

Midwest Special Needs Trust

Contact and Status Change Form

Beneficiary Name _____ Date of Birth: ____/____/____

Instructions: Use form to report corrections or changes to contact information such as addresses, phone or fax numbers, email addresses, or names. This form can also be used to report status changes for donors, beneficiaries, co-trustees or remainder beneficiaries. Completed forms may be **faxed to 573-303-5866**, **emailed to mftbt@midwestspecialneedstrust.org** or **mailed to MSNT, P.O. Box 7629, Columbia, MO 65205** with appropriate documentation as noted below.

CHANGES IN CONTACT INFORMATION

The change reported below is for:

____ Life Beneficiary ____ Co-trustee ____ Donor ____ Other (Please specify: _____)

	NEW INFORMATION!!	Effective Date of Change
Name		
Mailing Address		
Home phone		
Work phone		
Cell phone		
Fax		
E-mail address		
Other - specify		

STATUS CHANGE

Life Beneficiary	Co-trustee	Donor
<input type="checkbox"/> Medicaid Eligibility*	<input type="checkbox"/> Resignation*	<input type="checkbox"/> Death* - Specify date:
<input type="checkbox"/> SSI Eligibility*	<input type="checkbox"/> Incapacity	Remainder Beneficiary
<input type="checkbox"/> Guardianship*	<input type="checkbox"/> Finding/conviction of vulnerable person abuse, neglect, exploitation	<input type="checkbox"/> Death* - Specify date:
<input type="checkbox"/> Living arrangement	<input type="checkbox"/> Death - Specify date:	
<input type="checkbox"/> Death* - Specify date:		

***SUBMIT APPROPRIATE DOCUMENTATION, SUCH AS A COPY OF DEATH CERTIFICATE, COURT ORDERS, UPDATED BENEFIT NOTICE, OR NOTARIZED MSNT CO-TRUSTEE RESIGNATION FORM.**

Give date and briefly describe status change(s) indicated above: _____

MSNT USE ONLY

Date Received at MSNT: _____ Date MSNT Records Revised: _____ MSNT Staff: _____

Notes: _____

<http://www.midwestspecialneedstrust.org/TrustDocs/pdf/StatusChangeForm.pdf>