STATEMENT OF INTENT TO FUND SMITH COLLEGE CHARITABLE GIFT ANNUITY

This Agreement will serve to confirm my/our intention to make a gift of \$
Specific designation:
This gift is made in honor or in memory of:
Annuitant:
This gift annuity is to be a \Box one-life or \Box two-life annuity for the following annuitant(s):
Primary Annuitant:
Legal Name:
Date of Birth:
Social Security Number:
Legal Residence:
City/State/Zip:
Relationship to Beneficiary:
Secondary Annuitant: (only complete this section if funding a two-life gift annuity)
□ Successor (pays to survivor after primary annuitant dies – most common when funding assets are in one name onl
□ Successor (pays to survivor after primary annuitant dies – most common when funding assets are in one name onl □ Joint (payments are made in both names – most common when funding assets are jointly owned)
□ Joint (payments are made in both names – most common when funding assets are jointly owned)
□ Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name:
□ Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name: Date of Birth: Social Security Number:
□ Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name: Date of Birth:
 Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name: Date of Birth: Social Security Number: Legal Residence:
□ Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name: Date of Birth: Social Security Number: Legal Residence: City/State/Zip:
Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name:
□ Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name: Date of Birth: Social Security Number: Legal Residence: City/State/Zip: Relationship to Benefactor: Annuity Type:
 Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name:
Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name: Date of Birth: Social Security Number: Legal Residence: City/State/Zip: Relationship to Benefactor: Annuity Type: Immediate payment Deferred payment (must be deferred at least 12 months)
 Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name:
 Joint (payments are made in both names – most common when funding assets are jointly owned) Legal Name:
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□ Maximum available discount rate (higher deduction now, less tax-free income later)

 $\hfill\square$ Minimum available discount rate (lower deduction now, more tax-free income later)

The Grécourt Match:

□ Yes, I wish to participate in the Grécourt Match. 10% of my gift will be matched by a current gift from an anonymous member of the Class of 1964 for financial aid (up to a limit of \$10,000).

□ No, I do not wish to participate in the Grécourt Match.

<u>Gift Details</u> :		
Enclosed is a check made payable to Smith College OR		
\Box I would like wire transfer instructions – (Please call 800-526-2023, Option 5)		
\Box l/we have directed my/our broker to transfer the following stock/securities to Smith College:		
Broker Name and Contact Information:		
Stock/Securities to be donated (name, # of shares, cost basis, dor	nor owned or jointly owned):	
Name:# of Sha	res	
Cost Basis:	s for each stock)	
\Box Donor Owned OR \Box Jointly Owned		
The Smith Fund:		
□ I have already made my gift to the Smith Fund (annual fund) thi June 30.)	s fiscal year (July 1 through	
I wish to remain on the Smith Fund (annual fund) appeal list for the remainder of this fiscal year (July 1 through June 30.)		
□ I consider this gift annuity to be my only gift to Smith this fiscal year, and do not wish to receive further Smith Fund (annual fund) appeals until after June 30.		
The Grécourt Society:		
 I am already a member of The Grécourt Society. With this gift I agree to be a listed member of The Grécourt Society. 		
 I am making this gift anonymously and wish to be an anonymou Please check here if you are making this gift from jointly owned would like to become a member as well. They will be as you are 	assets and your partner	
□ Yes □ No I would like to receive a Grécourt lapel pin.		
Estate/Next of Kin Contact Information: Whom should Smith contact upon your death (or that of the surviv of your gift annuity?	or beneficiary if applicable) to facilitate the termination	
□ Executor □ Trustee □ Family Member □ Other		
NAME		
BUSINESS		
ADDRESS CITY	STATE ZIP	
EMAIL	PHONE	
Name (Printed)		
Donor's signature	Date	

Please return this form to: Kamlyn Allman, Office of Gift Planning, Smith College, 8 Bedford Terrace, Northampton, MA 01063