

Planned Lifetime Assistance Network Of Connecticut Inc.

P. O. Box 290937, Wethersfield, CT 06129

860-523-4951

Trust Acknowledgement Form

Grantor/Subscriber _____ Beneficiary _____

Date _____

I am initialing that my attorney reviewed the following with me:

_____ I understand that PLAN of CT has full discretion on distributions from the trust

_____ I must ask in advance for a distribution from the trust or the request may be denied

_____ The trust cannot make payments that will affect benefits

_____ The trust will not distribute cash

_____ PLAN Trusts do not hold real property

_____ PLAN charges fees to administer the trust and I have received a copy of the fee
schedule