

Declaration of Future Intent



Thank you for your intention to include Corewell Health Foundation Southwest Michigan in your estate plan. We ask that you complete this form with as much detail as you are willing to share, as it is important to document your intent so that we can appropriately honor your gift. Any information about your gift will remain confidential and does not create a binding obligation.

New intention **Updated** intention

Personal Information

Name		Date of Birth	
Spouse's Name		Date of Birth	
Street	City	State	ZIP
Email Address	Home Phone	Cell Phone	

Gift Information

I/We have provided a gift to Corewell Health Foundation Southwest Michigan as set forth in my/our:

- | | |
|--|--|
| <input type="checkbox"/> Will or Living Trust | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Retirement Plan Beneficiary Designation (IRA, 401k, 403b, Keogh) | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Other Beneficiary Designation (Donor Advised Fund, Brokerage Account, Checking/Savings Account, etc.) | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Other Asset(s) (please describe): _____ |

Corewell Health Foundation Southwest Michigan is a contingent beneficiary of the indicated asset above (please explain): _____

Gift Value

Please note that providing this information is a voluntary, non-binding, and confidential disclosure.

The current estimated value of my/our gift is \$_____ or _____%.

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 our future gift be **undesignated** to support the greatest need.
- It is my/our intention that our future gift be **designated** to the following area: _____

I/We would like to speak with someone from the Foundation to discuss how to direct my/our gift for the greatest impact. I/We would like to establish a named endowment with my/our future gift.

Please continue to the reverse side to complete the form.

Estate Contact Information

Although optional, the following information is very helpful.

Executor/Trustee (if your gift is through a will and/or living trust)

Name

Street

City

State

ZIP

Email Address

Phone

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

Name

Street

City

State

ZIP

Email Address

Phone

Additional Contact/Relationship (family member, attorney, etc.)

Name

Street

City

State

ZIP

Email Address

Phone

Signature(s)

I/We understand that I/we are not making a legal, or binding, commitment upon my/our estate by submitting this form, and any details about my/our gift will remain confidential. Furthermore, Corewell Health Foundation Southwest Michigan understands that the size of my/our future gift may differ from the amount estimated above for the purposes of valuation.

Signature 1

Date

Signature 2

Date

Please return this form directly to your Foundation contact or to:

Corewell Health Foundation Southwest Michigan | 1234 Napier Ave., St. Joseph, MI 49085
amy.zapal@corewellhealth.org | 269.927.5143