AUSTIN PEAY STATE UNIVERSITY

FOUNDATION

DECLARATION OF FUTURE INTENT

Thank you for your intention to include Austin Peay State University (APSU) Foundation in your estate plan. We ask that you complete this form with as much detail as you are willing to share. 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 Austin Peay State University Foundations set forth in my/our:

☐ Will or Trust

☐ Life Insurance Policy

☐ Other Asset(s) (please describe):

_____

_____

☐ Charitable Gift Annuity

☐ Charitable Remainder Unitrust

☐ Retirement Plan or Beneficiary Designation (401(k), 403(B), IRA, Keogh, Brokerage Account)

☐ Austin Peay State University is a contingent beneficiary of the indicated asset above (Please Explain):

_____

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:

☐ **Gift Agreement/Letter -** I/We have signed a Gift Letter or Agreement with Austin Peay State University Foundation stating the designation or purpose for this gift.

☐ **I/We have not signed a Gift Letter or Agreement. I**t is my/our intention that Austin Peay State University Foundation use this future gift for (Briefly describe the college, program, or fund 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

Recognition:

Donors who provide a planned gift to benefit the Austin Peay State University will be enrolled in the APSU Legacy Society.

☐ 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):

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____

Email: _____

Administrating Company (ie. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy):

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____

Email: _____

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: _____ Relation: _____

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. Austin Peay State University Foundation understands that the size of my/our future gift may change.

Signature: _____ Spouse Signature (if joint): _____
Date: _____