

**ATTORNEYS AT LAW**

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**CHARITABLE REMAINDER TRUST QUESTIONNAIRE**

*Thank you for requesting our Charitable Remainder Trust Questionnaire. In order to better serve your needs, please review and complete the following information and return the completed Questionnaire to our office. We will then prepare an engagement letter and provide you with an estimate of fees with respect to this engagement. If you have any questions, please contact our office. Completion of this Questionnaire does not mean we are representing you. You will need to sign an engagement letter before representation can begin.*

*Thank you for selecting our firm. We look forward to hopefully working with you.*

**Contact Information:**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Home phone: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_

**Name of Charitable Beneficiary or Charitable Beneficiaries:**

1. Name of Charity #1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cellphone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
EIN for Charity: \_\_\_\_\_  
Amount to be paid from Trust: \$ \_\_\_\_\_

2. Name of Charity #2: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cellphone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
EIN for Charity: \_\_\_\_\_  
Amount to be paid from Trust: \$ \_\_\_\_\_

3. Name of Charity #3: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cellphone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
EIN for Charity: \_\_\_\_\_  
Amount to be paid from Trust: \$ \_\_\_\_\_

**Name of Trust Beneficiaries during the term of the Trust prior to payout to the designated Charitable Beneficiary or Charitable Beneficiaries:**

1. Name of Beneficiary #1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cellphone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Amount to be paid from Trust: \$ \_\_\_\_\_

2. Name of Beneficiary #2: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cellphone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Amount to be paid from Trust: \$ \_\_\_\_\_

3. Name of Beneficiary #3: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cellphone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Amount to be paid from Trust: \$ \_\_\_\_\_

**Name the Trustee in the "Appointment of Fiduciaries" section below:**

*Appointment of Fiduciaries*

1. **TRUSTEE.** The person charged with paying taxes and other debts, managing and distributing the trust assets, and otherwise carrying out the directions of the Trust Agreement. State the name and address of the person you wish to serve as Trustee (they must be a United States resident or United States entity).

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

If the person listed above is unwilling or unable to serve as Trustee, please list two **alternates:**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

The law requires the Trustee to file an annual accounting for the Trust as well as an annual Form 1041 Financial Return for the Trust.

**Funding the Trust:**

- 1. Assets to be transferred to the Charitable Remainder Trust:
  - a. Cash: \_\_\_\_\_
  - b. Real Property: \_\_\_\_\_
  - c. Other Property: \_\_\_\_\_
  
- 2. Special Provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION TO DISCLOSE INFORMATION**

As an attorney, my firm and I are required to keep your information confidential unless you specifically allow us to disclose it to others. The Federal Trade Commission requires anyone giving significant "financial advice" to let you know their policy of disclosure of information. The Federal Trade Commission requirement is found at 16 CFR § 313.4 (C)(3)(c). Our policy is to not disclose anything about your financial information to others if not specifically allowed and instructed to do so by you.

Only you can choose to allow our firm and me to disclose information about your legal and financial matters to others. The following is a list of your instructions about people you authorize my firm and me to provide any such information to. We will disclose only such information as we may believe to be in your best interest.

I, \_\_\_\_\_ (client), authorize McLEOD & RIGEL, P.A., and my attorney, WILLIAM E. McLEOD, to communicate with the following people about my financial or legal matters. ("Now" means at any time prior to my incapacity.)

	<b>Now</b>	<b>After Incapacity</b>
_____ Any Beneficiary: _____	_____	_____
_____ <u>Except:</u> _____	_____	_____
_____ My Trustee, Power of Attorney Agent, or Health Care Agent: _____	_____	_____
_____ My Accountant, Banker, or Financial Planner:	_____	_____
_____ My Insurance Agent:	_____	_____

Other Instructions: \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_  
\_\_\_\_\_  
(Signature)