



The Arc of Indiana
Master Trust
thearctrust.org

T 317.977.2375
800.382.9100

F 317.977.2385

Date: _____

For: _____

Beneficiary Name

I understand the items listed on this form were purchased from a Special Needs Trust, and that 42 USC § 1396p (d) (4) (c) states that the money that is spent from a Special Needs Trust must be used for the sole benefit of the beneficiary.

Therefore, the item(s) listed on this agreement belong to the trust beneficiary and I agree, to the best of my ability, that all of these items will be moved with my client if he or she leaves the residence where they are currently living.

Please list all items purchased. Attach additional sheet if needed.

- 1.
- 2.
- 3.
- 4.
- 5.

Please sign and date below and return this form to:
The Arc of Indiana Master Trust, P.O. Box 1547, Indianapolis, IN 46206
Fax: 317-977-2385, or
Email to your contact person at The Arc Master Trust

Signed

Date