***Confidential Questionnaire for Revocable Ira Trust***

***RUSHFORTH Firm Ltd.***

***A Nevada Professional Limited-Liability Company***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. ***CLIENT(S); Significant Other.*** | | | |  | |
| ***NAME(S) OF CLIENT(S) / SIGNIFICANT OTHER*** | | | | ***MAILING ADDRESS*** | |
| 1. **Full Name** *(as it appears on legal documents)*   [ ]-Not US citizen | | 1. **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: |

1. ***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.)*** | ***BIRTH DATE /*** SEX | ***ADDRESS AND PHONE*** | ***RELATED TO:****\**  *(Circle One)* |
| [ ] – Disabled or Minor | M F |  | A B Both |
| [ ] – Disabled or Minor | M F |  | A B Both |
| [ ] – Disabled or Minor | M F |  | A B Both |
| [ ] – Disabled or Minor | M F |  | A B Both |
| [ ] – Disabled or Minor | M F |  | A B Both |
| [ ] – Disabled or Minor | M F |  | A B Both |

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

1. ***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.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***FIRST CHOICE*** | ***SECOND CHOICE*** | ***THIRD CHOICE*** |
| ***TRUSTEE*** |  |  |  |

1. ***Distribution.***
2. Eligible (life-expectancy) Beneficiaries (*Check one.*):
3. [ ]-Conduit; OR
4. [ ]-Discretionary.
5. Ineligible (10-year) Beneficiaries (*Check one.*):
6. [ ]-10% a year for 10 years;
7. [ ]-Discretionary for 10 years; and then (after the IRA is closed):
   1. [ ]-Pour into each beneficiary’s share under this trust: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*Please provide copy of trust agreement or certification.*]; OR
   2. [ ]-Lump-sum distribution; OR
   3. [ ]-Discretionary distributions for life; OR
   4. [ ]-\_\_\_% for \_\_\_\_ years; OR
   5. [ ]-Generation-skipping (dynasty) trust for perpetuities period; OR
   6. [ ]-Please provide a written plain-English explanation of how you want the trust assets distributed
8. ***ADDITIONAL INFORMATION.***

|  |  |
| --- | --- |
| ***Name of Trust:*** |  |
| ***Referred by:*** |  |