



## Bequest Intention Documentation and Support

Thank you for your intention to include the Massachusetts Institute of Technology (MIT) in your estate plan.

In order to accurately document your bequest intention, please send the following documents to the Office of Gift Planning:

- A completed Bequest Intention Letter (see page two).
- The portion of your will or trust or other testamentary instrument that references MIT and includes the document's signature page and date of execution.
- A copy of the beneficiary designation form for a bequest made via your retirement plan and/or life insurance policy that lists MIT as a primary beneficiary.
- Any other relevant documentation (or pages) that include provisions for MIT.

All information regarding your bequest intention will remain confidential.

Please note the Bequest Intention does not create a binding obligation on your estate and has no effect other than ensuring that, when the future gift is made, the funds will be used as you intend.

On behalf of the MIT community, thank you for your visionary support.

MIT Office of Gift Planning  
600 Memorial Drive W98-500  
Cambridge, MA 02139  
giftplanning@mit.edu  
617.253.4082



**Bequest Intention**

I/we wish to have my/our intention to include the Massachusetts Institute of Technology ("MIT" or the "Institute") in my/our estate plan recognized by the Institute. For these reasons, I am/we are providing MIT with the following estimate and information regarding the ultimate purpose of my/our bequest(s).

The ultimate purpose for my/our bequest will be for the Institute's general educational and charitable purposes, or:

I/we estimate that my/our total bequest, at the time of distribution to MIT (that is, at my death/the death of the survivor of my spouse and I), will have a value of approximately \$ . At present I anticipate that the assets transferred to MIT at my/our passing will be made through one or more of the following estate plan vehicles (please check all that apply):

- Will,  Trust,  Retirement Plan,  Life Insurance Policy(ies)
- Other (please describe):

The contact information for my/our estate planning attorney, executor(s) and/or Trustee(s) is as follows:  
Name, Relationship, Address, Phone and/or Email:

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The contact information for the Plan Administrator or Company for my/our Retirement Plans and/or Life Insurance Policy is as follows:

Name, Address, Phone and/or Email:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_