

Vista Points Pooled Trust

NEW CLIENT/TRUST INFORMATION SHEET

New Trust Sub-Account

(Please complete this form and submit to Vista Points, Inc.)

DATE: _____

Representative (attorney): _____

Representative address: _____

Representative city, state, zip code: _____

Representative Phone number: _____

Representative email: _____

Amount of money funding the Trust: \$ _____

Beneficiary Name: _____

Disability Diagnosis: _____

Social Security Number: _____

Date of Birth: _____

Present Residence (Home or Name of Facility and Address):

Marital Status: _____

Name of Spouse: _____

Spouse's Social Security Number: _____

Spouse Date of Birth: _____

If Spouse is Deceased, Date of Death: _____

Health Insurance and Coverage Information

Please include copies of all insurance and government benefit identification cards.

1. Is the beneficiary receiving SSI (Supplemental Security Income) funds? __YES __NO
2. Is the beneficiary receiving SSDI (Social Security Disability Income) funds? __YES __NO
3. Is the beneficiary receiving Medicaid coverage? __YES __NO

60K"j g'dgpghekt { "k'p'qv'tgegk'kpi "O gf leckf ."j cu'cp'cr r rlec'kq'p'dggp'k'kf A'aa[GU"aa'P Q"

.....c0Y j gp'ku'cp'cpuy gt"qp'O gf leckf "eqxgtci g'g'zr gev'f A"aaaaaaaaaaaaaaaaaaaaaaaaa"

.....70K"j g'dgpghekt { "c'x'g'v'g't'c'p'A'aa[GU"aa'P Q"

.....8. K"j g'dgpghekt { "t'geg'k'kpi "X'g'v'g't'c'p'u'C'k'f "c'p'f 'C'w'g'p'f 'c'p'eg'd'g'p'k'ku? __YES __NO

Attorney-in-Fact (AIF) Information

AIF Name: _____

AIF Relationship to Beneficiary: _____

AIF Email: _____

AIF Address: _____

AIF Phone Number: _____

AIF Cell Phone Number: _____

If there is more than one AIF, please list the second person's information.

AIF#2 Name: _____

AIF #2 Relationship to Beneficiary: _____

AIF #2 Email: _____

AIF #2 Address: _____

AIF #2 Phone Number: _____

AIF #2 Cell Phone Number: _____

DISBURSEMENT OF "AFTER DEATH" REMAINING MONEY

Upon the death of the beneficiary, according to the Joinder Agreement,
to whom should any remaining money be disbursed?

(1) Name: _____

Relationship to Beneficiary: _____

Email: _____

Address: _____

Phone: _____

(2) Name: _____

Relationship to Beneficiary: _____

Email: _____

Address: _____

Phone: _____

(3) Name: _____

Relationship to Beneficiary: _____

Email: _____

Address: _____

Phone: _____