

## CONFIDENTIAL STATEMENT OF LEGACY GIFT

## **LEGACY GIFT CONFIRMATION**

If you have made a legacy gift to Rollins College, please take a moment to complete the form below and return it to us. Legacy donors who have remembered the College with a life income gift or have named Rollins as a beneficiary of a will, trust, retirement plan, or life insurance policy are recognized as members of the Cloverleaf Society.

Name:	Is this a joint gift? (Y/N)KW @a
Spouse:	
Class Year(s) and School(s):	Parent Year(s) (if applicable):
Mailing Address:	
Telephone:	Email:
Date of Birth:	Spouse Date of Birth:
I/We have named Rollins College as a beneficiary primary, secondary, or contingent beneficiary):	in one or more (please indicate if the College is named as a
(Check all that apply)	
<ul> <li>□ Will or Living Trust:</li> <li>□ IRA, pension, 401(k), 403(b) or other retirement a</li> <li>□ Life Insurance Policy</li> <li>□ Charitable Remainder Trust (CRT)</li> <li>□ Charitable Lead Trust (CLT)</li> <li>□ Donor-advised Fund</li> <li>□ Other (please specify):</li> <li> (Please initial) I/We have attached cop or trust, beneficiary designation forms, bank or brown</li> </ul>	ies of the documentation (ex. sections of my will
Gift Value (or best estin	nate)
Gift Designation (if applicable):	
Comments:	
Please enroll me/us as a member of the Cloverleaf	Society:
☐ I/We may be included in a list of Cloverleaf Socie☐ I/We prefer to remain anonymous, but will accep	J 1
	ge, it simply permits us to record your estimated gift, recognize you future use. The details of this form as well as any additional atial.
Signature(s):	Date: