

DECLARATION OF FUTURE INTENT

Thank you for your intention to include University of Michigan in your estate plan. We ask that you 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.

My/Our Information:

Name (print): _____ Spouse name (if joint gift): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Gift Information:

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

- | | |
|--|--|
| <input type="checkbox"/> Will or Trust | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Remainder Unitrust |
| <input type="checkbox"/> Other Asset(s) (please describe):

_____ | <input type="checkbox"/> Retirement Plan or Beneficiary Designation
(401(k), 403(B), IRA, Keogh, Brokerage Account) |

- The University of Michigan is a contingent beneficiary of the indicated asset above (Please Explain):

The current estimated value of my/our gift is \$ _____, or _____ % of the asset indicated above.

Gift Purpose:

- Gift Agreement/Letter** - I/We have signed a Gift Letter or Agreement with University of Michigan stating the designation or purpose for this gift.
- I/We have not signed a Gift Letter or Agreement.** It is my/our intention that the University of Michigan use this future gift for (Briefly describe the school, college, program, or fund you would like your gift to benefit. If multiple areas, please provide percentages or specific amounts):
- _____
- _____

Please continue to the reverse side to complete the form

Recognition:

Donors who provide a planned gift to benefit the University of Michigan will be enrolled in the John Monteith Society.

Please keep my/our gift anonymous

Please list my/our name(s) as follows:

Estate Contact Information: Although optional, the following information is very helpful:

Executor, Trustee (if your gift is through a Will, Trust):

Administrating Company (ie. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy):

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____ Zip Code: _____

City, State: _____ Zip Code: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: _____

Relation: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____

Email: _____

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. The University of Michigan understands that the size of my/our future gift may change.

Signature: _____

Spouse Signature (if joint): _____

Date: _____