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: _____