

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(s) of Birth 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

BENEFICIARY DESIGNATION FORM

- ☐ Retirement plan assets (please provide copy of statement)
 ☐ Colgate University is primary beneficiary
 ☐ Colgate University is contingent beneficiary

☐ **DAF BENEFICIARY**

☐ **LIFE INSURANCE** Colgate is primary beneficiary

☐ Colgate 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

OTHER DEFERRED MECHANISM

- ☐ Perpetual trusts
☐ Testamentary trusts
 ☐ I/We retain right to change beneficiaries
 ☐ Colgate University is an irrevocable beneficiary

My gift will be received:

- ☐ Upon my death
☐ Upon the death of my surviving spouse
☐ Other: _____

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

☐ I would be interested in sharing my donor story with Colgate.

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

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: _____