



GADZO LAW FIRM

PERSONAL INFORMATION FORM

CONFIDENTIAL

Step

1

Background Information

The facts you provide in this section will ensure that we have accurate information about the proposed beneficiary and the person(s) with whom we will have primary contact.

Main Contact Person Information

Full Legal Name _____

Other names you use(d) _____ Prefer to be called _____

DOB _____ SSN# _____

Birthplace _____ Citizenship U.S. Other _____

Home Address _____

Home Phone _____ Mobile Phone _____

E-mail address _____

Single Married Widowed Divorced

If Married: Date _____ Place _____ Prenuptial Agreement? _____

If Widowed: DOD _____ Name of Deceased _____

If Divorced: Date _____ Name of Spouse _____

Beneficiary with Disability

Full Legal Name _____

Other names use(d) _____ Prefer to be called _____

DOB _____ SSN# _____

Birthplace _____ Citizenship U.S. Other _____

Home Address _____

Are they expected to move? _____ Home Phone (if appropriate) _____

Single Married Widowed Divorced

If Married: Date _____ Place _____ Prenuptial Agreement? _____

If Widowed: DOD _____ Name of Deceased _____

If Divorced: Date _____ Name of Spouse _____

Are either of their parents still living? _____ Are either of their grandparents still living? _____

Assigned Guardian/Conservator? If so, who? _____

Other Family Member's Information

Full Legal Name _____

Relationship _____ Home Phone _____

Home Address _____

Full Legal Name _____

Relationship _____ Home Phone _____

Home Address _____

Step

2

Planning Goals and Objectives

Please identify all reasons you wish to plan for a person with disabilities and areas about which you want to learn more.

- From predators who can access inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to have half of your child or beneficiary's inheritance
- From creditor claims (such as car accident plaintiffs)
- From financial immaturity resulting in a quick loss of the entire inheritance
- From sharing assets with heirs you would rather disinherit
- From neglect in the government care system
- Ensuring that a beneficiary with special needs has assets that are protected from government seizure while retaining eligibility for needed services
- By providing guidelines for how your child should be supported while their assets are in trust
- By providing instructions, people, and assets to support your beneficiary with special needs above a poverty lifestyle
- From inadvertently receiving an inheritance that disqualifies the person from governmental assistance

Step

Medical Data

3

The information you provide in this section will allow us to identify specialized planning needs and customize the person's Special Needs Trust to ensure that the trust permits distributions that are most likely to improve the person's quality of life.

Disabling condition _____

Please describe the disability, including what the person is able to do and unable to do. Please explain both the mental and physical condition.

What activities does the beneficiary currently engage in that enhance his/her quality of life, or improve his or her condition? (e.g., Special Olympics, camp, classes)

Can the person work? Please explain.

Can the person drive? If not, what are his/her transportation needs?

Step

Governmental Assistance

4

A Special Needs Trust is needed only to protect eligibility for certain types of governmental benefits. The information you provide in this section will help us ensure that Special Needs planning is appropriate for the person with disabilities.

Which of the following benefits, in what amounts, does the beneficiary receive?

SSI (Supplement Security Income) Yes No Future \$ _____

SSDI (Social Security Disability) Yes No Future \$ _____

Medi-Cal Yes No Future

MediCare Yes No Future

Housing Assistance Yes No Future

Other benefits? (e.g., TANF, food stamps, amounts of public benefits received by beneficiary's spouse, if any

Did the person with disabilities receive any public aid or assistance before turning 18? _____

If so, what kind of assistance did the person receive?

If your beneficiary is a Regional Center client, please provide the contact information for his/her local Regional Center office and his/her current case worker.

Step

5

Distribution Details & Gifts

Critical to an estate plan is appointment of persons to act when you cannot. Appointees have titles, depending on their roles.

Successor Trustees: A parent can serve as initial Trustee of a Special Needs Trust, but who will manage assets when he or she is unable to do so?

Full Legal Name _____ Relationship _____

Full Legal Name _____ Relationship _____

Full Legal Name _____ Relationship _____

Trust Advisory Committee (TAC): The members help advise Successor Trustees about your beneficiary's changing needs. Family members often make excellent TAC members, a TAC may be composed of 2-5 members. Please provide contact information for those who will serve on the TAC.

Full Legal Name _____ Relationship _____

Home Address _____ Home Phone _____

Full Legal Name _____ Relationship _____

Home Address _____ Home Phone _____

Full Legal Name _____ Relationship _____

Home Address _____ Home Phone _____

Full Legal Name _____ Relationship _____

Home Address _____ Home Phone _____

Full Legal Name _____ Relationship _____

Home Address _____ Home Phone _____

Care Manager/Advocate: The Successor Trustees can hire this person to recommend distributions for needs not fully covered by public benefits such as supplemental medical and therapeutic care, education, living arrangements, attendant care, transportation, and other support services as needed. A Care Manager or Advocate is typically a licensed clinical social worker or other similarly qualified professional. If you have someone in mind, please list them below.

Full Legal Name _____ Organization _____

Contact Address _____ Phone _____

Full Legal Name _____ Organization _____

Contact Address _____ Phone _____

Step

6

Special Instructions

CHANGE IN CIRCUMSTANCES. Your beneficiary's inheritance will remain in the Special Needs Trust for the beneficiary's entire life unless you provide for circumstances under which a full or partial distribution may be made. Most frequently, parents provide that if their child is employed and self-supporting for a certain minimum period of time (for example 24 months out of the last 28 months), the Successor Trustee may distribute all or some of the trust. What circumstances would you like to trigger a distribution decision (if any)?

RESIDENTIAL INSTRUCTIONS. What instructions would you like to provide regarding your beneficiary's residence? Are certain options unacceptable (such as a public facility)? Would you prefer for the beneficiary to be a homeowner someday? Would you like a caregiver to live in the home with the beneficiary?

SOCIAL OPPORTUNITIES. What social opportunities would you like to provide to your beneficiary (e.g., concerts, plays, movies, religious gatherings, support groups)?

OTHER INTERESTS/GOALS. What other interests (e.g., music, artistic, literary) or goals does your beneficiary have that you wish to support?

DISTRIBUTION OF ANY REMAINDER IN THE SPECIAL NEEDS TRUST. When the trust terminates, who will receive the funds? Please provide specific legal names of family members and answer the questions below.

All to the child's issue or, if none, then equally between the child's siblings or their issue who survive them. Please provide the name of each such person currently living and his or her relationship to you.

Equally between the child's siblings, or their descendants, then remote contingent beneficiaries.

All to child's descendants, then to _____

Are any of these people minors (under age 18) Yes No

Are all of these people in good health? Yes No

Are any of these people blind or disabled? Yes No

Do any receive SSI or other government benefits? Yes No

Do any have alcoholism or drug addiction? Yes No

Do any have trouble managing their money? Yes No

If you answered yes to any of these questions, please explain.

Does your beneficiary own a cemetery lot or has he/she prepaid any funeral or burial expense?

Step

7

Disabled Person's Assets

Please indicate if the proposed beneficiary has an interest in any of the following and, if so, the approximate value of that interest.

Business Interests (Please describe any interest you have in a partnership, sole proprietorship, limited liability company, etc.)

Name: _____ Type of Business: _____ Approx value \$ _____

Name: _____ Type of Business: _____ Approx value \$ _____

Name: _____ Type of Business: _____ Approx value \$ _____

Name: _____ Type of Business: _____ Approx value \$ _____

Stock Options

Name of Company: _____ Date of Grant(s): _____ Total # of Options: _____

Approx. Value Vested Options: _____ Approx. Value of Unvested Options: _____

Name of Company: _____ Date of Grant(s): _____ Total # of Options: _____

Approx. Value Vested Options: _____ Approx. Value of Unvested Options: _____

Real Estate

Property #1: _____

Date Acquired: _____ Amount Paid: _____ Current Value: _____ Mortgage: _____

Title: Joint Tenancy Community Property Separate Property of _____ Other

Property#2: _____

Date Acquired: _____ Amount Paid: _____ Current Value: _____ Mortgage: _____

Title: Joint Tenancy Community Property Separate Property of _____ Other

Account Information (Please indicate if title is held as joint tenancy(JT), community property (CP), separate property (SP), or don't know (?).)

<u>Name of Institution</u>	<u>Owner</u>	<u>Approx. Value</u>
Checking: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Checking: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Savings: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Savings: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Money Market: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Money Market: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Other Accounts: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
CDs: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
CDs: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Savings Bonds: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____
Savings Bonds: _____	<input type="checkbox"/> JT <input type="checkbox"/> CP <input type="checkbox"/> SP of _____	<input type="checkbox"/> ? \$ _____

Step

7

Disabled Person's Assets (Cont.)

Please indicate if the proposed beneficiary has an interest in any of the following and, if so, the approximate value of that interest.

Brokerage: _____ JT CP SP of _____ ? \$ _____

Brokerage: _____ JT CP SP of _____ ? \$ _____

Brokerage: _____ JT CP SP of _____ ? \$ _____

IRA/RothIRA/SEP: _____ JT CP SP of _____ ? \$ _____

IRA/RothIRA/SEP: _____ JT CP SP of _____ ? \$ _____

401(k): _____ JT CP SP of _____ ? \$ _____

401(k): _____ JT CP SP of _____ ? \$ _____

529 Plan: _____ JT CP SP of _____ ? \$ _____

Uniform Minor Transfer Act: _____ JT CP SP of _____ ? \$ _____

Annuities: _____ JT CP SP of _____ ? \$ _____

Pension/Profit sharing: _____ JT CP SP of _____ ? \$ _____

Personal Property (Please indicated how you hold title. If you do not know, please use (?).)

Autos/Boats/RVs: _____ JT CP SP of _____ ? \$ _____

Autos/Boats/RVs: _____ JT CP SP of _____ ? \$ _____

Autos/Boats/RVs: _____ JT CP SP of _____ ? \$ _____

Other property: _____ JT CP SP of _____ ? \$ _____

Safe Deposit Box: _____ Where is the Box? _____

Life Insurance (If life insurance is multiple of salary, provide salary and multiple)

Insurer: _____ Policy No. _____ Life Insured: _____ Value: \$ _____

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