



# AUTHORIZATION - INTERESTED PERSON

**TRUST TYPE:**       Pooled Special Needs Trust       Individual Special Needs Trust

**FOR BENEFIT OF:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_  
(TRUST BENEFICIARY NAME)

I, \_\_\_\_\_ (*BENEFICIARY OR AUTHORIZED PERSON*) give authorization to Good Shepherd Fund to discuss the Trust account with \_\_\_\_\_ (*INTERESTED PERSON*). This communication may include details regarding the Trust, such as funding date, funding amount, disbursement guidelines, disbursement requests and any other information related to the Trust.

**INTERESTED PERSON INFORMATION AND SIGNATURE:**

**RELATIONSHIP TO BENEFICIARY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE OF INTERESTED PERSON:** \_\_\_\_\_

**BENEFICIARY AUTHORIZATION:**

Please initial next to **only one** of the statements below. If neither option is initialed, the authorization will apply to communication only and will not include requests for disbursements

\_\_\_\_\_ The Interested Person may NOT execute and submit disbursement requests for the beneficiary.

\_\_\_\_\_ The Interested Person MAY execute and submit disbursement requests for the beneficiary.

**SIGNATURE (*BENEFICIARY|POA|GUARDIAN*):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_