***NOTE:*** *You may download this form in Microsoft Word:* [*https://rushforthfirm.info/pdf/ep-q.irr.docx*](https://rushforthfirm.info/pdf/ep-q.irr.docx)*. Instead of filling out this form, you may simply provide the information provided in a document or file, such as a document in Word, WordPerfect, Excel, Quattro Pro, OpenDocument, or other popular formats. We recommend uploading such documents using our secure Citrix ShareFile portal:* [*https://upload.rushforthfirm.com/*](https://upload.rushforthfirm.com/)*.*

1. ***Clients; Client and Significant Other***

|  |  |  |  |
| --- | --- | --- | --- |
| ***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** | **Phone Numbers:** |
| E-mail: | E-mail: | |

1. ***Children & Beneficiaries.*** *Name all children and the children of each deceased child, including those who will receive nothing. Attach additional sheets if necessary.* ***Spell each name as you want it in the documents.***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name***  ***(Specify Relationship if not child.)*** | ***Birth Date***  Sex | ***Address and Phone*** | ***Related to:****\**  *(Check One)* |
|  | [  ]-M   [  ]-F |  | [  ]‑1 [  ]‑2 [  ]‑Both |
|  | [  ]-M   [  ]-F |  | [  ]‑1 [  ]‑2 [  ]‑Both |
|  | [  ]-M   [  ]-F |  | [  ]‑1 [  ]‑2 [  ]‑Both |
|  | [  ]-M   [  ]-F |  | [  ]‑1 [  ]‑2 [  ]‑Both |
|  | [  ]-M   [  ]-F |  | [  ]‑1 [  ]‑2 [  ]‑Both |
|  | [  ]-M   [  ]-F |  | [  ]‑1 [  ]‑2 [  ]‑Both |
|  | [  ]-M   [  ]-F |  | [  ]‑1 [  ]‑2 [  ]‑Both |

\*1=Client #1; 2=Client #2 or Significant Other

1. ***Fiduciaries and Alternates.*** *(Include name, address, and phone. If each client wants different fiduciaries, attach an explanation. If not applicable, leave blank.)*

| ***Capacity*** | ***First Choice*** | ***Second Choice*** | ***Third Choice*** |
| --- | --- | --- | --- |
| ***Trustee*** |  |  |  |
| ***Investment Adviser.***  To direct the Trustee as to trust investments. (*See also item IV.D.*) |  |  |  |
| ***Trust Protector.***  To remove and replace a trustee when the Settlor cannot do it. (*See also item IV.G.*) |  |  |  |
| ***Other Adviser?*** If so, specify: |  |  |  |

1. ***Custom Provisions.*** *These involve complex issues, and you may defer answering these until you have a consultation with an attorney.*

Note: A “dynasty trust” is a trust that holds assets for the benefit of one generation after another. A dynasty trust terminates (1) when the assets are fully distributed or (2) 365 years after the creation of the trust, whichever occurs first. Until the trust must terminate, all assets stay in trust except as distributed in the trustee’s discretion.

* 1. Is this trust (or a portion of it) to be a dynasty trust? *Check one:* [  ] *YES* [  ] *NO*. If YES, indicate what portion of the trust is dynasty trust: [  ]-100%; [  ]-GST-Exempt portion; [  ]-\_\_\_\_\_\_%.
  2. Is the spouse/significant other of the client a trust beneficiary? *Check one:* [  ] *YES* [  ] *NO.* If there are separate trusts, only one trust can include the settlor’s significant other. If so, which one? [  ]-*Client #2/SO is beneficiary of trust created by Client;* [  ]-*Client is beneficiary of trust created by Client #2/SO.*
     1. [  ] Discretionary.
     2. [  ] Income/unitrust.
     3. [  ] Other:
  3. Is this trust to be a “grantor trust” for income tax purposes? [  ]-*Settlor;*  [  ]-*Beneficiary*  [  ]-*NO.*
  4. Is the Trustee required to follow the investment directives of an Investment Advisor?

*NOTE: Instead of answering IV.E and or IV.F, below – or as a supplement thereto – you may attach an explanation written in your own words of how you want the assets of your irrevocable trust distributed, specifying percentages and how much is to be distributed when and on what basis.*

* 1. Will there be a period in which all trust assets are administered as a common fund (“pot trust”) for the beneficiary of all trust beneficiaries?[  ] *YES* [  ] *NO. If yes, check all of the following that apply:*
     1. [  ] For the GST-Exempt portion only.
     2. [  ] During the Settlor’s lifetime only.
     3. [  ] .During the entire term of the trust.
     4. [  ] Until a date or event. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
  2. Provisions that apply if and when the trust is divided into shares. *(Check all that apply.)*
     1. Unless the beneficiaries named in section II are to get equal shares, specify the beneficiaries and their respective percentages in section II or on a separate page.
     2. Income distributions are [  ]-mandatory / [  ]-discretionary.
     3. [  ] Discretionary principal distributions.
        1. [   ] Health, education, maintenance, or support.
        2. [  ] General welfare and benefit. [*Requires independent trustee.*]
        3. [  ] Trustee is to be conservative and to encourage prudence and a productive life.
        4. [  ] Trustee is to be generous and allow the beneficiary great latitude.
     4. [  ] Mandatory principal distributions:
        1. [  ]- Minimum distribution age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
        2. [  ]- Lump-sum distribution.
        3. [  ]- Approximately equal staggered distributions over \_\_\_\_\_\_\_\_ years.
        4. [  ] At specified ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        5. [  ] Upon a triggering event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
     5. [  ] The beneficiary may designate his or her own beneficiaries after her death.
        1. [  ]- Limit permissive beneficiaries to [  ]-your issue, [  ]-spouses of issue, and [  ]-charities.
        2. [  ]-No power to remove assets from GST-Exempt Trust.
  3. What powers are to be given the Trust Protector? (*Check all that apply.*)
     1. [ ]-Power to remove the trustee or any co-trustee.
     2. [ ]-Power to replace the trustee or any co-trustee.
     3. [ ]-Power to appoint a special trustee.
     4. [ ]-Power to veto the removal or designation of a trustee that is made by a beneficiary or a group of beneficiaries.
     5. [ ]-The power to employee a CPA at trust expense to audit the trustee’s records and account; and/or
     6. [ ]-The power to petition a court to enforce the provisions of the trust.
     7. [ ]-Power to add beneficiaries: (*Rarely recommended. Check all that apply.*)
        1. [ ]-The settlor(s), if initially excluded as beneficiary(ies).
        2. [ ]-Descendants of the parents of the settlor(s). [ ]-Excluding the settlor(s).
        3. [ ]-Descendants of the grandparents of the settlor(s). [ ]-Excluding the settlor(s).
        4. [ ]-One or more qualified charities.
        5. [ ]-Others. *Please specify*:
     8. [ ]-Other powers. *Please specify*:
  4. DIRECTED TRUST. Is the trustee required to follow the investment directives of an Investment Adviser? *Check one: [  ]- YES [  ]-NO.* (If YES, the Trustee will have no liability for investment decisions.) If NO, is the Trustee to be absolved of liability if he/she follows the recommendations? *[  ]- YES [  ]-NO*
  5. If this trust will own life insurance:
     1. Who will be insured on policies owned by this trust? [  ]-*Client;*  [  ]*-Client #2/SO;*  [  ]-*Both.*
     2. How will policy premiums be paid? *Check all that apply:*
        1. [  ] Gifts of separate property from Client.
        2. [  ] Gifts of separate property from Client #2/SO.
        3. [  ] Gifts of community property.
        4. [  ] Income from trust-owned assets.
        5. [  ] Premium financing.

1. ***Additional Information.***

|  |  |  |
| --- | --- | --- |
| ***Name of Trust:*** |  | |
| ***Assets to be Owned by Trust*** | Life Insurance: $ | Other Assets: $ |
| ***If you want duplicate original documents, provide the name of person or institution that will hold the set of duplicate original documents.*** | [ ]-Client  [ ]-No Duplicate | |
| ***Referred by:*** |  | |