



Legacy Gift Intention Form (Confidential)

PERSONAL INFORMATION

Name:				Birthdate:	
Name:				Birthdate:	
Address:					
City:				State:	Zip:
Phone:			Email:		

GIFT DESCRIPTION

I/We have named the University of Missouri–St. Louis as a beneficiary of my/our:

☐ Will/Living Trust ☐ Charitable Remainder Trust ☐ Retirement Assets ☐ Life Insurance Policy ☐ Charitable Gift Annuity

☐ Other (please explain)

Brief description of the gift to UMSL (percentage of estate/asset, specific amount, description of property etc.)

This is a contingent gift, meaning that UMSL is an alternate beneficiary and will only receive the gift under certain circumstances. Please describe any contingent arrangements:

As of today's date, I/we estimate the value of this provision in my estate plans to be \$

PURPOSE OF YOUR GIFT

Please share with us the reason you want to make such a meaningful gift to UMSL:

New Intention: This is a new gift intention.

Update to Intention: This is an update to a previously recorded gift intention.

I want my gift to be used for the highest priorities at UMSL.

I want my gift to be used for a specific purpose (if allocated to a named fund, please list fund name below.)



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GIFT RECOGNITION

I am/We are pleased to accept membership in the 1963 Society, which honors those who have included UMSL in their long-term financial and estate plans. I/We understand that membership is based upon information provided about my/our future gift to UMSL.

Please recognize me/us as:

I prefer to remain anonymous in listings of The 1963 Society Members.

GIFT DOCUMENTATION

Attached is a copy of the relevant portions of the legal documents relating to my/our future gift to UMSL and/or a letter from my legal or financial advisor that describes the nature and purpose of the gift (optional).

CONTACT INFORMATION (OPTIONAL)

Will or Trust – If your gift is included in a will or trust, please provide the following:
Executor(s) or Trustee(s)

Name:

Phone and/or Email:

Address:

Beneficiary Designation – If your gift is directed by a beneficiary designation, please provide the following:
Administrator or Company

Name:

Phone and/or Email:

Address:

Other Information, Contacts and Relationships You Want Us to Know (family, attorney, etc.):

Name:

Phone and/or Email:

Address:

I/We understand that this is not a legal or binding commitment on my/our estate. I/We understand that any gift received by UMSL from my/our estate shall be subject to UMSL fee assessment policies in effect at the time.

Donor Signature

Date

Donor Signature

Date

Development Representative Signature

Date

Gift Planning Representative Signature

Date