
Special Needs Trust Checklist

Below is the list of documents required to open a Special Needs Trust with The Foundation of The Arc of Northern Virginia and the Trustee.

If you have any questions please call the Director of Trusts at 703-208-1119 ext. 115.

_____ Joinder Agreement fbo _____ Date _____

_____ Trust Plan (Part A and B)

_____ The Arc of Northern Virginia Disclosure Statement

_____ The Arc of Northern Virginia Payment Options Form

_____ Enrollment Fee Disbursement Form

_____ Key Private Bank Investment Option

_____ Account Statements Information Form

_____ W-9 - Tax Identification form

- *If the Beneficiary is a minor, his/her parent or guardian must sign on their behalf*
- *If the Beneficiary is over the age of 18, and is incompetent, the Guardian, Attorney-in-Fact, or Conservator must sign on behalf of the Beneficiary and provide documentation reflecting the appointment or capacity to sign.*
- *If the Beneficiary is incompetent and there is no Guardian, Attorney-In-Fact, or Conservator, the family may seek to have one appointed by the court.*

_____ Copy of Current Government issued Photo ID or Birth Certificate

_____ Certification of Disability (such as SSA Letter of Awards OR Physician's statement)

_____ Health Insurance ID Cards (Medicaid, Medicare, Private)

_____ Power of Attorney, Guardianship/Conservatorship Paperwork, or Law Suit Settlement Paperwork (if applicable), Last Will and Testament, Medical Directive, Health Proxy

_____ Copies of Account Statements for assets other than cash (if applicable)

Beneficiary Name: _____

New Account Establishment

Once the completed documents listed on the checklist have been submitted to The Foundation of The Arc of Northern Virginia (The Foundation), they will be processed and forwarded to the Trustee. Please allow at least 15 business days after submitting the documents for the trust account to be established. In some cases, the Trust Department will be notified if additional time may be necessary to set up and fund the account.

Disclosure Statement

Notification:

Due to the nature of Special Needs Trusts, we strongly encourage you to speak with your benefit workers (Medicaid, Social Security, etc.) to ensure that a trust will not negatively affect your current or future benefits. Also, due to the reporting requirements of Medicaid, Social Security, and others, it is your responsibility to notify these agencies upon opening and/or funding a trust and/or any other major changes in your income and expenses.

Investments:

The Foundation does not assume liability for your investment options. We encourage you to speak with an investment advisor or our Trustee about the option that best meets your financial goals.

Legal and Tax Advice:

The Foundation offers the trust program as an option available to you. However, each individual has his/her own circumstances and we strongly advise you to consult with an attorney and/or an accountant to discuss your situation and goals before establishing a trust.

Unfunded Trust Fees:

Grantors of Family-Funded Trusts who choose to postpone funding are responsible for the annual maintenance fee specified in the Joinder Agreement. If these fees are not paid when billed, they will be due to The Foundation at the time the trust is funded.

Disbursement Policy

Once funded, a Primary Representative (PR) may request funds from the trust. To request funds, the PR must send a Disbursement Request (DR) Form to the Trust Department. The DR will be reviewed and approved by both the Trust Department and the Trustee. DRs are processed in the order in which they are received. Approval decisions are made within 5 business days of receipt of a DR Form and supporting documentation. Emergency situations are addressed individually. Once the DR is sent to the Trustee, payment will be made to the designated payee.

Acknowledgement

By signing below, I acknowledge that I have read and understood the New Account Establishment, Disclosure Statement, and Disbursement Policy.

Grantor's Signature

Date

Grantor's Printed Name