

Signature:\_\_\_

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Date:\_\_\_\_

Underwriting Review Sheet ~ Special Needs Trust	
Bond Amount:	Probate Court (County):
Trustee	Information
Name:	
Home Address:	
SSN:	Date of Birth:
Relationship to Trustee:	Natural Parent? ☐ Yes ☐ No
☐ Married ☐ Single ☐ Divorced	Estimated Net Worth:
Do you own a home? ☐ Yes ☐ No	Date Home was Purchased:
Original Cost:	Current Value:
Employer/Position:	How long have you been employed?
Spouse's Name:	Spouse's SSN:
Spouse's Date of Birth:	Spouse's Employer/Position:
Beneficia	ry Information
Full Name of Beneficiary:	
SSN:	Date of Birth:
With whom does the beneficiary live?:	
Attorney Name:	Firm Name:
Attorney Contact Information:	
Underwrit	ing Information
What is the source of the funds?	
Where will the funds be kept?	Is this a structured settlement?  Yes No
Will the funds be used to support the Beneficiary?  Yes	□ No Is there any current litigation? □ Yes □ No
List two next of kin to the Trustee:	•
Name:	Relationship:
Phone:	Address:
Name:	Relationship:
Phone:	Address:
	Information
Attorney Name:	Firm:
Attorney Address:	
Attorney Phone:	Attorney E-mail:
Trustee Phone:	Trustee Cell Phone:
Trustee Work Phone:	Trustee Fax:
	be ordered on the Trustee and spouse (if married). I agree and accept this as stee, my attorney or surety in consideration of my bond request.