



AMERICAN SURETY BONDS

1587 N.E. Expressway
Atlanta • Georgia • 30329
404) 486-2655 (Main)
(877) 201-8976 (Toll Free)
(404) 329-8158 (Fax)
Info@suretybondsagency.com
www.suretybondsagency.com

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: _____

Beneficiary Information

Full Name of Beneficiary: _____

SSN: _____ Date of Birth: _____

With whom does the beneficiary live?: _____

Attorney Name: _____ Firm Name: _____

Attorney Contact Information: _____

Underwriting 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: _____

Contact Information

Attorney Name: _____ Firm: _____

Attorney Address: _____

Attorney Phone: _____ Attorney E-mail: _____

Trustee Phone: _____ Trustee Cell Phone: _____

Trustee Work Phone: _____ Trustee Fax: _____

I understand that as a part of the underwriting process a credit report will be ordered on the Trustee and spouse (if married). I agree and accept this as part of the underwriting review sheet that has been completed by the Trustee, my attorney or surety in consideration of my bond request.

Signature: _____ Date: _____