***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)*[ ]-Not US citizen | **Full Name** *(as it appears on legal documents)*[ ]-Non-Client Significant Other [ ]-Not US citizen |  |
| **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: |

# Charitable BENEFICIARIES

**.** (Use additional pages if needed.)

|  |  |  |  |
| --- | --- | --- | --- |
| ***NAME*** ***(Specify chapter, branch, etc.)*** | ***Tax ID #*** | ***ADDRESS AND PHONE*** | ***Percentage*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 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 |  | [ ]-1st Settlor;[ ]-2nd Settlor;[ ]-Both |
|  | M F |  | [ ]-1st Settlor;[ ]-2nd Settlor;[ ]-Both |
|  | M F |  | [ ]-1st Settlor;[ ]-2nd Settlor;[ ]-Both |
|  | M F |  | [ ]-1st Settlor;[ ]-2nd Settlor;[ ]-Both |
|  | M F |  | [ ]-1st Settlor;[ ]-2nd Settlor;[ ]-Both |
|  | M F |  | [ ]-1st Settlor;[ ]-2nd Settlor;[ ]-Both |

# Trustee and Advisers; Alternates

**.** (Include name, address, and phone.)

|  |  |  |  |
| --- | --- | --- | --- |
| ***CAPACITY*** | ***FIRST CHOICE*** | ***SECOND CHOICE*** | ***THIRD CHOICE*** |
| ***TRUSTEE.*** |  |  |  |
| ***Trust Protector.***(*Optional*) |  |  |  |
| ***Investment Adviser.***(*Optional*) |  |  |  |

# 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_