

**LEE GUARDIANSHIP SERVICES, INC.  
POOLED TRUST  
ENROLLMENT FORM**

**To enroll, please fill out the information requested.**

<b>SECTION 1 - Referring Attorney</b>	
Attorney Firm	
Attorney First Name	
Attorney Middle Initial	
Attorney Last Name	
Attorney Suffix	
Attorney Street	
Attorney City	
Attorney State	
Attorney Zip Code	
Attorney Phone	
Attorney E-mail	
Paralegal First Name	
Paralegal Middle Initial	
Paralegal Last Name	
Paralegal Phone	
Paralegal E-mail	

**SECTION 2 - Payback Option**

If you choose the No Payback option, 100% of the funds are retained by the trust.

If you choose the Payback Option, on the death of a trust beneficiary, 5% of the remaining assets in a beneficiary's account are retained by the trust, in addition to costs of final trust administration. All remaining funds are then paid to reimburse the Florida Department of Health Services, or the equivalent agency of any other state, up to an amount equal to the total amount of medical assistance provided on behalf of the individual by the Medicaid program. Then, any funds remaining are distributed to the Final Beneficiaries named.

No payback

Payback

**SECTION 3 - Established By**

<b>INFORMATION FOR:</b>	<b>FIRST INDIVIDUAL</b>	<b>SECOND INDIVIDUAL (if applicable)</b>
First Name		
Middle Name/Initial		
Last Name		
Suffix		
Established By*:		
Street		
City		
State		
Zip Code		
Primary Phone:		
Alternate Phone:		
SSN:		
Date of Birth:		
Fax:		
E-mail:		

(\*Established by: Mother, Father, Conservator, Guardian, Court, Grandmother, Grandfather, Attorney-in-Fact, Trustee)

<b>SECTION 4 - Court Information</b> <i>(If not applicable, leave blank)</i>	
Name of Court:	
Judge:	
Case No.:	

<b>SECTION 5 - Trust Beneficiary Name</b>	
First Name	
Middle Name/Initial	
Last Name	
Suffix	
Gender:	Male                      Female

<b>SECTION 6 - Trust Beneficiary Info</b>	
Facility Name: (if applicable)	
Street	
City	
State	
Zip Code	
Has the Beneficiary been judicially determined to be incapacitated?	Yes                      No
Location of Beneficiary:	
SSN:	
Date of Birth:	
E-mail:	
Primary Phone:	
Alternate Phone	
US Citizen	Yes                      No
Is the Beneficiary a Minor?	Yes                      No

<b>SECTION 7 - Benefits</b>			
SSI	Yes	No	Pending
SSI Monthly Amount	\$ (if applicable)		
SSDI	Yes	No	Pending
Medicaid	Yes	No	Pending
Benefit Application Date	(mm/yyyy):		
Section 8	Yes	No	Pending
VA	Yes	No	Pending
Other Benefit	Yes	No	Pending
	Other Benefit:		

<b>SECTION 8 - Impairment/Disability</b>	
Approx. date disability incurred:	(mm/yyyy)
Explain scope of disability:	

<b>SECTION 9 - Contribution to Trust</b>		
	<b>Source 1</b>	<b>Source 2</b>
Funding Source:		
Amount:		
Comments:		
Fund (mm/yyyy):		

**SECTION 10 - Advocate**

	Advocate	Successor Advocate
The Advocate is the Trust Beneficiary	Yes      No	Yes      No
The Advocate is the same person that established the trust	Yes      No	Yes      No
Relationship to Trust Beneficiary:		
First Name		
Middle Name/Initial		
Last Name		
Suffix		
Street		
City		
State		
Zip Code:		
E-mail:		
Primary Phone:		
Alternate Phone:		
Fax Number:		
Date of Birth:		
SSN:		

**SECTION 11 - Distribution (complete if the Payback Option in Section 2 is Yes)**

Distribution will be made to the estate	Yes	No
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**SECTION 12 - Final Beneficiary (complete if Distribution will be made to the estate in Section 11 is No and the Payback Option in Section 2 is Yes)**

	Final Beneficiary	Contingent Beneficiary
First Name		
Middle Name/Initial		
Last Name		
Suffix		
Distribution Percentage:		
Street		
City		
State		
Zip Code:		
Primary Phone:		
Date of Birth:		
Relationship to Trust Beneficiary:		
Disbursement if final beneficiary is deceased:	Surviving final beneficiaries share equally	
	Funds to be distributed per stirpes	
	Contingent beneficiary (Complete Contingent Beneficiary)	
Other Distribution (explain):		

**SECTION 12 continued - Final Beneficiary (complete if Distribution will be made to the estate in Section 11 is No and the Payback Option in Section 2 is Yes)**

	<b>Final Beneficiary</b>	<b>Contingent Beneficiary</b>
First Name		
Middle Name/Initial		
Last Name		
Suffix		
Distribution Percentage:		
Street		
City		
State		
Zip Code:		
Primary Phone:		
Date of Birth:		
Relationship to Trust Beneficiary:		
Disbursement if final beneficiary is deceased:	Surviving final beneficiaries share equally	
	Funds to be distributed per stirpes	
	Contingent beneficiary (Complete Contingent Beneficiary)	
Other Distribution (explain):		

**SECTION 12 continued - Final Beneficiary** (complete if Distribution will be made to the estate in Section 11 is No and the Payback Option in Section 2 is Yes)

	<b>Final Beneficiary</b>	<b>Contingent Beneficiary</b>
First Name		
Middle Name/Initial		
Last Name		
Suffix		
Distribution Percentage:		
Street		
City		
State		
Zip Code:		
Primary Phone:		
Date of Birth:		
Relationship to Trust Beneficiary:		
Disbursement if final beneficiary is deceased:	Surviving final beneficiaries share equally	
	Funds to be distributed per stirpes	
	Contingent beneficiary (Complete Contingent Beneficiary)	
Other Distribution (explain):		



**SECTION 12 continued - Final Beneficiary (complete if Distribution will be made to the estate in Section 11 is No and the Payback Option in Section 2 is Yes)**

	<b>Final Beneficiary</b>	<b>Contingent Beneficiary</b>
First Name		
Middle Name/Initial		
Last Name		
Suffix		
Distribution Percentage:		
Street		
City		
State		
Zip Code:		
Primary Phone:		
Date of Birth:		
Relationship to Trust Beneficiary:		
Disbursement if final beneficiary is deceased:	Surviving final beneficiaries share equally	
	Funds to be distributed per stirpes	
	Contingent beneficiary (Complete Contingent Beneficiary)	
Other Distribution (explain):		

Additional Beneficiaries	(Provide Full Name, Address, Phone, Relationship, Disbursement if beneficiary is deceased)
Additional Comments:	

<b>Signing Information</b>	
State where Trust will be signed: (if known)	
County where signing will be taking place: (if known)	

If you experience difficulty "submitting the form by e-mail to Lee Guardianship Services, Inc." do one of the following:

1. Save the form to your computer and e-mail the form as an attachment to:  
[info@lgspooledtrust.com](mailto:info@lgspooledtrust.com)
2. Print the form and fax it to Lee Guardianship Services, Inc. at:  
(866) 723-8940