

Special Needs Trust Election Statement

for the Survivor Benefit Plan

I, (requestor's full name) _____, (relationship to child) _____ elect to have the SBP annuity for (child's full name) _____, who currently resides at (physical address) _____

_____, paid to a Special Needs Trust set up in his/her name.

SNT Name:

Tax Identification Number:

Dependent Child's SSN:

Military Member/Retiree SSN:

I understand the election to have the SBP annuity paid to the SNT is irrevocable. In the event the SNT is found to be invalid or otherwise fails, I understand that the SBP annuity will revert back to being made directly to the dependent child and may significantly impact Federal benefits such as Supplemental Security Income and Medicaid. I have sought the assistance of an attorney to establish the SNT and the Attorney Certification letter is signed and notarized.

Requestor's Signature

Date: _____

Email address: _____

Phone number: _____