

Documents for Trust Establishment

| To Pro | ospective Grantor(s) of Special Needs Trusts: |
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| | Government issued photo ID (e.g. driver's license or passport photo) OR copy of birth certificate of the following parties: Grantor(s) (person(s) establishing and funding the special needs trust) |
| | ☐ Beneficiary (person with disability) |
| | Social Security Number of the following: |
| | ☐ Grantor(s) |
| | ☐ Beneficiary |
| | Health insurance card(s) of Beneficiary |
| | □ Private |
| | ☐ Medicaid |
| _ | □ Medicare |
| Ц | Letter of Awards from Social Security Administration (SSA) <u>OR</u> most recent letter from SSA, <u>OR</u> a signed and dated physician's statement |
| | Enrollment fee (\$1050.00) payable by check (made out to <u>Foundation of The Arc of Northern</u> |
| | <u>Virginia</u>), credit card, or via an installment plan |
| | Initial funds: If you wish to fund the trust now, prepare a check payable to Foundation of The |
| | Arc of Northern Virginia, with [FF/SF] SNT fbo [Beneficiary's Name] in the memo line. |
| | Minimum seed money to fund the trust is \$300. |
| | Contact information (e.g. birth dates, addresses, phone numbers, and email addresses) the following parties: |
| | ☐ Grantor(s) |
| | Primary Representatives (who are not already serving as Grantors)Remainder Beneficiaries (if the trust is not depleted at time of Beneficiary's death) |
| | ***Copies of any and all legal documents pertaining to the Beneficiary, including, but not limited to the following: |
| | ☐ Power of attorney |
| | ☐ Guardianship court order and certificate |
| | ☐ Conservatorship court order and certificate |
| | ☐ Medical directives |
| _ | □ Other |
| | ***Copies of insurance policy cover page, last will and testament, and account statements, if applicable |
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***Please note that if any of these documents are incomplete or not presented to the Director of Trusts prior/during your appointment, you may be contacted in the future to complete,

initial, and date specific documents before the trust can be established.

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