



# HILLSDALE COLLEGE

PURSUING TRUTH · DEFENDING LIBERTY SINCE 1844

## BEQUEST & DESIGNATION INTENTION FORM

### DONOR INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I/We wish for this gift to remain anonymous.

### BEQUEST & DESIGNATION INFORMATION

Estimated value of bequest or account(s) with beneficiary designation: \$\_\_\_\_\_

Will and/or Trust:

- General Bequest (Cash)
- Residuary Bequest (\_\_\_\_\_%)
- Specific Bequest (Asset or Real Estate)  
Specify: \_\_\_\_\_
- Contingent Bequest  
Specify: \_\_\_\_\_

Account(s) naming Hillsdale College as beneficiary:

- Life Insurance Policy  
Custodian: \_\_\_\_\_
- IRA or Retirement Assets  
Custodian: \_\_\_\_\_
- Brokerage Account (Stocks or Investment Assets)  
Custodian: \_\_\_\_\_

Purpose of Gift:  General Operations  Restricted Bequest (please specify): \_\_\_\_\_

### CONTACT INFORMATION

**Trusted Advisor** (Attorney or Financial Advisor):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Estate Contact** (Executor or Trustee):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### LEGACY SOCIETY

I/We understand that this gift may qualify for induction into the Legacy Society, which extends certain privileges of membership, and requires additional documentation. Types of documents could include Will, Trust, or Confirmation of Account Beneficiary status from account custodian or account portal/statement.

- Please induct me/us into the Legacy Society. I/We have enclosed a copy of our estate documents.
- Please do NOT induct me/us into the Legacy Society if this gift qualifies.

### ACKNOWLEDGMENT

I/We understand that this gift is revocable and can be changed at any time. I further understand that my estate is not legally or morally obligated to fulfill this intention if I choose to modify or cancel my gift at a future date. I/We will inform you of future changes in gift intentions and/or significant value changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In an effort to monitor your desired bequest and/or beneficiary designation, please submit this form and estate documentation supporting your gift to: [estateplanning@hillsdale.edu](mailto:estateplanning@hillsdale.edu) or mail to Hillsdale College - Gift and Estate Planning, 33 East College Street, Hillsdale, MI 49242**