

# 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 Address: \_\_\_\_\_

**Gift Information:**

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

- Will or Trust
- Life Insurance Policy
- Other Asset(s) (please describe):  
\_\_\_\_\_  
\_\_\_\_\_
- Charitable Remainder Unitrust
- 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 \$ \_\_\_\_\_. My/Our gift is \_\_\_\_\_% of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$ \_\_\_\_\_.

**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:**

**Membership** Recognition in the John Monteith Legacy Society is automatic upon receipt of notice that the University Michigan (Ann Arbor, Dearborn, or Flint Campus) is named as a charitable beneficiary of your plan, estate, life insurance policy, annuity contract, or life income gift. Members of the John Monteith Legacy Society receive a complimentary subscription to *Leaders & Best*, the Office of University Development's donor publication and invitations to periodic donor appreciation events, both virtual and on campus.

I/we prefer to opt out

**Public Acknowledgment** The University may appropriately recognize the Donor(s) during life and posthumously, which may include print or electronic media and other suitable means. When included in donor listings or otherwise recognized, the Donor name(s) will appear as follows:

I/we prefer no public recognition

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

**Administrating Company (i.e. 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:** \_\_\_\_\_