

GIFT PLANNING

LEGACY ASSOCIATE MEMBER PROFILE

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

NAME _____ DATE OF BIRTH ____/____/____
LAST FIRST MIDDLE

SPOUSE/PARTNER _____ DATE OF BIRTH ____/____/____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Please complete all that apply to your plans and/or your spouse's/partner's plans for the benefit of WSU. This information will help ensure that your intentions are properly implemented. Completion of this form in no way obligates you to make a bequest or beneficiary designation to the WSU Foundation.

YOU

BEQUEST (WILL REVOCABLE LIVING TRUST)

THE SUM OF \$ _____
OR % OF MY TOTAL ESTATE FOR WSU _____ %
OR % OF REMAINDER FOR WSU (AFTER GIFTS TO OTHERS) _____ %
ESTIMATED VALUE OF MY GIFT TODAY \$ _____

PARTNER/SPOUSE (IF DIFFERENT FROM ABOVE)

BEQUEST (WILL REVOCABLE LIVING TRUST)

THE SUM OF \$ _____
OR % OF MY TOTAL ESTATE FOR WSU _____ %
OR % OF REMAINDER FOR WSU (AFTER GIFTS TO OTHERS) _____ %
ESTIMATED VALUE OF MY GIFT TODAY \$ _____

REPRESENTATIVES

NAME OF ATTORNEY _____

NAME OF PERSONAL REPRESENTATIVE/TRUSTEE _____

BENEFICIARY DESIGNATION(S)

	% DESIGNATION	ESTIMATED VALUE	YOU	PARTNER/SPOUSE
IRA/RETIREMENT PLAN	____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL ANNUITY	____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
CHARITABLE TRUST	____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
BANK OR BROKERAGE ACCOUNT	____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
DONOR ADVISED FUND	____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
BENEFICIARY DEED OF REAL ESTATE	____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
LIFE INSURANCE POLICY	____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
COMPANY WHERE ASSETS ARE HELD				

GIFT PURPOSE

COLLEGE(S), UNIT(S), FUND(S)

I/WE HAVE ENCLOSED A COPY OF DOCUMENT(S) DETAILING THE GIFT(S) DESCRIBED ABOVE.

YES NO THE WSU FOUNDATION MAY PRINT MY/OUR NAME(S) IN PUBLICATIONS.

SIGNATURE _____ DATE ____/____/____

SIGNATURE _____ DATE ____/____/____



WASHINGTON STATE
UNIVERSITY
FOUNDATION