

Part 2. Information about the Beneficiary (continued)

Beneficiary's Financial Information

Provide information about the beneficiary's income and assets. If you need additional space to complete any **Item Number** in this section, use the space provided in **Part 8. Additional Information**.

Beneficiary's Income

13. Provide all of the information requested in the table below about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports (do not include any individuals named in **Part 3.**). Information about assets that are not based on employment should be added in **Item Number 16.** and not in **Item Number 13.**

Individual's Full Name (First, Middle, Last) (do not include any individuals named in Part 3.)	Date of Birth (mm/dd/yyyy)	Relationship to the Beneficiary (Type or print "Self" if you are filing for yourself as the beneficiary or "Beneficiary" if someone is agreeing to support you in Part 3.)	Income contribution to the beneficiary annually (if none, type or print \$0)
			\$
			\$
			\$
			\$
			\$
Total Number of Dependents			
Total Income \$			0

14. Does any of the beneficiary's total income (including income from dependents and other individuals who contribute to the beneficiary's income, excluding any individuals named in **Part 3.**) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)? Yes No

15. If you answered "Yes" to **Item Number 14.**, what amount of the beneficiary's total income comes from an illegal activity or source? \$