

# Letter of Intent: Financial Management and Trustee Guidelines

**Date:** [Insert Date]

**To:** The Trustees of [Name of Special Needs Trust]

**Re:** Financial Guidance for [Beneficiary Name]

## 1. General Objective

The primary purpose of this trust is to provide for the supplemental care, comfort, and well-being of [Beneficiary Name] without jeopardizing eligibility for government benefits such as SSI or Medicaid. Financial distributions should prioritize enhancing the beneficiary's quality of life.

## 2. Government Benefit Preservation

The Trustee must remain informed about current income and asset limits for [Name of State] programs. Please ensure that trust distributions are made directly to third-party vendors and never directly to the beneficiary, as cash distributions may reduce or eliminate essential public assistance.

## 3. Budgetary Guidelines

The following are the suggested financial priorities for the trust funds:

- **Housing & Utilities:** Payments for specialized housing, modifications, or supplemental utility costs not covered by benefits.
- **Health & Therapy:** Out-of-pocket medical expenses, dental work, private physical therapy, and mental health counseling.
- **Personal Care:** Specialized clothing, grooming, and non-prescription health items.
- **Education & Enrichment:** Tuition for vocational training, hobby classes, and specialized camps.
- **Transportation:** Maintenance of a modified vehicle, specialized transit services, or travel expenses for the beneficiary and a companion.

## 4. Investment Strategy

I suggest a [Conservative / Moderate / Aggressive] investment approach. The goal is to ensure the longevity of the trust assets to support [Beneficiary Name] for their entire lifetime. Please consult with a financial advisor familiar with Special Needs Trusts annually.

## **5. Professional Fees**

The Trustee is authorized to use trust assets to pay for professional services, including:

- Legal counsel for trust compliance.
- Tax preparation and accounting services.
- Professional care managers or advocates to assess the beneficiary's needs.

## **6. Reporting and Communication**

The Trustee should provide an annual financial summary to [Name of Family Member/Advocate]. Open communication regarding the trust balance is encouraged to help the family plan for the beneficiary's future needs.

## **7. Closing Statement**

This document is a statement of my wishes and is intended to guide the Trustee's discretion. It is not intended to be a legally binding trust document, but rather a resource to ensure [Beneficiary Name] is supported financially in alignment with my values.

Sincerely,

[Your Signature]

[Your Printed Name]