

# COLGATE UNIVERSITY

Thank you for notifying Colgate that you have made estate plans, trust arrangements, or completed a beneficiary designation that includes the university. Thank you for giving back through your deferred gift. We are ever grateful.

## Statement of Deferred Gift Provision (Confidential)

\_\_\_\_\_  
Name(s) and Class Year

\_\_\_\_\_  
Date

*In appreciation of Colgate University and with the desire to contribute to its continued strength and success, I/we have executed and, barring unanticipated changes in circumstances, intend to keep in effect a valid provision in my/our estate for Colgate University.*

A conservative estimate of the current value of my/our provision is \$ \_\_\_\_\_. Please describe your provision (dollar amount, percentage of estate/residual, description of gift property):

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

*My/Our provision is made through the following: (Check all that apply) Provide advisor(s) and attorney contact information on back.*

### BEQUEST

Bequest in a will (revocable)

Bequest in a living trust

I/We retain right to change beneficiaries

Colgate University is an irrevocable beneficiary

Colgate University is contingent beneficiary

*My/Our estate provisions shall be used by Colgate University for:*

### CHARITABLE REMAINDER TRUST

Trust held by others (Colgate University is not trustee)

I/We retain the right to change beneficiaries

Colgate University is an irrevocable beneficiary

### BENEFICIARY DESIGNATION FORM

Retirement plan assets (please provide copy of statement)

Colgate University is primary beneficiary

Colgate University is contingent beneficiary

### OTHER DEFERRED MECHANISM

Perpetual trusts

Testamentary trusts

### LIFE INSURANCE

Colgate University is primary beneficiary

I/We retain right to change beneficiaries

Colgate University is an irrevocable beneficiary

*My/Our estate provisions shall be used by Colgate University for:*

No designation

*I/We understand that, with the exception of any irrevocable estate provisions made, I/we can revise these plans if circumstances warrant. I /we also understand that Colgate may rely on my/our provision in its future planning; therefore I /we will inform Colgate University if my/our intentions change.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Colgate University may publicly acknowledge this commitment:    Yes    No

Return to: Office of Planned Giving, Colgate University, 13 Oak Drive, Hamilton, NY 13346 If you have any questions, please contact Planned Giving at 315-228-7450 or [plannedgiving@colgate.edu](mailto:plannedgiving@colgate.edu)

**CONTACT INFORMATION**

**Attorney:** \_\_\_\_\_

Firm name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Executor:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Financial Advisor/Institution:** \_\_\_\_\_

Contact person: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**IRA Administrator/Institution:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Life Insurance Company:** \_\_\_\_\_

Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_