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CONFIDENTIAL CLIENT INFORMATION

CLIENT

FULL NAME: _____ DATE: _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

SSN _____ Driver's License No. _____ State: _____

Date of Birth _____ Place: _____

Street Address: _____

City, State, Zip Code _____

Employer _____

Employer Address: _____

Job Title and/or Description _____

Email address: _____

Purpose of the Special Needs Trust _____

Who is the beneficiary? _____

What is his/her diagnosis? _____

Where will the beneficiary reside after your death? _____

Who will act as Trustee? _____

Do you want to name an alternate

Trustee? _____

Please provide the name(s) of:

Your current spouse: _____

Do you have real property to that will go into the Trust? _____

Please provide the address(es) _____

What other property will go into the Trust? _____
