

DECLARATION OF FUTURE INTENT

UNIVERSITY OF MICHIGAN (FOR THE BENEFIT OF THE ALUMNI ASSOCIATION)



Thank you for including the University of Michigan in your estate plans. To accurately document your intentions, please complete this form with as much detail as you are willing to share. ***This form does not create a binding obligation, and the details of your gift will remain confidential.***

MY/OUR INFORMATION

Name (printed)

Spouse Name (if joint gift)

Street Address

Phone Number

City

State

Zip

Email

GIFT INFORMATION

I/We have provided a gift to the University of Michigan as set forth in my/our:

DESCRIPTION

AMOUNT OR PERCENTAGE

ESTIMATED AMOUNT OF GIFT TO
THE UNIVERSITY OF MICHIGAN

☐ **Will or Trust**

☐ **Retirement Plan** (e.g., beneficiary designation of 401k, 403b, IRA)

☐ **Life Insurance Policy** (e.g., beneficiary designation)

☐ **Charitable Gift Annuity**

☐ **Charitable Remainder Trust**

☐ **Other Asset**

(Please describe. e.g.: real estate, securities, private collections, etc.)

☐ **Contingent 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.

RECOGNITION OF YOUR GIFT

For public 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 remain anonymous, publicly, and in records of the University of Michigan.

GIFT LETTER/AGREEMENT

☐ I/We intend to sign a Gift Letter/Agreement with the Alumni Association of the University of Michigan for the designation of this gift.

☐ I/We do not intend to sign a Gift Letter/Agreement with the Alumni Association of the University of Michigan. (Briefly describe allocation, designation, and how your gift should be used.)

please complete reverse side



ESTATE CONTACT INFORMATION

Although optional, the following information is very helpful for administrative purposes.

Executor or Trustee (for gifts made via will or trust):

Name

Street Address

City State Zip

Phone Number Email

Administrator (for gifts made via a retirement account, life insurance policy, etc.):

Name

Street Address

City State Zip

Phone Number Email

Additional Contact (e.g., family member, attorney, etc.)

Name

Street Address

City State Zip

Relationship

Phone Number

Email

I/We understand this form does not create a binding obligation and that the details of my/our gift will remain confidential. The University of Michigan understands that the size of my/our future gift may vary from the estimated amount above.

Signature

Date

Signature

Date

Please return this form to:

ALUMNI ASSOCIATION OF THE UNIVERSITY OF MICHIGAN

Attn: Office of Development
200 Fletcher St.
Ann Arbor, MI 48109

phone: 800.847.4764
email: alumni@umich.edu