

STATEMENT OF INTENT for a Future or Estate Gift

DONOR INFORMATION

Name(s) (Please print) Birth Date

Name(s) (Please print) Birth Date

Address City, State, ZIP

Phone E-mail

It is my/our intent that this gift commitment remains confidential. (Attach signed confidentiality request form.)

This document amends a previously made Statement of Intent.

TYPE OF GIFT

Bequest through (select one): Will Trust I Trustee Name:

IRA or Retirement Plan Provider or Company:

Type: IRA 401(k) 403(b) I Account Number:

Charitable Trust Trustee Name:

Type: Unitrust Annuity trust Lead trust I Account Number:

Charitable Gift Annuity (CGA) Type: Immediate Deferred.

Other (type of gift and where the plan is held):

VALUE OF GIFT

My/Our bequest is for % percent of my/our entire estate. I/We estimate that this bequest will result in a gift worth approximately \$ for NDSU.

My/Our bequest is for % percent of the remainder my/our estate. I/We estimate that this bequest will result in a gift worth approximately \$ for NDSU.

Specific amount of \$_____.

Values for bequests, IRAs or retirement plans, and other estate gifts are subject to change. By stating an amount, your estate is not legally bound by this statement, and you may choose to add, subtract, or revoke your bequest, IRA or retirement plan, and other estate gift at any time at your sole discretion.

CONTINGENCY OF GIFT

My bequest to NDSU depends upon a contingency, such as the prior death of a spouse, partner, or child.

My spouse/partner has also named the NDSU foundation as a beneficiary and the NDSU Foundation will receive our gift upon the passing of the surviving spouse/partner.

SUPPORTING DOCUMENTATION

The Foundation may request supporting documentation for legal or regulatory compliance purposes. Without necessary supporting documentation, the Foundation may not be able to provide required IRS gift documentation, provide appropriate recognition and stewardship to Donors, or even access the gift from the Trustee or Account Manager. All Donor personal and financial information is kept confidential.

I/We have provided to the Foundation a copy of my/our will(s) or other gift instrument, and any other supporting documentation that pertains to this gift.

I/We will provide to the Foundation a copy of my/our will(s) or other gift instrument, and any other supporting documentation that pertains to this gift.

PURPOSE OF FUTURE GIFT

This gift is to be unrestricted and may be used where the need is greatest at North Dakota State University.

I/We wish to specify that this gift be used under terms specified in a Memorandum of Understanding. Until an MOU is completed, the gift shall generally benefit _____.

I/We wish to specify that this gift be applied to an existing scholarship or fund. Fund Number: _____

Fund Name: _____

DISCLAIMER OF TAX OR LEGAL ADVICE

I/We acknowledge the NDSU Foundation and its employees do not provide tax or legal advice and I/We have been given the appropriate information and opportunity to consult with our legal and financial advisors.

DONOR(S) SIGNATURE(S) _____ **DATE(S)** _____
