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**Statement of Deferred Gift Provision**

Lafayette College is extremely grateful for the many alumni, parents, and friends who have included the College in their estate plans. While it is recognized that values are subject to change and that circumstances may alter your plans, your *Statement of Deferred Gift Provision* will allow the staff at Lafayette to better plan for the future by having a knowledge of your intended support.

**Name and Class Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_­­­

**Spouse’s Name and Class Year (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

While reserving the right to alter my / our plans at any time and with the understanding that values are subject to change, I / we have executed a valid deferred gift provision in my / our estate for Lafayette College. I / we conservatively estimate the current value of the provision to be approximately $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ specifies the gift to be used for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(estate document – will, trust, etc.) (Lafayette College program, endowment fund, etc.)

**- Gift Type -**

**Bequest Charitable Remainder Trust**

\_\_\_ Bequest in a will (revocable) \_\_\_ Trust (Lafayette College is not the trustee)

\_\_\_ Right to change beneficiaries retained

\_\_\_ Bequest in a living trust \_\_\_ Lafayette is an irrevocable beneficiary

\_\_\_ Right to change beneficiaries

\_\_\_ Lafayette is an irrevocable beneficiary

**Life Insurance**

**Beneficiary Designation Form**

\_\_\_ Lafayette is primary beneficiary

\_\_\_ Retirement Plan (please provide copy of statement) \_\_\_ Lafayette is contingent beneficiary

\_\_\_ Lafayette is primary beneficiary

\_\_\_ Lafayette is contingent beneficiary

**Other** (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This document does not bind you or your estate.** By signing this form, you are acknowledging your current estate plans as they pertain to Lafayette.

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

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