Estate Commitment



This gift qualifies you for membership in the

OSEPH

I/we want to support Carleton College with an estate commitment as follows:

| Gift type: | Carleton will receive this gift: |
|---|---|
| (check all that apply) | Upon my death |
| \Box Will or Trust provision | Upon the death of the surviving |
| □ Retirement plan provision | spouse/partner |
| □ Life insurance beneficiary | ☐ Other |
| \Box Donor-advised fund (DAF) beneficiary | |
| □ Other | |
| This provision is stated as a: | |
| Specific dollar amount: \$ | |
| Percentage of estate/account:% | b. If based on a percentage, please estimate the |
| current value of the gift to Carleton College | : \$ |
| Attached is: | |
| □ A copy of the will or trust provision pertaining to Carleton College | |
| A copy of the beneficiary designation form a statement (for a retirement account or life in | and, if possible, the summary page from a recent surance gift) |
| □ Contact information for my executor or trus | tee |
| □ Other | |
| I/we would like this gift to support: | |
| □ Carleton's greatest needs as determined by t | the Board of Trustees (unrestricted) |
| Existing scholarship fund | |
| Department or program | |
| | uld be used. My telephone number and/or e-mail |
| address is | |
| | |
| <u></u> | |
| Name Signa | ture Date |
| | |
| Name Signa | ture Date |

Carleton recognizes that this gift is subject to change depending on personal and economic circumstances. This form is not intended to be a legally binding pledge, and any information you provide will remain confidential.

For More Information:

Phone: 800-492-2275 or 507-222-4200 • Email: planned-giving@carleton.eduMail: Office of Development, One North College Street, Northfield, Minnesota, 55057