



SPECIAL TREATMENT TRUST ITEMS NEEDED LIST

Prior to the signing appointment, please fax or scan/email the following information to our firm. If information already provided, move to next item on list.

1. Review the Legal Documents Fee Agreement, sign it on page 3, return to the firm (at a minimum) the signature page
2. Customer's date of birth (proof under age 65), Social Security number, mother's maiden name, Medicare claim number (on Medicare card usually)
3. Customer's proof of disability [disability determination through Social Security (either on disability already or letter with customer's disability onset date); OR ALTCS Pre-Admission Screening approval; OR Arizona Department of Health Services diagnosis of Serious Mental Illness (SMI)]
4. Customer's living arrangement (facility name, full address, phone number)
5. Customer's Power of Attorney document
 - a. If the Power of Attorney document is only valid upon disability, copies of the letter(s) from Customer's medical provider proving he/she is incapacitated.
6. If applicable: Customer's guardianship and/or conservatorship paperwork
7. Valid identification - These can only be faxed if the fax system you use gives you the option of sending a picture; otherwise the IDs come through black. If you cannot scan/email or send as a picture please bring the IDs with you to the appointment. Valid ID is required for the notary.
 - a. Valid ID for Customer
 - b. Valid ID for the Trustee
8. Trustee's full address, contact numbers, and email address
9. Each Successor Trustee's full address, contact numbers, and email address
 - a. If naming more than one Successor Trustee, tell us if you want them to serve one right after the other OR if you want them to act at the same time.

IF FUNDING THE SPECIAL TREATMENT TRUST WITH INCOME:

10. Verification of all sources of the gross monthly income that Customer receives
 - a. Customer's 2018 Social Security Award letter (the one received in December 2017 which states the amount he/she will receive in year 2018)
 - b. Customer's 2017 Social Security 1099R form used for tax purposes
 - c. Customer's most recent monthly pension/s statement/s (current month/year)
 - d. Customers 2017 1099R/s from the pension company/ies
11. Check/s and/or check stub/s for any monthly income not direct deposited
12. Bank statements where Customer's income is directly deposited (all pages of the last two statements received from each account) and/or a printout of the account history for the past two months





Your One-Stop Resource for Long Term Care Planning!

13. Billing statements or invoices for Customer's health insurance premiums (employer-sponsored, Medicare insurance related, prescription drug coverage, vision, dental, hearing)
14. If health insurance premium billing statements not available, send copies of cards (both sides) and anything you have that could verify the company name, address, policy number, and premium – even if from a previous year.

IF FUNDING THE SPECIAL TREATMENT TRUST WITH ASSETS (AKA: RESOURCES):

15. Verification of ownership for all assets (resources) that will be transferred to the trust
 - a. If the asset is a bank account: Bank statements (all pages of the last two statements received from each account) and/or a printout of the account history for the past two months.
 - b. If the asset is an annuity: All pages of the annuity contract and the most recent annual policy statement verifying the value of the annuity.
 - c. If the asset is real property: All pages of the most recently recorded deed and the current year's tax valuation statement.
 - d. If the asset is a vehicle: A copy of the current title.

Please remember to bring the following items to the signing appointment:

1. Anything in the list above NOT sent before the appointment
2. Valid ID for Customer
3. Valid ID for the Trustee
4. For income funding: Checkbook/s **AND** blank check/s from accounts where Customer's income is currently deposited – these are the ones that will be used to fund the trust (see below for other options)
 - a. If using checks from an account at a different bank than the IOT account bank, this may cause a 7-DAY HOLD ON THE DEPOSIT. If you do not want a hold on the deposit ...
 - i. Cash withdrawal/s of exact income amount/s
 - ii. Cashier's check/s or money order/s of exact income amount/s
5. For asset/resource funding: Ownership change forms for specific type of asset/resource to be titled to the trust
 - a. Examples may include: blank checks from financial accounts, titles, deeds, ownership change forms
6. IF APPLICABLE: Check, cash, or credit card to cover remaining fee payable to Montgomery & Associates, Inc., which is now doing business as ALTCSPlanning.net.

