



CONFIDENTIAL INFORMATION

I. ABOUT THE SETTLOR (*the person establishing the AFT account*):

Name:	
Address:	
Email Address:	
Phone Numbers: (include 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.):

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

II. ABOUT THE 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:	
Beneficiary's Social Security Number:	
Date of Birth:	

What is the Settlor's relationship to the Beneficiary? _____

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

Description of Beneficiary's medical impairment/disability:

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

- Copy of current MEDICAID (not 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 Beneficiary resides
- Physician's written statement on physician's letterhead
- Copies of recent medical records listing diagnosis/impairments

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

What health insurance does the Beneficiary have? _____

Does the Beneficiary live in a facility? Yes No If yes, please list the name and address of the facility.

Does the Beneficiary live alone? _____

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

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

Does the Beneficiary own a car? _____

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

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

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

Does the Beneficiary receive SSI? _____



III. ABOUT THE REPRESENTATIVE(S) who will work with Alabama Family Trust on behalf of the Beneficiary: Remember to submit a government-issued identification card for each current Representative. Provide the following information for each Representative and Successor Trustee appointed:

Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers: (include area codes)	
Representative's Social Security Number:	

Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers: (include area codes)	
Representative's Social Security Number:	

Name:	
Address:	
Relationship to Beneficiary:	
Email Address:	
Phone Numbers: (include area codes)	



Representative's Social Security Number:	
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IV. ABOUT THE REMAINDER BENEFICIARIES (*organizations or individuals who will receive what remains, if any of the 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: (include area codes)	
Remainder Beneficiary's Social Security Number:	
Percentage to be received from Beneficiary's account:	

Remainder Beneficiary 2 Name:	
Address:	
Email Address:	
Phone Numbers: (include area codes)	
Remainder Beneficiary's Social Security Number:	
Percentage to be received from Beneficiary's account:	

Remainder Beneficiary 3 Name:	
Address:	
Email Address:	
Phone Numbers: (include area codes)	
Remainder Beneficiary's Social Security Number:	

Percentage to be received from Beneficiary's account:	
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Remainder Beneficiary 4 Name:	
Address:	
Email Address:	
Phone Numbers: (include area codes)	
Remainder Beneficiary's Social Security Number:	
Percentage to be received from Beneficiary's account:	

Remainder Beneficiary 5 Name:	
Address:	
Email Address:	
Phone Numbers: (include area codes)	
Remainder Beneficiary's Social Security Number:	
Percentage to be received from Beneficiary's account:	

V. PROFESSIONAL ADVISOR INFORMATION (*person, if any, who assisted you with the AFT forms*):

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