

SPECIAL NEEDS TRUST QUESTIONNAIRE

Grantor Information. The Grantor is the person providing the funds for the trust.

Grantor Full Name: _____

Social Security No: _____

Birth Date: _____

Address: _____

Telephone No: _____

Grantor #2 (if applicable)

Grantor Full Name: _____

Grantor Social Security No: _____

Grantor Birth Date: _____

Grantor Address: _____

Beneficiary Information. The Beneficiary is the person directly benefiting from the trust.

Full Name: _____

Social Security No: _____

Birth Date: _____

Address: _____

Telephone No: _____

Relationship to Grantor: _____

MAIN OFFICE

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Trustee Information (for the Special Needs Trust) the Trustee is an individual responsible for handling trust assets for the disabled child, if both parents are deceased:

Full Name: _____

Address: _____

Telephone No: _____

Relationship to Beneficiary: _____

Alternate Trustee Information (If the Trustee dies or is unable to serve):

Full Name: _____

Address: _____

Telephone No: _____

Relationship to Beneficiary: _____

Disability & Trust Information:

Disability Caseworker Name: _____

Disability Caseworker Phone No: _____

What is the Disability (Diagnosis, difficulties, etc.):

What is the amount to be put into the Trust: \$ _____

Where was the money derived from: _____

Income Information: What benefits does the disability person receive and how much? (e.g. Medicaid, SSI, Disability, etc.):

Name of Remote Contingent (Name of the person who will receive the funds in the event that the beneficiary passes?):

Does the Beneficiary have siblings? Please provide full name and birth date.
