



**Benefits
Preserved**

Est.1994

®

Disclosure of Decision to Not Use a Special Needs Trust

I, _____, (“Beneficiary”) do hereby state the following:

1. I have been informed that I need to establish a special needs trust to protect my settlement and still permit me to become or remain eligible for federal and/or state government assistance benefits, including, but not limited to, any and all services, medical care, benefits and financial assistance that may be provided by any county, state or federal agency, now or in the future, that arises from eligibility or receipt of Supplemental Security Income (SSI) benefits, Medicaid or other similar governmental assistance benefits for myself (“government assistance benefits”).
2. I have been explained the advantages, and disadvantages of using a special needs trust.
3. That despite full and complete explanation to my satisfaction and recommendation, both as stated above, I willingly, voluntarily and knowingly do not want to establish, create or use a special needs trust.
4. That despite Attorney’s full and complete explanation to my satisfaction and Attorney’s recommendation, both as stated above, I willingly, voluntarily and knowingly have decided that I do not want to establish, create or use either a special needs trust, or a pooled special needs trust.
5. That despite Attorney’s full and complete explanation to my satisfaction and Attorney’s recommendation, both as state above, I willingly, voluntarily and knowingly have expressed my intent and desire to Attorney that I do not want to establish, create or use either a special needs trust, or a pooled special needs trust.
6. That I understand fully, as explained to me by Attorney, the actual and possible consequences to me, my settlement, and my ability to become or remain eligible for government assistance benefits by my decision to not establish, create or use either a special needs trust, or a pooled special needs trust.
7. That I willingly, voluntarily and knowingly accept whatever consequences occur or may occur in the future to me because I decided to not follow Attorney’s recommendation stated above.

8. That I willingly, voluntarily and knowingly make my decision as stated herein without undue influence by any individual or group or duress.
9. That I have no remaining questions about Attorney's recommendation and explanation as stated above, and willingly, voluntarily and knowingly sign this disclosure.
10. That I have read this disclosure prior to signing this document below in the presence of the witnesses indicated below.

This Disclosure of my decision to not use a special needs trust, including a pooled special needs trust was executed by me on _____.

[Beneficiary]

Witness

Witness

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