**LUTHERAN SOCIAL SERVICE OF MINNESOTA’S**

**NORTH DAKOTA SELF-SETTLED POOLED TRUST**

 **GRANTOR’S WISHES FOR THE USE OF FUNDS**

I (Grantor) \_     \_\_\_\_\_\_wish for the funds in my Lutheran Social Service of Minnesota’s North Dakota Self-Settled Pooled Trust account to last for approximately \_     \_ years and I understand that in creating this list of “wishes” that the list is not binding on the Trustee and will only be used as guide for the Trustee when making any distributions on my behalf. Further, I acknowledge that any and all distributions from the Lutheran Social Service of Minnesota’s North Dakota Self-Settled Pooled Trust are at the sole and absolute discretion of the Trustee of the Trust and that the Trustee will use its best judgment as a fiduciary when making distributions from the Trust for my benefit. Considering the above statements, I wish that my account to be used for:

(Note: This is a partial list of things that have been purchased from the Lutheran Social Service of Minnesota’s North Dakota Self-Settled Pooled Trust accounts of other trust clients. Based on how you want the funds from your trust account to be used, rank the items below and add items that are missing from your wish list. Please note that some of the items listed below may not be available to you based on the restrictions imposed by the government programs in which you are enrolled.)

|  |  |
| --- | --- |
| Rank on Scale 1-5 | 5= highest priority, 4= high priority, 3= moderate priority, 2= low priority, 1= don’t want to use my funds on this expense |
| **Expenses associated with major life events** | **Estimated Amount** | **Time Frame : 0-6 Months ; 6-9 Months ; 12 Months or longer** |
|       | Home (primary residence only) modification  |       |       |
|       | Home (primary residence only) maintenance / repair |       |       |
|       | Replacement car |       |       |
|       | Car repair |       |       |
|       | Moving expenses |       |       |
|       | Significant medical expenses not covered by Medicaid or insurance |       |       |
|       | Pre-paid funeral |       |       |
|       | Other:       |       |       |
|       | Other:       |       |       |
| **Everyday living expenses** | **Estimated Amount** | **Frequency****M=monthly, Q= quarterly A=Annually S= Semi Annually** |
|       | Clothing |       |       |
|       | Cell phone bills |       |       |
|       | Internet / cable bills |       |       |
|       | Insurance |       |       |
|       | Medical expenses not covered by Medicaid or insurance |       |       |
|       | Electronics |       |       |
|       | Case management / ILS not covered by benefits |       |       |
|       | Personal care services – PCA not covered by Medicaid |       |       |
|       | Attorney fees |       |       |
|       | Other:       |       |       |
|       | Other:       |       |       |
|       | Other:       |       |       |
|       | Other:       |       |       |
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|       | Other:       |       |       |
|       | Other:       |       |       |
| **Expenses for special things and activities** | **Estimated Amount** | **Frequency****M=monthly, Q= quarterly A=Annually S= Semi Annually** |
|       | Tickets to sports teams / Concert Tickets |       |       |
|       | Restaurants |       |       |
|       | Travel and vacation |       |       |
|       | Movies / Plays |       |       |
|       | Pet and pet care |       |       |
|       | Memberships  |       |       |
|       | Bowling  |       |       |
|       | Personal care including massages, nail care, hair styling  |       |       |
|       | Education / community ed. classes |       |       |
|       | Other:       |       |       |
|       | Other:       |       |       |
|       | Other:       |       |       |
|       | Other:       |       |       |
|       | Other:       |       |       |

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Signature

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Date