

Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@GoodShepherdFund.org

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 833-403-1198

AUTHORIZATION – INTERESTED PERSON

TRUST TYPE: Pooled Special Needs Trust Individual Special Needs Trust

FOR BENEFIT OF: _____ ACCOUNT NUMBER: _____
(TRUST BENEFICIARY NAME)

I, _____ (BENEFICIARY OR AUTHORIZED PERSON) give authorization to Good Shepherd Fund to discuss the Trust account with _____ (INTERESTED PERSON). This communication may include details regarding the Trust, such as funding date, funding amount, disbursement guidelines, disbursement requests and any other information related to the Trust.

INTERESTED PERSON INFORMATION AND SIGNATURE:

RELATIONSHIP TO BENEFICIARY: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

SIGNATURE OF INTERESTED PERSON: _____

BENEFICIARY AUTHORIZATION:

Please initial next to **only one** of the statements below. If neither option is initialed, the authorization will apply to communication only and will not include requests for disbursements

_____ The Interested Person may NOT execute and submit disbursement requests for the beneficiary.

_____ The Interested Person MAY execute and submit disbursement requests for the beneficiary.

SIGNATURE (BENEFICIARY|POA|GUARDIAN): _____ DATE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.

FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

GOODSHEPHERDFUND.ORG