



CONFIDENTIAL INFORMATION

I. About the Settlor *(the person establishing the AFT account):*

Name: _____

Address: _____

Email Address: _____

Phone Numbers (including area codes): _____

Settlor's Social Security Number: _____

Source of money to be transferred to AFT account (such as legal settlement received by Settlor, inheritance received by Settlor, Settlor's own earnings or accumulation, etc.):

Note: If the money is coming from a legal settlement, please provide copy of the written settlement agreement or court order.

II. About the Life Beneficiary *(the person who will benefit from the AFT account):*

Name: _____

Address, if different from Settlor: _____

Email Address, if different from Settlor: _____

Phone Numbers, if different from Settlor: _____

Life Beneficiary's Social Security number: _____

Date of Birth: _____

What is the Settlor's relationship to the Life Beneficiary: _____

Does the money to be transferred to the AFT account belong to the Life Beneficiary or to his/her spouse?

Description of Life Beneficiary's medical impairment/disability:

Medical impairment/disability may be substantiated in several ways, and one or more of the following may be required:

- Copy of current Medicaid card
- Copy of current Medicare card
- Correspondence from Social Security Administration or state Medicaid agency acknowledging the disability
- Letter of guardianship issued by court
- Letter of Conservatorship issued by court
- Letter from physician as required for admission to skilled nursing facility
- Written statement from medical director of skilled nursing facility where Life Beneficiary resides
- Physician's written statement on physician's letterhead

What are you providing to prove the Life Beneficiary's medical impairment/disability?

What health insurance does the life Beneficiary have? _____

Does the Life Beneficiary live alone? _____

If not, with whom does the Life Beneficiary live, and what is their relationship?

If the Life Beneficiary lives in a private residence, who owns it? _____

Does the Life Beneficiary own a car? _____

Does the Life Beneficiary have a valid driver's license? _____ Does he/she drive? _____

Does the Life Beneficiary attend school? _____ If so, where? _____

Does the Life Beneficiary work? _____ If so, where? _____

Does the Life Beneficiary receive SSI? _____

III. **About the Co-Trustee(s)** who will work with Alabama Family Trust on behalf of the Life Beneficiary: Remember to submit a government-issued identification card for each current Co-Trustee. Provide the following information for each Co-Trustee and Successor Trustee appointed:

Name	
Address	
Relationship to Life Beneficiary	
Email Address	
Phone numbers, including area codes	
Co-Trustee's Social Security number	

Name	
Address	
Relationship to Life Beneficiary	
Email Address	
Phone numbers, including area codes	
Co-Trustee's Social Security number	

Name	
Address	
Relationship to Life Beneficiary	
Email Address	
Phone numbers, including area codes	
Co-Trustee's Social Security number	

IV. About the Remainder Beneficiaries (*organizations or individuals who will receive what remains, if any of the Life Beneficiary's AFT account after Medicaid and the Alabama Family Trust Charitable Trust have received their allotted portions*):

Remainder Beneficiary 1 Name	
Address	
Email Address	
Phone numbers, including area codes	
Remainder Beneficiary's Social Security number	
Percentage to be received from Life Beneficiary's account	

Remainder Beneficiary 2 Name	
Address	
Email Address	
Phone numbers, including area codes	
Remainder Beneficiary's Social Security number	
Percentage to be received from Life Beneficiary's account	

Remainder Beneficiary 3 Name	
Address	
Email Address	
Phone numbers, including area codes	
Remainder Beneficiary's Social Security number	
Percentage to be received from Life Beneficiary's account	

Remainder Beneficiary 4 Name	
Address	
Email Address	
Phone numbers, including area codes	
Remainder Beneficiary's Social Security number	
Percentage to be received from Life Beneficiary's account	

Remainder Beneficiary 5 Name	
Address	
Email Address	
Phone numbers, including area codes	
Remainder Beneficiary's Social Security number	
Percentage to be received from Life Beneficiary's account	

V. Professional Advisor Information (*person, if any who assisted you with the AFT forms*):

Professional Advisor Name	
Address	
Email Address	
Phone Number	