



717 ATLANTIC AVENUE  
SUITE 8D  
BOSTON, MA 02111  
PHONE (617) 423-9500  
FAX (617) 507-1085

info@continental-trust.com

## APPLICATION

### BENEFICIARY

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#### Beneficiary Name

First

Last

#### Beneficiary Phone

#### Beneficiary Email

#### Beneficiary Address

Street Address

Address Line 2

City

State

ZIP Code

#### Beneficiary Date of Birth



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**Beneficiary Social Security Number**

**Guardian (if applicable)**

**Consultant Name**

**SETTLEMENT**

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**Cash Amount**

**Annuity Amount**

**Settlement Details**

- Work Compensation
- Liability
- Personal Injury
- Estate Planning
- Non-personal Injury

**Benefits & Assistance**

- Private Insurance
- Medicaid
- Medicare
- TriCare
- VA
- SSI
- SSDI
- Section-8 Housing
- Facility
- SNAP



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## FEATURES

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> SNT         | <input type="checkbox"/> Home               | <input type="checkbox"/> California     |
| <input type="checkbox"/> Trigger     | <input type="checkbox"/> Car                | <input type="checkbox"/> Risk Tolerance |
| <input type="checkbox"/> Minor       | <input type="checkbox"/> Van                | <input type="checkbox"/> Treasuries     |
| <input type="checkbox"/> Incompetent | <input type="checkbox"/> College Funding    | <input type="checkbox"/> Municipalities |
| <input type="checkbox"/> MSA         | <input type="checkbox"/> Caregiver          | <input type="checkbox"/> Corporates     |
| <input type="checkbox"/> Other       | <input type="checkbox"/> Scheduled Payments |   |
|                                      | <input type="checkbox"/> True Link          |   |

### Recommended Home Budget

The recommended home budget is 30% of the "Cash Amount"

### Actual Home Budget

If the recommended home budget does not apply, include the actual home budget here.

### Car Budget

\$48,000.00

### Van Budget

\$100,000.00

### Other Information



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## Grantor Information

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**Grantor (Who is creating the trust?)**

Self     Parent     Grandparent     Guardian     Court

### Grantor Name

First

Last

### Grantor Phone

### Grantor Email

### Grantor Address

Street Address

Address Line 2

City

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### Grantor Date of Birth

  

### Grantor Social Security Number



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## Your Comments/Questions

A small, dark, stylized icon resembling a double slash or a checkmark is located in the bottom right corner of the large rectangular form area.