ALABAMA FAMILY TRUST
Administering Special Needs Trusts

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TRUST CHECKLIST THIRD PARTY IRREVOCABLE TRUST
Funded with assets not owned by the Beneficiary

BEFORE SUBMITTING YOUR DOCUMENTS TO ESTABLISH AN ACCOUNT WITH ALABAMA FAMILY TRUST (AFT), MAKE SURE YOU HAVE INCLUDED ALL OF THE FOLLOWING:

- ☐ Third-Party Irrevocable Trust Agreement (Irrevocable Agreement/Third Party Trust) as completed in full with original signatures (not scanned, faxed, etc.). AFT will fill in the date. If the agent under an Alabama durable power of attorney is executing the trust and the power of attorney was executed on or after January 1, 2012, then the power of attorney must include specific language that gives the agent the power to execute a trust on behalf of the principal of the power of attorney. Language that generally gives the agent the power to execute an inter vivos trust or that specifically gives the agent the power to execute a special needs trust is acceptable.
- ☐ If you are not the Settlor - Photocopy of Power of Attorney, Letters of Guardianship, Letters of Conservatorship or other court order establishing your authority to open the trust on behalf of the Settlor.
- ☐ Confidential Information Form completed in full.
- ☐ Case Management Assessment Participation Form.
- ☐ Investment Options Agreement with original signatures. Select one of the eight options listed on Page 1, then sign and have signature witnessed on Page 2. AFT will fill in the date.
- ☐ IRS Form W-9 completed on behalf of the Beneficiary.
- ☐ Evidence of the Beneficiary's medical impairment.
- ☐ Photocopy of government-issued identification card (Driver's License, passport) for every Representative, including Successor Representatives.
- ☐ Check payable to Alabama Family Trust for at least $1,500.00, with Beneficiary's name written in the lower left corner of the check.

Additional Documentation Needed if Beneficiary is Requesting Participation in the Case Management Assessment Program:

- ☐ Release of Information for Case Management Assessment.
- ☐ Financial Power of Attorney or Letters of Conservatorship (if applicable).
- ☐ Healthcare Power of Attorney, Letters of Guardianship, or proof of HIPAA representation (if applicable).

Please Note: The Case Management Assessment Program is a voluntary program. Participation in the Program is not required in order to establish a trust with AFT.

For your own records, we suggest you keep a copy of everything being submitted.