



Name of Beneficiary: \_\_\_\_\_

**To be completed by ACHIEVA Family Trust**

Trust Type: \_\_\_\_\_ Trust Legal Name: \_\_\_\_\_

Account No. \_\_\_\_\_ EIN No. \_\_\_\_\_

Initial Pending Date: \_\_\_\_\_ Date Opened: \_\_\_\_\_ Date Closed: \_\_\_\_\_

**ACHIEVA FAMILY TRUST OPENING ACCOUNT INFORMATION FORM  
COMMON LAW AND PAYBACK TRUSTS**

The following information is required to open a new trust account. Please complete applicable sections with as much detail as you can. If applicable, attach copies of relevant documents, including Court Orders/Petitions, Wills, annuity contracts, etc.

**PART I - INFORMATION ON BENEFICIARY**

**1. BENEFICIARY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County of Residence: \_\_\_\_\_

Lives: \_\_\_\_\_ Alone \_\_\_\_\_ With parents/guardian \_\_\_\_\_ Group Home (supply name)

Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nature of Disability and Diagnosis: \_\_\_\_\_

\_\_\_\_\_



**Beneficiary (continued):**

Gender:            \_\_\_\_\_ Male    \_\_\_\_\_ Female

Marital Status:    \_\_\_\_\_ Single    \_\_\_\_\_ Married    \_\_\_\_\_ Divorced    \_\_\_\_\_ Widowed

Race:            \_\_\_\_\_ White/European    \_\_\_\_\_ Black/African    \_\_\_\_\_ Asian

                         \_\_\_\_\_ Pacific Islander    \_\_\_\_\_ Native American/Alaskan

Ethnicity:        \_\_\_\_\_ Non-Hispanic    \_\_\_\_\_ Hispanic

**2. INCOME**

Provide information on all income received by the beneficiary. If known, please include identification numbers under which the benefits are received and amounts.

SOCIAL SECURITY

SSI:            Identification No. \_\_\_\_\_ Monthly Amount \_\_\_\_\_

SSDI:          Identification No. \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Social Security  
Retirement:    Identification No. \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Social Security  
Survivors:      Identification No. \_\_\_\_\_ Monthly Amount \_\_\_\_\_

OTHER INCOME

Veterans Administration:    Monthly Amount \_\_\_\_\_

Railroad Retirement:        Monthly Amount \_\_\_\_\_

Black Lung:                Monthly Amount \_\_\_\_\_

Public Assistance:         Monthly Amount \_\_\_\_\_

Wages:            Monthly Amount: \_\_\_\_\_ Employer: \_\_\_\_\_

Pension:          Monthly Amount: \_\_\_\_\_ Former Employer: \_\_\_\_\_

Other:            Tpye of Income: \_\_\_\_\_ Amount: \_\_\_\_\_

                         Type of Income: \_\_\_\_\_ Amount: \_\_\_\_\_



**3. HEALTH INSURANCE**

Please indicate any health insurance coverage for the beneficiary and supply identification numbers if known.

\_\_\_\_\_ Medicare: Identification No.: \_\_\_\_\_

\_\_\_\_\_ Medical Assistance: Identification No.: \_\_\_\_\_

\_\_\_\_\_ Waiver: Identification No.: \_\_\_\_\_

\_\_\_\_\_ Other: Name of Provider: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**4. MOTHER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**5. FATHER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



**6. REP PAYEE / POWER OF ATTORNEY / COURT APPOINTED GUARDIAN**

\*\*Please provide copy of power of attorney document or Court Order, if applicable.

Name: \_\_\_\_\_

\_\_\_\_\_ Rep Payee \_\_\_\_\_ Agent Under POA \_\_\_\_\_ Court Appointed Guardian

Relationship to Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**7. COORDINATOR**

Examples: Case Manager, Supports or Service Coordinator, etc.

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**8. OTHER SERVICES** Examples: Waiver Services, OVR, etc.

Type of Service: \_\_\_\_\_

Agency & Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



**PART II - TRUST INFORMATION**

**1. GRANTOR/SETTLOR**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\*\*Required in order to obtain an EIN number for the trust.

Email address: \_\_\_\_\_

**2. CO-TRUSTEE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. ATTORNEY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_



**PART III - INFORMATION REGARDING TRUST ADMINISTRATION**

**1. FUNDING OF ACCOUNT**

Amount to be Received: \_\_\_\_\_

Approximate Date of Funding: \_\_\_\_\_

Source of Funds:

Examples: Settlement, Litigation Proceeds, Inheritance, etc.

\_\_\_\_\_  
\_\_\_\_\_

If the trust will receive annuity payments, please provide a copy of the annuity contract as well as a name, address and telephone number for the contact person and payment frequency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. STATEMENTS**

Please indicate the names and addresses of the individual(s) to receive quarterly statements. Quarterly statements can be sent to multiple individuals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. TAX INFORMATION**

List the name and address of the individual to receive tax information for filing personal tax returns on behalf of the beneficiary. Only **one** individual can receive tax information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PART IV - OTHER**

**1. NOTIFICATION TO DEPARTMENT OF PUBLIC WELFARE**

If the beneficiary is receiving benefits through the DPW, has the DPW been notified that a trust account is being established? If yes, please provide a copy of the notification to the DPW.

Yes \_\_\_\_\_ No \_\_\_\_\_

**2. FINAL ARRANGEMENTS**

List any prepaid funeral or burial arrangements established for the beneficiary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**To be completed by ACHIEVA Family Trust:**

**Referral Source:** \_\_\_\_\_

**Special Requirements:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Disposition of Residual:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**DISCLOSURE STATEMENT**

**I have asked ACHIEVA Family Trust to serve as trustee of funds. I understand that those funds will be invested and I acknowledge:**

- 1. That ACHIEVA Family Trust may invest these funds with other funds but account for them on an individual basis.**
- 2. That these funds are not obligations or guaranteed by ACHIEVA Family Trust.**
- 3. That these funds are not deposits insured by the Federal Deposit Insurance Corporation (FDIC), and are subject to investment risk, including possible loss of principal invested.**
- 4. That ACHIEVA Family Trust adopts investment guidelines for trust funds and those investment guidelines can change at any time.**
- 5. That the market values of investments do fluctuate, and upon liquidation, could be of a value more or less than the market value of my original deposit into the trust account.**
- 6. That income earned and retained in my trust account, or received in distributions from my trust account, will fluctuate over time.**
- 7. That past investment performance either reviewed or considered by me is past performance only and not a guarantee of future results.**
- 8. That fees charged by the trustee may reduce the principal amount of my trust account.**
- 9. That trusts are taxable. ACHIEVA Family Trust will file fiduciary tax returns for its trusts and may charge my trust account for any taxes owed. ACHIEVA Family Trust will also send me tax information to include in my personal tax return.**

**Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Settlor)**

**Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Beneficiary or Legal Representative)**