

THIRD PARTY POOLED TRUST

Submission Checklist

Please ensure that you have completed the items listed below before submitting your application. **Allow a minimum of 21 days for processing.**

Signati	ture Pri	int Name	Date
	nplete Joinder Agreements will no	ot be processed. Please sign below and r	eturn this form
	A copy of your Social Security Disability Award Letter indicating the claim number and the type of benefit the beneficiary receives is included.		
	You have enclosed a copy of beneficiary's Social Security Card, NYS Identification Card, insurance cards including Medicare, Medicaid and Third Party insurance.		
	You have included a Check or Money order payable to Life's WORC Trusts Services, if trust is being funded at this time.		
	Contact information for the person who signed the application is enclosed		
	The Joinder Agreement is signed by the appropriate <u>person</u> (the family member setting up the trust) and notarized on page 6		
	You have answered all of the questions on the Joinder Agreement		
	You have read the Information & Procedures Booklet and have reviewed the Trust Agreement with your <u>advocate</u> (POA, Attorney)		the Trust