

CONFIDENTIAL INFORMATION—CHARITABLE LEAD TRUST
THE RUSHFORTH FIRM, LTD.
A NEVADA LIMITED-LIABILITY COMPANY

A. SETTLOR(S). (SPELL THE NAMES AS YOU WANT THEM IN THE DOCUMENTS)					
FIRST		SECOND		MAILING ADDRESS	
Name		Name			
Birth Date <input type="checkbox"/> -Noncitizen of US		Birth Date <input type="checkbox"/> -Noncitizen of US			
Social Sec. #		Social Sec. #			
Date of initial consultation on this matter		Telephones:	Home	Work	Fax

B. CHARITABLE BENEFICIARY(IES). (ATTACH ADDITIONAL SHEETS IF NECESSARY. USE THE OFFICIAL NAME.)			
Name <i>(Specify chapter, branch, etc.)</i>	Tax ID No.	Address and Phone	PERCENTAGE

C. REMAINDER BENEFICIARIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY. SPELL THE NAMES AS YOU WANT THEM IN THE DOCUMENTS)			
NAME (AND RELATIONSHIP, IF NOT CHILD)	SOC. SEC. # SEX	ADDRESS AND PHONE	RELATED TO: <i>(Check One)</i>
	M F		<input type="checkbox"/> -Client; <input type="checkbox"/> -SO; <input type="checkbox"/> -Both
	M F		<input type="checkbox"/> -Client; <input type="checkbox"/> -SO; <input type="checkbox"/> -Both
	M F		<input type="checkbox"/> -Client; <input type="checkbox"/> -SO; <input type="checkbox"/> -Both

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	M F		<input type="checkbox"/> -Client; <input type="checkbox"/> -SO; <input type="checkbox"/> -Both
	M F		<input type="checkbox"/> -Client; <input type="checkbox"/> -SO; <input type="checkbox"/> -Both

D. FIDUCIARIES AND ALTERNATES. (IF EACH SPOUSE WANTS DIFFERENT FIDUCIARIES, ATTACH AN EXPLANATION.)

CAPACITY	PRIORITY	NAME & TAX ID NO.	ADDRESS & TELEPHONE
TRUSTEE	Initial Trustee		
	1 st Successor		
	2 nd Successor		
	3 rd Successor		
SPECIAL TRUSTEE (Required only if Trustee is Settlor or other disqualified person)	Initial Special Trustee		
	1 st Successor		
	2 nd Successor		
	3 rd Successor		

E. ADDITIONAL INFORMATION.

NAME OF TRUST:		
OTHER NAMES AND/OR INITIALS USED ON LEGAL DOCUMENTS:	Client	Significant Other
REFERRED BY:		

OFFICE USE ONLY: (Responsible professional MUST complete all applicable choices.)

TRUST: Settlor: -H; -W; -M. Taxation: -Grantor, -Non-grantor. -Duplicate Originals. **Type:** -CLUT, -CLAT.
Payout Rate: _____. Charitable trust term (# of years): _____.

TRUST DISTRIBUTION: **Distribution:** -Per stirpes; -Per capita; Other: _____.
Age(s): _____ **BenPOA:** -Life&Death; -Death
Only; -None. -SCorp.
BenInc: -Discr; -Req; -Mand. Attach notes regarding distribution upon completion of charitable term.

ISSUES DISCUSSED WITH CLIENT:

- | | |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Distributions of principal if income insufficient. | <input type="checkbox"/> Trustee's bond. |
| <input type="checkbox"/> GST Exemption Allocation. | <input type="checkbox"/> Gift tax and gift tax return (IRS Form 709). |
| <input type="checkbox"/> Need for Special Trustee with respect to hard-to-value assets. | <input type="checkbox"/> Income tax returns (IRS Form 1041). |
| <input type="checkbox"/> Incidental trust expenses: insurance, property maintenance, repairs, etc. | <input type="checkbox"/> Limitations of IRC §§ 4941, 4942, 4943, 4944, and 4945. |
| | <input type="checkbox"/> Income tax charitable deduction or lack thereof. |