

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

REVOCABLE TRUST

RUSHFORTH FIRM LTD.

A NEVADA PROFESSIONAL LIMITED-LIABILITY COMPANY

NOTE: You may download this form in Microsoft Word format: <https://rushforthfirm.info/pdf/ep-q.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/>.

1. CLIENT(S); SIGNIFICANT OTHER.

NAME(S) OF CLIENT(S) / SIGNIFICANT OTHER		MAILING ADDRESS
Full Name (as it appears on legal documents) <input type="checkbox"/> -Not US citizen	Full Name (as it appears on legal documents) <input type="checkbox"/> -Non-Client Significant Other <input type="checkbox"/> -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:	

2. CHILDREN & BENEFICIARIES. (Name all beneficiaries. Name all children and the children of each deceased child, including those who will receive nothing. Attach additional sheets if necessary. **Spell the names as you want them in the documents**)

NAME (SPECIFY RELATIONSHIP IF NOT CHILD.)	SEX / BIRTH DATE	ADDRESS AND PHONE	RELATED TO: * (Circle 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

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

3. **FIDUCIARIES AND ALTERNATES.** Include name, address & phone. Do not list yourself; however, unless you attach an explanation, we will assume that you will act as initial trustee, and if there is a spouse/partner, you will act together, with the survivor acting alone. If each spouse/partner wants different fiduciaries, please indicate.

CAPACITY	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
EXECUTOR; TRUSTEE; CONSERVATOR. (To manage assets & finances when you cannot)			
YOUR GUARDIAN / HEALTH CARE AGENT. (To make medical & health care decisions when you cannot)			
GUARDIAN FOR MINOR CHILDREN. (To have custody of minor or disabled children)			

4. **Post-Death Distributions.** Check all that apply. *NOTE: Instead of answering the questions in this section – or as a supplement thereto – you may attach an explanation written in your own words of how you want the assets of your trust distributed after your death(s), specifying percentages and how much is to be distributed when and on what basis. This can be modified and clarified after discussing these questions with an attorney.*

- A. If there are two of you, after one of you dies: *(Check all that apply)*
1. The survivor remains in control of the entire trust, including the power to amend and revoke the trust. *(Provide an explanation if there are exclusions or limitations.)*
 2. The trust divides into a survivor's trust, a tax-exempt ("bypass" or "credit-shelter") trust, and a marital trust.
 3. The survivor can change the beneficiaries of the survivor's trust, the tax-exempt trust, the marital trust. *(Provide an explanation if there are exclusions or limitations.)*
- B. If there are cash gifts or specific assets for specific beneficiaries, please provide a separate list. If there are two of you, provide instructions if any distributions are to be made upon the first death.
- C. After you are (both) deceased, if the beneficiaries named in section 2, above, are not to receive equal shares, please indicate the percentage or fraction each is to receive in section 2 .
- D. After you are (both) are deceased, do you want beneficiaries to receive their shares –or a part of their shares – in a lump sum? If so, specify how much and at what age or upon what triggering event? Specify if any beneficiaries are to be treated differently than the others.
- E. If a lump sum is not desired after you are (both) deceased:
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:*
 - a. For the GST-Exempt portion only.
 - b. During the Settlor's lifetime only.
 - c. During the entire term of the trust.
 - d. Until a date or event. Specify:
_____.
 2. Provisions that apply if and when the trust is divided into shares. *(Check all that apply.)*
 - a. Income distributions are -mandatory / -discretionary.
 - b. Discretionary principal distributions. *(If so, check all that apply:)*
 - i. Health, education, maintenance, or support.

- ii. General welfare and benefit. [*Requires independent trustee for spendthrift and tax protection.*]
- iii. Trustee is to be conservative and to encourage prudence and a productive life.
- iv. Trustee is to be generous and allow the beneficiary great latitude.
- c. Mandatory principal distributions:
 - i. - Minimum distribution age: _____.
 - ii. - Lump-sum distribution.
 - iii. - Approximately equal staggered distributions over _____ years.
 - iv. At specified ages: _____
 - v. Upon a triggering event: _____.
- 3. Each beneficiary may designate his or her own beneficiaries after his or her death.
 - a. - Limit permissive beneficiaries to -your issue, -spouses of issue, and -charities.
 - b. -No power to remove assets from GST-Exempt Trust.
- 4. ..GST-Exempt portion will be a dynasty trust.
- F. ..Include provisions to make the trust a qualified beneficiary of IRAs and other qualified retirement benefits.
- G. If you have no posterity, to whom and how will your assets be distributed? (*Attach an additional sheet if needed.*)

5. **ADDITIONAL INFORMATION.**

Name of Trust:		
If married, date of present marriage:		
If married, community or separate property?	Check one: All separate; All community; Some of each.	
Have you ever made a taxable gift?	Check one: No Yes. (If so, provide copies of gift tax returns.)	
Premarital agreement, divorce decree, or mutual property agreement?	Check one: No Yes. (If so, provide copies of binding documents.)	
Estimated net worth: (Current value of assets minus liabilities)	Life Insurance: \$	Other Assets: \$
If widowed, amount of Deceased Spousal Unused Exclusion (DSUE).		
Referred by:		
If you want duplicate originals, provide the name of person or the institution that will hold the duplicate original documents.	<input type="checkbox"/> -Client <input type="checkbox"/> -No duplicate	