

## ESTATE PLAN INTENTIONS

*(Please note that this document is for informational purposes only and is not legally binding.)*

**I have named Smith College as a beneficiary of a:** (check as many as apply)

- will
- mutual fund; **Fund/Company name** (optional): \_\_\_\_\_
- retirement account; **Fund/Company name** (optional): \_\_\_\_\_
- charitable trust; \_\_\_\_\_
  - revocable
  - irrevocable    Name of trustee: \_\_\_\_\_
- life insurance policy; \_\_\_\_\_
- other (please specify); \_\_\_\_\_

Smith College Tax ID#: 04-1843040

**Smith is listed as a:** (check one)

*Please indicate approximate dollar value or % of estate in which Smith is named or indication that Smith is to receive the residue or remainder of estate (optional):*

- primary beneficiary                                \$ \_\_\_\_\_
- secondary beneficiary                                \$ \_\_\_\_\_
- contingent beneficiary                                \$ \_\_\_\_\_

If/when this gift is received by Smith College it is my wish that the college use these funds for the following purpose(s):

\_\_\_\_\_

\_\_\_\_\_

As a result of notifying the college of this intended gift, I understand that Smith welcomes me as a member of **The Grécourt Society**, Smith's honorary recognition society for individuals who have named the college in their estate plans.

- I wish to become an anonymous member and request that my name not be listed publicly.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Print Name)                                (Class Year)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Date)

*Please return this form to: Office of Gift Planning, Smith College, Alumnae House, 33 Elm Street, Northampton, MA 01063. Phone: (413) 585-2051 Fax: (413) 585-4677 [gift\\_planning@smith.edu](mailto:gift_planning@smith.edu) or visit [www.smith.plannedgiving.org](http://www.smith.plannedgiving.org)*

4/2013