

# Declaration of Future Intent

**Bard**

Thank you for considering Bard in your estate plans. Information disclosed in this form will remain confidential and is not legally binding.

New Intention

Updated Intention

## MY/OUR INFORMATION

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Name (print)

Date of Birth

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Spouse Name (if joint gift)

Date of Birth

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Address

City/State

Country/Postcode/ZIP

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Phone Number

Email Address

## GIFT INFORMATION

I/We have provided a gift to Bard College as set forth in my/our:

Retirement Plan or Beneficiary Designation (401(k), 403(b), IRA, Keogh, Brokerage Account)

Life Insurance Policy

Charitable Remainder Unitrust

Other Asset(s) (please describe): \_\_\_\_\_

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Bard College is a contingent beneficiary of the indicated asset above (please provide detail):

The current estimated value of my/our gift is \$\_\_\_\_\_.

My/Our gift is \_\_\_\_\_% of the asset indicated above.

The current estimated value of the percent in today's dollars is \$\_\_\_\_\_.

## GIFT PURPOSE

Please use my gift for the area of Bard's greatest need.

I/We have signed a Gift Agreement for the use of this gift.

I/We have not signed a Gift Agreement. We wish Bard to use this future gift for the following purpose: \_\_\_\_\_

## RECOGNITION PREFERENCE

All donors who disclose a planned gift to Bard become recognized members of the Margaret and John Bard Society.

I/We prefer to be recognized as follows in any publications: \_\_\_\_\_

Prefer no public recognition/to remain anonymous

*Please continue to the reverse side to complete the form.*

**ESTATE CONTACT INFORMATION (OPTIONAL)**

**Executor, Trustee** (if your gift is through a Will, Trust)

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Name (print)

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Address City/State Country/Postcode/ZIP

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Phone Number Email Address

**Asset Administrator** (for retirement accounts or insurance policies)

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Name (print)

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Address City/State Country/Postcode/ZIP

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Phone Number Email Address

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

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Name (print) Relation

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Address City/State Country/Postcode/ZIP

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Phone Number Email Address

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. Bard College understands that the size of my/our future gift may change.

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Signature Spouse Signature (if joint) Date

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**Please return to:**  
Debra Pemstein, Vice President for Development and Alumni/ae Affairs  
Bard College, PO Box 5000, Annandale-on-Hudson, NY 12504-5000  
**Phone:** 845-758-7405 **Email:** mjbs@bard.edu