

CHARITABLE LEAD TRUST QUESTIONNAIRE

RUSHFORTH FIRM LTD.

A Nevada Professional Limited-Liability Company

1. SETTLOR(S)

NAME(S) OF CLIENT(S) / SIGNIFICANT OTHER				MAILING ADDRESS	
Full Name (as it appears on legal documents) <div style="text-align: right;">[]-Not US citizen</div>		Full Name (as it appears on legal documents) <div style="text-align: right;">[]-Non-Client Significant Other []-Not US citizen</div>			
Name (as you want it in your documents)		Name (as you want it in your documents)			
Birth Date		Birth Date			
Social Sec. #		Social Sec. #			
Internet e-mail address:	Work Phone:	Internet e-mail address:	Work Phone:	Home Phone:	Fax:

2. CHARITABLE BENEFICIARIES. (Use additional pages if needed.)

NAME (Specify chapter, branch, etc.)	TAX ID #	ADDRESS AND PHONE	PERCENTAGE

3. REMAINDER BENEFICIARIES. (Name all beneficiaries who will receive distributions after the lead term of the trust. Attach additional sheets if necessary. Spell all names as you want them in the documents.) **Unless the remainder beneficiary is a trust, please provide a written plain-English explanation of how you want the balance of your assets (“the residue”) distributed, specifying percentages and how much is to be distributed when and on what basis (installments? income only? lump sum? age or other triggering event?, discretionary?) and specifying alternate beneficiaries.**

NAME (Specify relationship if not a child.)	BIRTH DATE / SEX	ADDRESS AND PHONE	RELATED TO:
	M F		[]-1 st Settlor; []-2 nd Settlor; []-Both
	M F		[]-1 st Settlor; []-2 nd Settlor; []-Both
	M F		[]-1 st Settlor; []-2 nd Settlor; []-Both

NAME <i>(Specify relationship if not a child.)</i>	BIRTH DATE / SEX	ADDRESS AND PHONE	RELATED TO:
	M F		<input type="checkbox"/> -1 st Settlor; <input type="checkbox"/> -2 nd Settlor; <input type="checkbox"/> -Both
	M F		<input type="checkbox"/> -1 st Settlor; <input type="checkbox"/> -2 nd Settlor; <input type="checkbox"/> -Both
	M F		<input type="checkbox"/> -1 st Settlor; <input type="checkbox"/> -2 nd Settlor; <input type="checkbox"/> -Both

4. TRUSTEE AND ADVISERS; ALTERNATES. *(Include name, address, and phone.)*

CAPACITY	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
TRUSTEE.			
TRUST PROTECTOR. <i>(Optional)</i>			
INVESTMENT ADVISER. <i>(Optional)</i>			

5. TRUST INFORMATION. *(Usually completed during consultation with attorney.)*

Name of Trust: _____

-Effective during life.

- Grantor trust or -Non-grantor trust.

-CLAT or -CLUT.

-Effective after death.

Payout rate: _____

Charitable term (years): _____