

## 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.

New Intention	Updated Intention		
My/Our Information:			
Name (print):	_ Spouse name (if joint gift):		
Address:	_ City:	State:	Zip Code:
Phone Number:	Email Addr	ess:	
Gift Information:			
I/We have provided a gift to the University of	Michigan as set	t forth in my/our:	
Will or Trust		Charitable Gift Annuity	
Life Insurance Policy		Charitable Remainder Ur	nitrust
Other Asset(s) (please describe):		Retirement Plan or Bene 401(k), 403(B), IRA, Keo	
The University of Michigan is a contingen 			
of the asset indicated above. If a percentage today's dollars \$	is given, what	is the current estimate	ed value of the percent in
<u>Gift Purpose</u> :			
Gift Agreement/Letter - I/We have sign stating the designation or purpose for t		r or Agreement with Un	iversity of Michigan
<ul> <li>I/We have not signed a Gift Letter or A</li> <li>Michigan use this future gift for (Briefly your gift to benefit. If multiple areas, pl</li> </ul>	describe the so	chool, college, program,	or fund you would like

## **Recognition:**

Donors who provide a planned gift to benefit the University.	ersity of Michigan will be enrolled in the John Monteith	
I/we prefer no public recognition	Please list my/our name(s) as follows:	
Estate Contact Information: Although optional, the fol	lowing 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 o confidential. The University of Michigan understands t	bligation and any details about my/our gift will remain hat the size of my/our future gift may change.	
Signature: Spou	Spouse Signature (if joint):	
Date:		

Please return this form to: University of Michigan, Office of Planned Giving | 3003 S. State St., Suite 9000, Ann Arbor, MI 48109-1288 email: pgservices@umich.edu | phone: (734) 615-2022 | toll-free: (866) 233-6661 | fax: (734) 647-6100