Secured Futures
A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM
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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:** _____

PLEASE ALLOW 5-8 BUESINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.
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SECUREDFUTURES.ORG