

20____ Annual Accounting of _____,
As Trustee for the _____ Trust

Accounting Period from January 1, 20____ to December 31, 20____

COUNTY OF _____

I, _____ residing at _____
_____, Trustee of the above Trust for the Benefit of _____
_____ do hereby make, render and file this annual account and inventory for the above period.

A. PRINCIPAL

1. BANK ACCOUNTS

Please list the name, address, account numbers and balance deposited in banks or other financial institutions. Please also list any cash on hand not in bank accounts. Please attach monthly bank statements to this accounting for each bank account.

BANK NAME	ADDRESS	ACCOUNT #	JANUARY 1st BALANCE	DECEMBER 31st BALANCE
A1. TOTAL BANK ACCOUNTS				

2. SECURITIES

Please list any Bonds, Notes, and Stocks and attach copies of the bonds and notes and/or brokerage statements of the Bonds, Notes and Stocks owned. If necessary, please attach a separate sheet.

FINANCIAL INSTITUTION NAME	ACCOUNT #	JANUARY 1st VALUE	DECEMBER 31st VALUE
A2. TOTAL SECURITIES			

A. PRINCIPAL (continued)

3. ANNUITIES

Please attach a complete Annuity contract for each Annuity if you have not already sent a copy of the contract(s) to the Division. All Annuities for Medicaid beneficiaries must irrevocably name the State of New Jersey or the special needs trust as first remainderman/annuity beneficiary. In addition, the annuity must be irrevocable, and must commute at death (become payable in a lump sum). Annuities that do not comply with this requirement, and the trusts of which they are a part, will be considered available resources.

FINANCIAL INSTITUTION NAME	INITIAL FUNDING AMOUNT	MONTHLY PAYMENT	TERM OF ANNUITY
A3. TOTAL ANNUITIES			

4a. OTHER PERSONAL PROPERTY

Please list and describe any personal property, owned by the trust, valued at \$500 or more, and indicate the estimated value. Personal Property will include, but not be limited to, items purchased by the trustee to benefit the Beneficiary. Include copies of insurance policy and/or appraisals. If necessary, please attach a separate sheet.

DESCRIPTION	INITIAL FUNDING AMOUNT	JANUARY 1st VALUE	DECEMBER 31st VALUE
A4a. TOTAL PERSONAL PROPERTY			

4b. VEHICLES

Please complete this section if a vehicle was purchased with funds from the trust.

VEHICLE TYPE (SEDAN, SUV, VAN)	VEHICLE MAKE AND MODEL	VEHICLE YEAR	PURCHASE PRICE	VEHICLE IS TITLED TO (ENCLOSE COPY OF TITLE)	% USED FOR TRUST BENEFICIARY	WHO PAYS INSURANCE	KELLY BLUE BOOK VALUE
A4b. TOTAL VEHICLES							

A. PRINCIPAL (continued)

5. REAL PROPERTY

Please describe the location and type of real property, the type of interest, and the market value. Please attach a copy of the deed to the property if not already provided to the Division.

DESCRIPTION	TYPES OF INTEREST	DECEMBER 31st VALUE
A5. TOTAL REAL PROPERTY		

Total Principal	January 1 ST VALUE	December 31 ST VALUE
SUB TOTAL PRINCIPAL – (Add A1+A2+A3+A4a+A5)		

B. ASSETS and INCOME RECEIVED

1. ASSETS RECEIVED

Please list all assets received during the accounting period of this report. Please indicate the date the asset was received, the source, and amount or value. Examples of assets are inheritance, lump sum payments, monetary awards, gifts. If necessary, please attach a separate sheet.

DATE RECEIVED	DESCRIPTION	VALUE
B1. TOTAL ASSETS RECEIVED		

2. INCOME RECEIVED

Please list all income received during the accounting period from all sources listed in Schedule A and Schedule B. SSI payments should not be included in the accounting. Please indicate the date the income was received, the source, and the amount. Please only list realized gains in this section. If necessary, please attach a separate sheet.

DATE RECEIVED	DESCRIPTION and SOURCE	VALUE

B2. TOTAL INCOME RECEIVED		

	VALUE
SUB-TOTAL ASSETS AND INCOME RECEIVED-(Add B1+B2)	

C. DISBURSEMENTS and LOSSES

1. DISBURSEMENTS

Please list all disbursements, excluding investments, during the period, including date of payment, payee, and amount. Please attach documentation for any expense over \$250.00 (such as a receipt) and a description of how each disbursement benefited the beneficiary. **If necessary, please attach a separate sheet.**

DESCRIPTION	PAYEE	DATE	PAYMENT METHOD	AMOUNT OF DISBURSEMENT
C1. TOTAL DISBURSEMENTS				

C. DISBURSEMENTS and LOSSES (continued)

2. LOSSES INCURRED

Please list all realized losses incurred on assets, whether due to sale or liquidation. Please indicate the asset involved, the date, and the amount of the loss. Please attach documentation of the loss incurred. If necessary, please attach a separate sheet.

DATE	DESCRIPTION AND SOURCE	AMOUNT OF LOSS
C2. TOTAL DISBURSEMENTS		

	AMOUNT OF LOSS+AMOUNT OF DISBURSEMENT
SUB-TOTAL DISBURSEMENTS and LOSSES - (Add C1+C2)	

D. TRANSFER OF FUNDS BETWEEN ACCOUNTS DURING THE ACCOUNTING PERIOD

Please list all transfers of funds between trust accounts during the accounting period

DATE OF TRANSFER	ACCOUNT TRANSFERRED FROM	ACCOUNT TRANSFERRED TO	AMOUNT TRANSFERRED
D. TOTAL FUNDS TRANSFERRED			

E. SUMMARY OF ASSETS

1. TOTAL PRINCIPAL AS OF January 1st	
2. TOTAL ASSETS AND INCOME RECEIVED	
3. TOTAL DISBURSEMENTS AND LOSSES	
TOTAL PRINCIPAL ON HAND AS OF December 31st (1 + 2 - 3)	

F. INFORMATION

Current Date: ___/___/___

Date of First Accounting: ___/___/___

TRUSTEE(S)

Name: _____ Telephone#: (____) _____

Address: _____

Relationship to Beneficiary: _____ Language of Preference: _____

E-mail address _____

Mailing Address (if different): _____

Date you became Trustee: ___/___/___

Bonding Company Name: _____

Address: _____

Value of Bond: \$ _____

Amount of Bond Premium \$ _____ Annual ___ / Lump Sum ___

CERTIFICATION

I, _____, state that I am the Trustee of the within named beneficiary's Special Needs Trust, and that the foregoing and attached annual accounting and schedules are, to the best of my knowledge and belief, a complete and true statement of my activities as such Trustee, and of all my receipts and disbursements on account of the trust estate and of all monies or other property belonging to the trust estate which have come into my hands or been received by any other person by my order or authority for my use. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Trustee Signature

Date: _____