

APPLICATION FOR GOAL+ SPONSORSHIP SCHEME

A. Important Notes to Main Applicant (Settlor)

Gift Of A Lifetime Plus (GOAL+) is a Sponsorship Scheme that aims to help caregivers save and provide for their dependant with disability.

The sponsorship amount comprises:

- (i) **S\$5,000 as initial capital to set up a Special Needs Trust (SNT)** for the beneficiary with disability, provided a trust account has not already been set up.
- (ii) **Matching grant of up to S\$10,000 to be disbursed against top-ups to the trust account within 5 years of sponsorship approval or the trust deed date, whichever is later (validity period), provided the top-up shall not benefit from any other Special Needs Trust matching grant or sponsorship scheme besides GOAL+. As GOAL+ matching grant is valid for a limited period, the applicant is strongly encouraged to top-up the trust account as soon as practicable, as any top-up received after the stated validity period will not be entitled to any matching grant under GOAL+.**

Application form must be duly completed and signed by the Main Applicant. The following supporting documents must be submitted together with the application form to **Special Needs Trust via mail to: Future Care Planning Resource Centre by SG Enable, 22 Lengkok Bahru, Vista, Enabling Village #03-03, Singapore 159824**, or email to: futurecareplanning@sgenable.sg

Supporting documents to be furnished

- Copy of Identity Card / Passport / Birth Certificate for the applicant and all members of the applicant's household.
- Disability Verification Form (DVF) for the life beneficiary duly completed by a Registered Healthcare Professional, except if the life beneficiary already has a verified disability status. The form can be found here: <https://www.enablingguide.sg/disability-verification>
- Means-Test Declaration Form duly signed by each household member for their personal information to be accessed for means testing purpose. The form can be found here: <https://www.enablingguide.sg/docs/msf-means-test-form>

Please note that failure to furnish the required documents will delay the processing of this application.



B. Household Members Particulars			
Particulars of Main Applicant (Settlor)			
Name		Identification No.	Relationship to Life Beneficiary
Occupation	Date of Birth	Age	Health Condition
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			
Particulars of Settlor's Spouse			
Name		Identification No.	Relationship to Life Beneficiary
Occupation	Date of Birth	Age	Health Condition
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			
Particulars of Life Beneficiary			
Name		Identification No.	Type of Disability
Date of Birth	Age	Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Student	
Particulars of Other Household Member 1			
Name		Identification No.	Relationship to Life Beneficiary
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			
Particulars of Other Household Member 2			
Name		Identification No.	Relationship to Life Beneficiary
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			
Particulars of Other Household Member 3			
Name		Identification No.	Relationship to Life Beneficiary
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			

C. Declaration of Main Applicant

I declare that the information provided above is true and to the best of my knowledge. I agree and understand that if I provide any false information or produce any document which I know to be false, my application for GOAL+ sponsorship will be rejected. Furthermore, should any information that I provide be found to be false subsequent to GOAL+ sponsorship approval, such approval will be revoked and any sponsorship received will be returned to SNTC.

I understand that GOAL+ matching grant is valid for a limited period of 5 years from the date of sponsorship approval or the trust deed date, whichever is later (validity period). Hence, I undertake to top-up the trust account as soon as practicable within the validity period – minimally S\$2,000 per year over 5 years to derive the full benefit under GOAL+ matching grant. I understand that any top-up received after the stated validity period will not be entitled to any matching grant under GOAL+. Furthermore, I understand that the top-up shall not benefit from any other matching grant scheme besides GOAL+.

I agree that the consent I have granted under the “Consent for Collection, Use and Sharing of Data” which I have signed earlier shall apply to this application in its entirety.

Name of Main Applicant

Signature of Main Applicant

Date