



DECLARATION OF FUTURE INTENT

Thank you for your intention to include the **Georgia United Methodist Foundation** in your estate plan. Please complete this form to document your future gift intention. Any information about your gift will remain confidential and does not create a binding obligation.

New Intention

Updated Intention

My/Our Information:

Name (print): _____ Spouse name (if joint gift): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Gift Information:

I/We have provided a gift to the **Georgia United Methodist Foundation** as set forth in my/our:

- | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Will or Trust | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Remainder Unitrust |
| <input type="checkbox"/> Other Asset(s) (please describe):
_____ | <input type="checkbox"/> Retirement Plan or Beneficiary Designation
(401(k), 403(B), IRA, Keogh, Brokerage Account) |
| _____ | |

The current estimated value of my/our gift is \$_____. My/Our gift is _____% of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$_____.

Gift Purpose:

It is my/our intention that the **Georgia United Methodist Foundation** use this future gift for... (Briefly describe the intent of this gift. For example: is this gift designated to a current fund at the Foundation? Or is this gift intended to establish a new endowed fund in support of a church or organization?)

Please continue to the reverse side to complete the form.

Recognition:

Please let us know if your gift intention can be recognized or if you prefer no public recognition:

I/we prefer no public recognition

Please list my/our name(s) as follows:

Estate Contact Information: Although optional, the following information is very helpful:

Executor, Trustee (if your gift is through a will, trust):

Administrating Company (ie. TIAA, Fidelity, 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: _____ Relationship: _____

Address: _____ City, State: _____ Zip Code: _____

Phone: _____ Email: _____

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. Furthermore, it is understood that the size of my/our future gift may change.

Signature: _____ **Second Signature (if joint):** _____

Date: _____

Please return this form to the Georgia United Methodist Foundation: P.O. Box 922087 – Peachtree Corners, Georgia 30010-2087