

**PLAN of CT**  
**Planned Lifetime Assistance Network of Connecticut, Inc.**  
**P.O. Box 290937 Wethersfield, CT 06129**  
**860-523-4951**

**3<sup>rd</sup> Party Trust Checklist**

1. Trust Adoption Agreement/Trust Document (Choices A-C) \_\_\_\_\_
  - Please ensure that the TAA is initialed where indicated
  - Date the document when it is signed by the Grantor
  - Sign the Trust Document
  
2. Personal Care Plan (PCP) \_\_\_\_\_
  - 15 page document
  
3. Power of Attorney or Designation of Agent form for beneficiary \_\_\_\_\_  
(if applicable)
  
4. \$1,050 PLAN of CT establishment fee \_\_\_\_\_
  
5. Trust Acknowledgement Form \_\_\_\_\_
  
6. State Issued ID \_\_\_\_\_

The PLAN of CT Trust Committee meets the 2<sup>nd</sup> Thursday every month to approve trust documents.