

## Pooled Trust Intake Sheet

Full Legal Name of Applicant \_\_\_\_\_

Date of birth \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name of Person Assisting Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Will the person assisting applicant like to receive statements from the Plan of CT?

(Please Circle) Yes or No

1. What is the applicant's pension amount?
2. What is the applicant's Social Security amount?
3. Does the applicant have any other income? If so list what income and the amount and frequency.
4. What is the applicant's social security number?
5. Is the applicant married, widowed, or single?
6. Does the applicant have a prepaid Funeral? (Please Circle) Yes or No  
If yes, I need the name of where they have the contract.
7. Is the applicant consider competent and able to sign the contract?  
(Please Circle) Yes or No