

## 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: \_\_\_\_\_