

DECLARATION OF FUTURE INTENT LEAD SCHOLARS PROGRAM

Thank you for including the LEAD Scholars program in your estate plans. In order to accurately document your intention, 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 (print)

Spouse Name (if joint gift)

Street Address

Phone Number

City State Zip

Email

GIFT INFORMATION

I/We have provided a gift to the Alumni Association's LEAD Scholars program as set forth in my/our:

- Will or Trust**
- Retirement Plan** (i.e., beneficiary designation of 401(k), 403(b), IRA, Keogh)
- Life Insurance Policy** (i.e., beneficiary designation)
- Charitable Remainder Unitrust**
- Charitable Gift Annuity**
- Other Assets** (e.g., private collections, real estate, securities, brokerage account) Please describe:

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

- The LEAD Scholars program is named as a contingent beneficiary of the document or assets indicated above (if yes, please explain).

RECOGNITION

- For public recognition purposes, please list my/our name(s) as follows:

- I/we prefer no public recognition

Please Complete Reverse Side



DECLARATION OF FUTURE INTENT page 2

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 retirement accounts, life insurance policies, and other gifts, e.g., TIAA, Fidelity)

Name

Street Address

City State Zip

Phone Number Email

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

Name

Street Address

City State Zip

Relationship

Phone Number

Email

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

Signature Date

Spouse Signature (if joint gift) Date

Please return this form to:

ALUMNI ASSOCIATION OF THE UNIVERSITY OF MICHIGAN

Attn: Development Department
200 Fletcher Street
Ann Arbor, MI 48109

phone: 800.847.4764
email: LEADgiving@umich.edu

