



DECLARATION OF FUTURE INTENT

Thank you for your intention to make a planned gift to Rochester University. 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. Our gift officers would be happy to meet with you to further discuss including Rochester University in your estate plan.

New Intention

Updated Intention

Donor Information I

Name (print): _____

Spouse Name (if joint gift): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone Number: _____

Email Address: _____

Gift Information I

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

Will or Trust

Life Insurance Policy

Charitable Gift Annuity

Charitable Remainder Trust

Retirement Plan or Beneficiary Designation (401(k), 403(b), IRA, Brokerage Account)

Other Asset(s)-please

describe: _____

Rochester University 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 assets indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$_____.



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Gift Purpose |

- Gift Agreement/Letter** | I/We have signed a Gift Letter or Agreement with Rochester University stating the designation or purpose of this gift.
- I/We have not signed a Gift Letter or Agreement** | It is my/our intention that Rochester University use this future gift for:

*Briefly describe how you would like your gift to be used (student scholarships, specific department, program or endowed scholarship. If multiple areas, please provide percentages or specific amounts.

- General RU Student Scholarships
- Endowed Scholarship | Scholarship Name: _____
- RU Department | _____
- RU Program | _____
- Other | _____

Recognition |

Donors who provide a planned gift to the benefit of Rochester University will be enrolled in the Heritage Society.

- I/We prefer no public recognition
- Please list my/our name(s) as follows: _____

Estate Contact Information |

Although optional, the following information is very helpful.

Executor, Trustee | If your gift is through a Will/Trust

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Email: _____



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Administrating Company (i.e. TIAA, Fidelity, etc.) | If your gift is through a retirement account or life insurance policy.

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Email: _____

Additional Contact/Relationship Information (i.e. family member, attorney, etc.) |

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Email: _____

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. Rochester University understands that the size of my/our gift may change.

Signature: _____ Spouse Signature (if joint): _____

Date: _____