



## 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 \_\_\_\_\_

Would you like to share your Smith Story? If you'd like to tell us what inspired your gift, we'd love to know!

**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*