Heritage Living Trust "Special Needs" Provision

| Today's Date: | |
|---|---|
| Agent's Name: | |
| Agent's Phone Number: | |
| Name of Clients: | |
| | |
| Client Email Address: | |
| Full Legal Name Of "Special Needs" Child: | |
| Is this Provision for an Adult or Child: | |
| Special Needs Child's Date of Birth: | |
| | (Must be under 65 years of age) |
| Event of Disability: | |
| | (Brief Descripton of disability or situation) |
| In the event of the "special needs" child's death, the balance of his/her inheritance should: (Circle one) a) Be given to his/her children b) Revert back to Trust to be distributed to the remaining Beneficiaries c) Other (Explanation) | |
| Is there a Court Guardianship of Circle one: Yes No | |
| If yes, the "Special Needs" provision may <u>not</u> be used. Parents must have full legal custody. | |