

Remainder Beneficiary Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

Remainder Beneficiary Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers:	
Social Security Number:	

IV. PROFESSIONAL ADVISOR INFORMATION

Please provide the following for anyone who assisted in the preparation of the AFT documents package or who can be contacted for assistance in processing these forms.

Professional Advisor Name:	
Address:	
Email Address:	
Phone Numbers:	

How did you hear about Alabama Family Trust?