



Bequest Intention Form (Confidential)

Name(s)

Class Year

Date

In appreciation of Mount Holyoke College and with the desire to contribute to its continued strength and success, I/we have executed and, barring unanticipated changes in circumstances, intend to keep in effect a valid provision in my/our estate for the College.

A conservative estimate of the current value (a snapshot of today's value) of my/our provision is \$ _____.

Definition of value of provision: e.g., specific dollar amount, percentage of estate, description of gift property, etc.

My/our provision is made through the following:

BENEFICIARY and PoD DESIGNATIONS

- Bank/Investment Account(s)
 - Brokerage Account
 - Certificate of Deposit (CD)
 - Savings Account
- Donor Advised Fund (DAF)
- Life Insurance
- Retirement plan assets [e.g., IRA, 401(k), 403(b)]

WILL

- Beneficiary in a will

TRUST

- Beneficiary in a living trust
- Charitable remainder trust

OTHER

- _____

Attach a copy of the relevant document naming Mount Holyoke as a primary beneficiary: e.g., page of will or trust mentioning Mount Holyoke, beneficiary form from life insurance or retirement plan.

Continued on reverse ...

BEQUEST CONFIDENTIALITY

All bequest information will be kept in strictest confidence. No dollar amount will be directly associated with a donor's name. On occasion, names of donors who have bequests may be listed in College reports or shared with class leadership, unless the donor has requested anonymity. Documented bequest dollar amounts will be aggregated and included in overall class totals at reunions.

Please state your preference:

- I/we give Mount Holyoke College permission to publish my/our name(s) in College reports and share with class leadership as having documented a bequest intention for the College and have our bequest intention amount included in aggregate totals.
- I/we prefer that this gift be anonymous, in that my/our name(s) will never be published in any College reports or shared with class leadership as having documented a bequest intention for the College. However, I/we wish that my/our bequest intention amount be added to aggregate totals.
- I/we prefer that this gift be totally anonymous, in that my/our names will never be published or shared with class leadership in connection with bequest intentions and my/our bequest intention amount will **NOT** be included in aggregate totals.

I/we understand that Mount Holyoke College will consider this commitment and may use this information to plan for its educational program on the basis of this provision. If my/our intentions change, I/we will inform the College.

Signature

Date

Signature

Date

Return this form and relevant documents to:

**Gift Planning Office
Mount Holyoke College
Office of Advancement
50 College Street
South Hadley, MA 01075**

giftplanning.mtholyoke.edu 800-642-4483