

## APPLICATION FORM FOR SPECIAL NEEDS SAVINGS SCHEME (SNSS)

### Important Notes To Nominating Applicant

The Special Needs Savings Scheme (SNSS) caters to Persons with Special Needs (PSNs) who are nominated by their parents/ legal guardians to draw a fixed monthly payout from the parents'/ legal guardians' CPF savings upon their demise.

Application Form must be duly completed and signed by the nominating applicant. The following supporting documents must be submitted together with the application form to **Special Needs Trust Company (SNTC)** via mail – **298 Tiong Bahru Road, #10-01**

**Central Plaza, Singapore 168730**, or email – [contactus@sgenable.sg](mailto:contactus@sgenable.sg)

#### Nominating Applicant Checklist

- Copy of NRIC (front and back)
- Copy of Legal Guardian Court Order, if nominating applicant is a legal guardian

#### PSN Checklist

- Copy of Birth Certificate and NRIC (front and back)
- Copy of SPED Certification Letter (ANNEX A) if the PSN is attending / has attended a Special Education School (SPED); **OR** Doctor's Assessment Report (ANNEX B) if the PSN is not from a SPED; **OR** Functional Assessment Report
- Copy of PR documents, if the PSN is a PR below 16 years old

Please read the **Terms of Consent** and **Points for Consideration** before signing and submitting the form. The processing time is about 15 working days (excluding mailing time), provided all relevant documents are duly submitted.

An **eligibility letter** will be issued to the nominating applicant upon confirmation of the nominated PSN's eligibility for SNSS. The nominating applicant is then required to proceed to the Central Provident Fund (CPF) Board with this eligibility letter to make an SNSS nomination.

Please call SNTC at **6278 9598** for any queries about SNSS. For CPF nominations, please call CPF Hotline: **1800-227-1188**.

### Eligibility

1. The nominating applicant and nominated PSN must be Singapore Citizens or Singapore Permanent Residents (PR) at the time of application for the SNSS scheme.
2. The nominating applicant must be the parent or legal guardian of the nominated PSN.
3. The nominated PSN's disability is permanent.
4. The nominated PSN must be attending or have attended a SPED or requires assistance in at least one Activity of Daily Living (ADL) as assessed by a medical doctor. The six ADLs are washing, feeding, toileting, transferring, dressing and mobility.

### Particulars of Nominating Applicant

<b>Name</b> : _____	<b>Gender</b> : <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>NRIC</b> : _____ <b>Age</b> : _____	<b>Citizenship</b> : <input type="checkbox"/> Singaporean
<b>Address</b> : _____	<input type="checkbox"/> Singapore PR
	<b>Contact</b> : (H) _____

#### Relationship to PSN

<input type="checkbox"/> <b>Father</b>	<input type="checkbox"/> <b>Mother</b>	
<input type="checkbox"/> <b>*Legal Guardian (Please state)</b> :	_____	<b>Email</b> : _____

*\*Court Order document is required.*

### Particulars of PSN

<b>Name</b> : _____	<b>Gender</b> : <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>NRIC</b> : _____ <b>Age</b> : _____	<b>Citizenship</b> : <input type="checkbox"/> Singaporean
	<input type="checkbox"/> Singapore PR
<input type="checkbox"/> <i>Tick here if address is same as Nominating Applicant's</i>	<b>Contact</b> : (H) _____
<b>Address</b> : _____	(O) _____
	(M) _____
<b>Disability Type</b> : _____	<b>Email</b> : _____

**Declaration of Nominating Applicant**

1. I declare that the information and statements provided above are true and to the best of my knowledge.
2. I have read and understood the attached **Terms of Consent** and agree that:
  - a. This application signifies my consent to SNTC to obtain information from the doctor whom the PSN has consulted or the SPED that the PSN is attending/had attended or any parties deem related for the purposes of verifying the eligibility status of the PSN, and I authorise the doctor/related parties to release such information to SNTC.
  - b. SNTC collects, shares, and uses the personal information provided by me and that obtained from the doctor/related parties, for the following purposes:
    - i) To determine my and/or the client's eligibility for SNTC's services
    - ii) To perform the services and execute its obligations under the services that **I/the client am/is** subscribed to
    - iii) To provide me and/or the client with information relating to SNTC's events and other services
    - iv) For data analysis, evaluation and policy making
  - c. The personal information may be shared with relevant organisations, including third party service providers for the above purposes, with suitable controls in place.
  - d. SNTC may also disclose our information provided herein to relevant organisations for the purposes of this application and/or the administration and provision of any services and/or schemes provided or to be provided from time to time by SNTC, and/or relevant organisations.
  - e. A photocopy of this form shall be treated as valid and binding as if it were the original.
  - f. If I make any false statement or produce any document which I know to be false, my SNSS application to SNTC will be rejected and/or any eligibility letter issued to me will be withdrawn.
  - g. SNTC's role relating to this SNSS application is solely to assess whether I and the PSN are eligible to participate in SNSS based on the information available to SNTC and subject to the prevailing guidelines at the time of the application.
  - h. SNTC shall neither be responsible nor answerable for the actions of relevant organisations that have a part in SNSS.
  - i. I may in writing withdraw my consent for SNTC to use, collect or disclose the personal information which I have provided except that the right to withdraw such consent is not extended to any personal information provided by me to SNTC pursuant to any legal agreement with SNTC. Such withdrawal request may affect SNTC's ability to continue providing its services to the PSN and me.

 \_\_\_\_\_  
**Name of Nominating Applicant**

 \_\_\_\_\_  
**Signature of Nominating Applicant**

 \_\_\_\_\_  
**Date**
**FOR OFFICIAL USE ONLY**
**Document Verification**

- |   |   |
|---|---|
| <input type="checkbox"/> NRIC of Nominating Applicant       | <input type="checkbox"/> Annex A: SPED Certification Letter   |
| <input type="checkbox"/> NRIC of Nominee (PSN)              | <input type="checkbox"/> Annex B : Doctor's Assessment Report |
| <input type="checkbox"/> Birth Certificate of Nominee (PSN) | <input type="checkbox"/> Functional Assessment Report         |
| <input type="checkbox"/> Others (please specify): _____     |   |

**Assessment by SNTC**

Application is _____	Eligible / Ineligible	Signature: _____
Disability is Permanent? _____	Yes / No / NA	Name: _____ (dated _____)

**Review by SNTC**

Application is _____	Supported / Not Supported	Signature: _____
Remarks _____		Name: _____ (dated _____)

**Approval by MSF (escalated on \_\_\_\_\_)**

Application is _____	Approved / Rejected	Name/Designation: _____	dated _____
Remarks _____			

**Eligibility Letter / Letter of Rejection mailed to Nominating Applicant by: \_\_\_\_\_ (dated \_\_\_\_\_)**



**Terms of Consent**

- a) Client refers to person for whom SNTC’s service is intended to benefit. This includes the settlor and/or the beneficiaries of an SNTC Trust; applicants and nominees under the **Special Needs Savings Scheme**; and any other beneficiary of SNTC’s future services. Client includes both potential clients and those who have already signed up for SNTC’s services.
- b) Personal information of the nominating applicant and PSN includes but is not limited to:
  - i) Personal data (includes name, NRIC number, address, age, gender, family, household structure)
  - ii) Financial data (includes income, insurance coverage, wills)
  - iii) Medical reports
  - iv) Special education certification
  - v) Other information provided for SNTC’s evaluation and administration of its services

Personal information may relate to past, present or future matters.

- c) “SNTC’s Services” refers to the current and any future services provided by SNTC, including but not limited to:
  - i) Drawing up a care plan
  - ii) Special Needs Trust Service
  - iii) SNTC’s trust set-up sponsorship scheme
  - iv) Special Needs Savings Scheme
  - v) Senior Trust Planning Service
- d) “Relevant organisations” refers to organisations which are involved in the provision/ administration of SNTC’s Services, including but not limited to the Public Trustee’s Office, Ministry of Social and Family Development, Office of the Public Guardian and Central Provident Fund Board, Agency for Integrated Care, SG Enable.
- e) “Third party service providers” includes but not limited to service providers which maintain SNTC’s computer systems and software, auditors, lawyers, and consultants which SNTC may engage from time to time.

**Points for Consideration**

- 1. *Can your PSN child manage the fixed monthly payout on his/her own?*

The fixed monthly payout will be disbursed to your PSN child’s bank account upon your demise. If he/she is a minor at the point of your demise, the payouts will be made to the legal guardian(s) until your child reaches 18 years of age.

For nominees who lack mental capacity and have donees or deputies appointed under the Mental Capacity Act, the payouts will be made to their donee or court-appointed deputy. To find out more about the Lasting Power of Attorney (LPA) or Deputyship, please visit the [website](#) of the **Office of Public Guardian**.

- 2. *Do you know if the monthly payout is sufficient to meet your PSN child’s monthly expenses upon your demise?*

The minimum monthly payout under SNSS for each nominee is \$250 from each nominating applicant. The payout amount indicated at the point of nomination can be adjusted by making a new nomination, but cannot be changed upon your demise. Your spouse may also provide for your PSN child through SNSS by submitting a separate application.

If the combined balance of your CPF accounts is less than a year’s worth of payout at the point of your demise (e.g. for an indicated monthly payout of \$250, a year’s worth of payout is  $250 \times 12 = \$3,000$ ), the CPF savings will be disbursed to your PSN child as a lump sum instead. To accumulate more CPF savings to benefit your PSN child, you can top up your CPF accounts and/or opt not to receive your monthly CPF payouts under the Retirement Sum Scheme or CPF LIFE. Please enquire with **CPF Board** for more details on these options.

- 3. *Do you wish to provide for your PSN child’s future medical expenses?*

SNSS provides you with the flexibility to arrange for the funds in your Medisave Account to be transferred to your PSN child’s Medisave Account on a periodic basis, and the funds from your other CPF accounts (Ordinary Account, Special Account, and Retirement Account) to be disbursed in fixed monthly payouts to your child’s bank account.

- 4. *Are there any other assets (e.g. via insurance/Will) you or your loved ones intend to leave behind for your PSN child to support his/her future financial needs?*

SNSS only caters for your CPF savings. If you have substantial assets outside of CPF meant for your PSN child, you may wish to explore setting up a Special Needs Trust to safeguard his/her financial interests. To find out more about the Special Needs Trust, please call **6278 9598** or visit <http://www.sntc.org.sg/>.