



STATEMENT OF INTENT

Bequest Provision

Thank you for your intention to include Harvey Mudd College (HMC) in your estate plan. To aid us in properly recognizing your gift planning, we ask that you complete this form with as much detail as you are willing to share to help guide us in honoring your legacy. Any information about your gift will remain confidential and does not create a binding obligation. Please also attach any documents that further describe your arrangements. (Should you desire help with specific language, please do not hesitate to contact our office.)

New Intention

Updated Intention

MY/OUR INFORMATION: (PLEASE PRINT)

Donor: _____

Donor (if joint gift): _____

Date of Birth: _____

Date of Birth: _____

HMC relationship: _____

If applicable, Class Year(s)/Parent Year(s) _____

Address: _____ City: _____ State: _____ Zip code: _____

Daytime Phone Number: _____ Email Address: _____

GIFT INTENTION:

A. I/we have provided a gift to Harvey Mudd College as set forth in my/our:

- Will or Living Trust.
- Charitable Trust. Type of Trust: _____.
- Charitable Gift Annuity.
- Retirement Plan. Administrator: _____.
- Life Insurance Policy. Issuer: _____.
- Bank/Investment Account. Institution: _____.
- Other Asset(s) (please describe): _____.

B. The current estimated value of this gift intention is \$ _____, based on:

- A specified dollar amount noted in the documentation.
- _____% of the total assets, currently valued \$ _____.

I INTEND FOR MY GIFT TO HARVEY MUDD COLLEGE TO BE:

- Unrestricted for the College's Greatest Need
- Restricted for a specific purpose(s):
 - Gift Agreement/Letter – I/We **have signed** a separate Gift Letter or Agreement with Harvey Mudd College, or the restriction is specified in the gift instrument, stating the designation or purpose for this gift.
 - I/we **have not signed** a Gift Letter or Agreement. It is my/our intention that Harvey Mudd College use this future gift for (Briefly describe the program, fund or department you would like your gift to benefit. If multiple areas, please provide percentages or specific amounts): _____

Please continue to the reverse side to complete the form

Harvey Mudd College is a qualified educational organization and a 501(c)(3) non-profit California corporation (Federal ID 95-1911219). As with any decision involving your assets, we urge you to seek the advice of your professional counsel when considering a gift to HMC.

Please return this form to: Harvey Mudd College, Office of Planned Giving | 301 Platt Blvd., Claremont, CA 91711

Email: plannedgiving@hmc.edu | toll-free: 844.448.3462 | fax: 909.607.8269



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RECOGNITION:

In appreciation for this Estate Gift you will become a member of HMC's *Legacy Society* (or any future naming of a similar giving society) that recognizes donors who have generously included Harvey Mudd College in their estate plans and/or as beneficiaries of planned gifts. If desired, you may request to remain anonymous and, as such, will receive future Legacy Society mailings, including event invitations, but will be identified only as "anonymous" in any Legacy Society donor listing. Alternatively, you may elect to decline membership altogether.

- I/we agree to be listed as a member of HMC's *Legacy Society*.
Please list my/our name(s) as follows: _____.
- I/we prefer that my/our membership be anonymous.

ESTATE CONTACT INFORMATION: ALTHOUGH OPTIONAL, THE FOLLOWING INFORMATION IS VERY HELPFUL:

Executor, Trustee (if your gift is through a Will/Trust):

Administrating Company (i.e., TIAA, Fidelity, bank trust department, etc., if your gift is through a retirement account or life insurance policy):

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____ Zip Code: _____

City, State: _____ Zip Code: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

ADDITIONAL CONTACT/RELATIONSHIP YOU MAY WANT US TO KNOW (FAMILY, ATTORNEY, ETC.)

Name: _____

Relation: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____

Email: _____

This commitment is revocable and is not legally binding on my estate; therefore I/we retain the right to change the designation of HMC as a beneficiary, the purpose of my HMC bequest, and the portion and amount of my/our estate that HMC will receive. I/we agree, however, to inform HMC of any change in my intentions toward the College and/or if the value of my estate's potential donation significantly increases or decreases.

Donor Signature: _____

Donor Signature (if joint): _____

Date: _____

Date: _____