

OVERLAKE | FOUNDATION

CONFIRMATION OF ESTATE GIFT INTENTION

I am pleased to advise the Foundation of my intent to make an estate gift. I understand that the amount of my gift will not be published until it is received and that this is not a legally binding document.

Option 1: My gift will be made through a bequest provision in my will or revocable living trust instrument and will take the following form:

- A specific amount of money. (Optional: \$ _____)
- One or more particular assets. (Optional: describe _____)
- A certain percent of the residue of my estate: _____%
(Optional: the approximate current value of this gift is \$ _____)

Note: If you would be willing to provide the Foundation with a copy of the portion of your will or living trust instrument that reflects your bequest, your thoughtfulness in doing so would be most appreciated and will help ensure the Foundation is able to carry out your wishes.

Option 2: My gift will be made by means of a beneficiary designation in connection with:

- A life insurance policy or annuity contract. (Optional: name of insurance company and policy/contract number _____)
- An IRA or qualified retirement plan. (Optional: name of account administrator and account number _____)
- A charitable remainder trust
- Some other arrangement. (Please specify: _____)

It is my intent that Overlake Medical Center Foundation use my gift as follows:

- For charitable purposes without restriction.
- As an addition to the Foundation's general endowment.
- As an addition to the following previously established endowed fund:

- To establish a new endowed fund*
- Other (please specify): _____

**A Endowed Fund Agreement should be signed if the gift will be used to establish a new fund within the overall endowment maintained by Overlake Medical Center Foundation. New endowed funds require a contribution of \$100,000 or more.*

I understand that my estate gift intention qualifies me for membership in the Benefactors Society. Unless I have checked the box below, Overlake Medical Center Foundation has my permission to include my name on a list of Benefactors Society members published from time to time.

I wish to be an anonymous member of the Benefactors Society.

I acknowledge that Overlake Medical Center Foundation would appreciate receiving notice of any future changes to my estate plan that may affect my gift to the organization.

Name (Printed)

Street Address

City, State ZIP Code

Phone Number

Email address

Signature

Date Signed