

SPECIAL NEEDS TRUST (SNT) ATTORNEY CERTIFICATION

Purpose: A legal instrument to specifically direct payment of a Survivor Benefit Plan annuity for a dependent child to a SNT under Public Law 113-291

SECTION I - MEMBER INFORMATION

1. NAME (<i>Last, First, Middle Initial</i>)		2. BRANCH OF SERVICE	
3. CORRESPONDENCE ADDRESS			
a. STREET ADDRESS	b. CITY	c. STATE	d. ZIP CODE

SECTION II – DEPENDENT CHILD INFORMATION

3. DEPENDENT CHILD'S NAME (<i>Last, First, Middle Initial</i>)			
4.			
a. STREET ADDRESS	b. CITY	c. STATE	d. ZIP CODE

SECTION III – PRACTICING ATTORNEY INFORMATION

5.	
a. NAME	b. STATE LICENSED TO PRACTICE
c. STATE BAR NUMBER	

I certify that I prepared a Special Needs Trust ("Trust") on behalf of the dependent child provided in Section II **and that the Trust complies with all applicable state and federal laws.**

I understand that if the child named above has previously applied for, or in the future applies for, Supplemental Security Income (SSI) or other benefits, the Social Security Administration may need to review the SNT and ensure that it is compliant with all applicable state and federal laws.

d. ATTORNEY'S SIGNATURE	e. DATE
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SECTION IV – NOTARY CERTIFICATION

State of _____

County of _____

By my signature, I certify that on this _____ day of _____, 202____, the above named member appeared before me, produced satisfactory evidence of identity and signed this form in my presence. The signature on the above statement is verified as the signature of the member.

Signature of notarial officer:

Title of office:

My commission expires:

