

Special Needs Trust Estate Planning Questionnaire

Personal Information

Client Name

Address

Phone Number

Email

Beneficiary Information

Beneficiary Name

Date of Birth

Relationship to Client

Nature of Disability

Assets

Approximate Value of Estate

Asset Details (real estate, bank accounts, etc.)

Trust Structure

Proposed Trustee Name

Trustee Contact Information

Alternate Trustee(s)

Government Benefits

Is the beneficiary currently receiving government benefits?

Details of benefits (SSI, Medicaid, etc.)

Distribution Instructions

How should the trust assets be used/distributed?

Other Information

Additional Notes or Special Instructions