

VA Guardian Federal Fiduciary Bond Request Form

Vermost & Associates, LLC

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Type of bond: VA Federal Fiduciary Performance Bond

Amount: \$ _____ **VA File #:** _____

Name of Incompetent VA Beneficiary: _____

Ward Date of Birth: _____

Federal Fiduciary: _____

Address: _____

City: _____ State: _____ Zip: _____ **Social Sec. #** _____

VA Guardian's relationship to Incompetent: _____

Will Guardianship funds be used for support of minors?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
Will any business of wards be continued by Fiduciary?	<input type="checkbox"/> YES**	<input type="checkbox"/> NO
Is Guardian indebted to ward?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will joint control be exercised?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does applicant replace a prior Fiduciary?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this an additional bond?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does this bond replace a prior bond?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this bond required on the demand of an interested person? (if YES, whom: _____)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will a Supplemental Needs Trust be created?	<input type="checkbox"/> YES***	<input type="checkbox"/> NO
Has the ward(s) executed a Last Will & Testament?	<input type="checkbox"/> YES****	<input type="checkbox"/> NO

*Attach a copy of Court Order authorizing monthly expenditures

**Attach copy of Court Order

***Attach a copy of the Trust, if executed

****Attach a copy if bond exceeds \$1 Million

Attorney Name: _____ **Email:** _____

Firm Name: _____

Phone: _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Requestor Name/Email: _____

Additional Info: _____

With email, send ALL documents to Bonds@Vermost.com

Please attach any requested items above to your email or fax only as necessary.