

PLAN of California Master Pooled Trust

Case Assessment and Supplemental Needs Plan

Submit to: PLAN of California Master Pooled Trust
c/o Binder & Co., Attn: Eric Binder, Trust Agent
9000 Sunset Blvd, Suite 1250, West Hollywood CA 90069
Fax: (310) 773-4699 Voice: (310) 476-6869

Beneficiary Name: _____ **Trust #:** _____

Address _____

City, State, Zip _____

Phone: _____ Fax#: _____ Email: _____

Submitted by: _____, **Primary Representative**

Address: _____

City, State, Zip: _____

Phone: _____ Fax#: _____ Email: _____

The following Supplemental Needs are desirous for the Beneficiary:

Re-occurring Expenses: (Items to be paid for on a re-occurring basis. If exact amount not known, estimate an average amount. Add additional page if necessary.)

Payee _____	Account # _____	Purpose _____	Yearly Total \$ _____
Payee _____	Account # _____	Purpose _____	Yearly Total \$ _____
Payee _____	Account # _____	Purpose _____	Yearly Total \$ _____
Payee _____	Account # _____	Purpose _____	Yearly Total \$ _____
Payee _____	Account # _____	Purpose _____	Yearly Total \$ _____

Non re-occurring Expenses: (These are items that will/may be requested at some point during the year)

Purpose _____	Yearly Total \$ _____
Purpose _____	Yearly Total \$ _____
Purpose _____	Yearly Total \$ _____
Purpose _____	Yearly Total \$ _____
Grand Total \$ _____	

Note: The Case Assessment and Supplemental Needs PLAN serves as a budget for disbursements and should be reviewed by Primary Representative on an annual basis. If and when the Case Assessment and Supplemental Needs PLAN is revised, please submit it to PLAN of California Master Pooled Trust, c/o Binder & Co., 9000 Sunset Blvd, Ste 1015, West Hollywood CA 90069

Signature of Primary Representative

Dated: _____

Signature of Primary Representative

With a trust balance of \$ _____, at the above rate of spending in 2007, a trust receiving a _____ % rate of return is expected to last _____ years.

This is an estimate only and is based upon ASSUMPTIONS. There is no representation that a trust will last this long.

by: _____ Dated: _____

Binder & Co., Trust Administrative Agent for PLAN of California Master Pooled Trust
9000 Sunset Blvd. Ste 1015, West Hollywood CA 90069 – Fax (310) 773-4699 – Voice (310) 476-6869

Effective: January 1, 2011