



Estate Plan Intention Form

I want to support SMITH by including the college in my estate plan as follows:

SECTION 1: DONOR INFORMATION

NAME _____ CLASS YEAR _____

ADDRESS _____ BIRTHDATE _____

STREET

_____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

SECTION 2: TYPE OF ESTATE COMMITMENT

Gift type:

Will or Revocable Trust provision

Charitable Remainder Trust

IRA or Retirement Plan beneficiary

Life Insurance beneficiary

Smith will receive this gift:

Upon my death

Upon the death of my surviving spouse/partner

Other _____

My gift is stated as:

A specific dollar amount: \$ _____

A percentage of estate/account: _____%. The estimated current value of this percentage is: \$ _____

Other (i.e. gifts of tangible personal property) _____

SECTION 3: SUPPORTING DOCUMENTS

Attached (only one of the following is requested):

A copy of the will or trust provision pertaining to Smith College

A copy of the retirement account/insurance beneficiary designation form and summary page from a recent statement

A letter from my attorney, executor, or trustee

Other _____

SECTION 4: GIFT DESIGNATION

I would like my gift to support:

Smith's greatest needs (unrestricted)

Scholarships

Please contact me to discuss how my gift could be used.

SECTION 5: DONOR AND GIFT RECOGNITION

I do do not want to receive fundraising credit for the amount of my future gift. **(This applies to classes in the 50th Reunion and beyond through our Reunion Bequest Intention policy.)**

I do do not authorize Smith College to include my name in publications that may recognize this gift.

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

I do do not wish to become an anonymous member.

SECTION 6: ESTATE CONTACT INFORMATION

Who would you like Smith to contact upon your death to facilitate the distribution of your gift?

Executor Trustee IRA Custodian/Plan administrator Family Member Other _____

NAME _____

BUSINESS _____

ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ PHONE _____

COMMENTS

DONOR SIGNATURE

DATE

Smith understands that your plans or financial circumstances may change and the College does not make financial commitments in anticipation of any future estate gifts. This form is not intended to be a legally binding pledge. All information you provide will remain confidential.

Smith College Tax ID #04-1843040