

# DECLARATION OF FUTURE INTENT

Thank you for including the University of Michigan in your estate plan. In order to accurately document your intention, please complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

## RECOGNITION OF YOUR GIFT

For recognition purposes, please list my/our name(s) as follows:

\_\_\_\_\_

Please do not include my/our name in any public listings of donors.

I/We wish for my/our gift intention to be confidential and anonymous, publicly and in University of Michigan records.

### Gift Agreement/Letter:

I/We have signed a Gift or Letter Agreement with the University of Michigan for this gift and have made no changes to the designation or purpose.

I/We do not have a Gift or Letter Agreement. (Briefly describe allocation, designation, and how your gift should be used.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DESCRIPTION AND VALUE OF GIFT

Please indicate below how your future gift intention will be fulfilled and provide the estimated value for the University of Michigan:

DESCRIPTION	AMOUNT OR PERCENTAGE	ESTIMATED AMOUNT OF GIFT TO THE UNIVERSITY OF MICHIGAN
<input type="checkbox"/> <b>Will or Trust</b> with a sum of	_____	_____
<input type="checkbox"/> <b>Charitable Gift Annuity</b> in the amount of	_____	_____
<input type="checkbox"/> <b>Charitable Remainder Trust</b> in the amount of	_____	_____
<input type="checkbox"/> <b>Remainder of Retirement Fund/IRA</b> with a total current value of	_____	_____
<input type="checkbox"/> <b>Life Insurance Policy</b> with a policy value at maturity of	_____	_____
<input type="checkbox"/> <b>Other Item or Asset</b> in the amount of (Please describe. eg: private collections, real estate, securities, etc.):	_____	_____

**Beneficiary:** If the University of Michigan is only a contingent beneficiary, please explain conditions.

**Documentation:** Please provide us with copies of any documents (or the relevant pages) that include provisions for the University of Michigan.

Please Complete Reverse Side



# DECLARATION OF FUTURE INTENT page 2

## Contact Information

**Will or Trust:** If your gift is included in a will or trust, please provide the following:

Executor(s) or Trustee(s):

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Phone and/or Email

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Phone and/or Email

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Phone and/or Email

**Beneficiary Designation:** If your gift is directed by a beneficiary designation, please provide the following:

Administrator or Company:

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Phone and/or Email

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Phone and/or Email

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Phone and/or Email

## Additional Contacts (family, attorney, etc.)

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Phone and/or Email

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Phone and/or Email

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
Phone and/or Email

## Sign and return your Declaration of Intent

**New Intention:** This is a new bequest intention to University of Michigan.

**Update to Intention:** This is an update to a previously recorded bequest intention to the University of Michigan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

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City

\_\_\_\_\_  
State

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Zip

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City

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State

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Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

**Please send this form (together with copies of any relevant documents) to:**

### ALUMNI ASSOCIATION OF THE UNIVERSITY OF MICHIGAN

c/o Development Department  
200 Fletcher Street, Ann Arbor, MI 48109

If you have any questions or concerns, please contact us at:  
phone: 800.847.4764      email: alumni@umich.edu