



## Security for People with Special Needs since 1990

office | 804.740.6930    toll free | 888.241.6039    fax | 804.740.6065

address | PO Box 29408, Richmond, VA 23242-0408

# Deposit Form

Please complete the following form to submit additional funds to be deposited in a trust sub account.

Please write checks payable to "Trust Company of Virginia" and include the beneficiary name or account number on the memo line of the check.

Beneficiary Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Person Submitting Funds: \_\_\_\_\_

Amount to be Deposited: \$ \_\_\_\_\_

Source of Funds: \_\_\_\_\_

### Important Reminder

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**Third-Party SNTs (Account numbers starting with "88"):** Additional funds deposited in this type of account should not belong to the beneficiary of the trust at the time of transfer. This trust should be funded only with funds provided by others, or with funds left directly to the special needs trust for the benefit of the beneficiary.

**Self-Funded PDTs (Account numbers starting with "89"):** Additional funds deposited in this type of account should belong to the beneficiary of the trust at the time of transfer.

Please contact CCT with any questions.

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### For CCT Office Use:

Date Deposit Received: \_\_\_\_\_

[www.trustCCT.org](http://www.trustCCT.org) | [info@trustCCT.org](mailto:info@trustCCT.org)