

## Master Special Needs Pooled Trust MEMBER DISTRIBUTION PLAN

Member Information:	Date:		
Name	Telephone #		
Address	Soc Sec #		
	DOB		
Living Home Nursing Rest I Situation: Home	Home Assisted Residential Other Living Group home		
Benefits and Amounts: SSDI \$	SSI \$ Other \$		
Income and Amounts (e.g. work) \$			
Medical Insurance: MA Health	Medicare Other		
Health status and/or any other significant changes we need to know:			

Does member have:	Guardian	Conservator	Power of Attorney	Other
Name:				
Address:				
Phone #:				
-			<del></del>	
Name:				
Address:				
Phone #:				
Name:				
Address:				
Phone #:				
Other Contact Person		-		
Name:				
Phone #:				
Relationship: _				
Name:				
Address:			<del></del>	
Phone #:			<del></del>	
Relationship:			<del></del>	
<b>Ttolationship</b>				
Name:				
Address:			<del></del>	
Phone #:				
Relationship: _				

## Desires for Use of Distributions from Trust During Life of Member

Please be as thorough as possible when completing this section. The information you provide can be useful to us when reviewing requests for distributions.

A) Please explain what type of distribution Pooled Trust account used for? You or given your particular circumstances. Very expenditures.	an explain in any way that makes sense
Signature of person filling form out	Relationship to trust member