

## CONFIDENTIAL STATEMENT OF ESTATE INTENTIONS

Name \_\_\_\_\_ Class year or affiliation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

***I have made provisions for Wheaton in my estate as follows:***

*Estimated Amount of the  
Current Value of your Gift*

- |   |          |
|---|----------|
| <input type="checkbox"/> Fixed dollar amount as an outright gift in:<br>_____ My will or trust<br>_____ Surviving spouse or partner's will or trust   | \$ _____ |
| <input type="checkbox"/> Percentage ( _____ % ) for Wheaton of the residue clause of a _____ will<br>or _____ revocable trust   | \$ _____ |
| <input type="checkbox"/> Percentage ( _____ % ) remainder for Wheaton in a Charitable Trust   | \$ _____ |
| <input type="checkbox"/> Percentage ( _____ % ) for Wheaton as beneficiary of IRA, 401(k), TIAA-CREF<br>or other pre-tax retirement account   | \$ _____ |
| <input type="checkbox"/> Other, please check if applicable:<br>_____ Contingent provision to take effect if other beneficiaries predecease me<br>_____ Beneficiary of a paid up life insurance policy<br>_____ Gift of real estate (requires approval of Wheaton's Gift Acceptance Committee)<br>_____ Personal property, including art, personal collections, etc. (requires approval<br>of Wheaton's Gift Acceptance Committee) | \$ _____ |

***Designation: I would like my gift to support the following college initiative:***

- |  |   |
|--|---|
| <input type="checkbox"/> Student Scholarship                         | <input type="checkbox"/> General Endowment    |
| <input type="checkbox"/> Student-Faculty Research Collaborative Fund | <input type="checkbox"/> Wherever most needed |
| <input type="checkbox"/> The Mars Science Center Endowment           | <input type="checkbox"/> Other: _____         |

You will be contacted to insure we can carry out your wishes.

***Public***

***Recognition:*** May we publicly honor you as a member of The Wheaton Founders Society so that others may be inspired to give through your example?  Yes  No

Would you be willing to share your personal story in one of our publications?  Yes  No

Attachments or letters that further describe the nature of the above provision(s) are welcome. By signing this form, I am informing Wheaton that the above provisions are in effect as of this date; however, there is no binding pledge intended or assumed.

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

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

**Please return to:**

**Office of Gift Planning ♦ 26 East Main Street ♦ Norton, MA 02766  
(800) 896-3145 ♦ Option 5**