



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

Change of Advocate – New Advocate

To replace or add an Advocate, please submit this form completed by the new Advocate.

Beneficiary Name: _____ Account Number: _____

The main role of the Advocate(s) is to communicate the needs of the Beneficiary to CCT. The Advocate can request a disbursement from the trust by submitting Payment Request Form, and may receive financial statements or have access to account information.

By completing this form, I accept the responsibility of serving as an Advocate for the above-referenced account.

New Advocate

Name: _____

Please select one: Primary Advocate Secondary Advocate

Please select one: Addition Replacement for current Advocate: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Relationship to Beneficiary: _____ e.g. Self, Parent, Sibling, Conservator, Guardian, Power of Attorney, case manager*

*If Conservator, Guardian, or Power of Attorney, please submit supporting documentation.

Please indicate contact preferences: home phone work phone cell phone email mail

This document must be signed in front of a Notary Public

Signature Print Name Date

STATE OF _____ CITY/COUNTY OF _____

TO-WIT: The foregoing document was acknowledged before me by _____, this ____ day of _____, 20____.

Notary Public My commission expires: _____