



AISH Benefits Administration Program

ACKNOWLEDGEMENT FORM

The Director or his designate referred to in Section 10 of the Assured Income for the Severely Handicapped Act verifies that _____:

(name of client)

- a) receives benefits under the *Assured Income for the Severely Handicapped Act*;
- b) understands that the Public Trustee will manage benefits on his/her behalf.
- c) understands that the Trust Agreement may be terminated at any time upon 30 days notice by him/her giving a Notice of Termination (see attached) to the other parties to the agreement.

Director or designate

Signature

Region

Date