



# DECLARATION OF INTENT

LEADERSANDBEST.UMICH.EDU/GIFTPLANNING

Thank you for your intention to include 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 University of Michigan for this gift and have made no changes to the designation or purpose.
- No Gift Agreement/Letter** - Briefly describe allocation, designation, and how your gift should be used. \_\_\_\_\_

**Description and Value of Gift** - Please indicate below (by checking applicable options), how your future gift intention will be fulfilled and provide the estimated value for University of Michigan:

<u>Description</u>	<u>Amount or Percentage</u>	<u>Estimated Amount of Gift to University of Michigan</u>
<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 _____ <b>Please describe</b> (for example, private collections, real estate, securities, etc.):	_____	_____

- Beneficiary** - If 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 University of Michigan.

**Please Complete Reverse Side**

**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

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

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

**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

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

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

**Other Information, Contacts and Relationships You Want Us to Know (family, attorney, etc.)**

Name and Address

Phone and/or Email and Relationship

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

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

**This Declaration of Intent** enrolls you in the John Monteith Legacy Society. You will be contacted regarding your participation.

**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 University of Michigan.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

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

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email and Phone Number

\_\_\_\_\_  
Email and Phone Number

**Please send this form** (together with copies of any relevant documents) to the Office of Gift Planning. Please contact us if you have any questions or concerns at the numbers below.

**University of Michigan, Office of Gift Planning**  
3003 S. State Street, Suite 9000, Ann Arbor, MI 48109-1288  
email: [pgservices@umich.edu](mailto:pgservices@umich.edu) phone: (734) 615-2022  
toll-free: (866) 233-6661 fax: (734) 647-6100