

Statement of Bequest Provision For St. Bonaventure University

CONFIDENTIAL

Name: _____
Spouse: _____
Mailing address: _____
Telephone: _____ E-mail address _____
Class year (if alumnus): _____
Relationship to university _____
Date of birth _____ Spouse date of birth _____

TYPE OF PROVISION

I have included a specific or residual provision for St. Bonaventure University in my estate plan as follows:

Residuary Bequest; estimate of present value \$ _____

Outright Bequest of specific amount or asset \$ _____

Outright Bequest in my spouse's estate plan \$ _____

Bequest in my Will if my spouse predeceases me and a similar bequest in my spouse's Will if I predecease my spouse \$ _____

Trust arrangement with St. Bonaventure as a Remainder beneficiary
Income beneficiaries of trust:

_____ Age: _____

_____ Age: _____

St. Bonaventure percentage remainder interest: _____ % \$ _____

Current trustee: _____

Designation of St. Bonaventure as beneficiary of my qualified retirement plan (IRA, 403(b), 401(k)) \$ _____

Other (please describe) _____

_____ \$ _____

TOTAL \$ _____

I wish my bequest to St. Bonaventure to remain anonymous.

I would like my bequest to be recognized in The Seraphim Society under the following name(s). Please print.

_____ Signature

_____ Date

*Please return to: Office of Planned Giving
St. Bonaventure University
St. Bonaventure, NY 14778
(1-800-664-1273)*