Florida Kiwanis Foundation
DECLARATION OF FUTURE INTENT

Thank you for your intention to include Florida Kiwanis Foundation in your estate plan. We request the following form be completed with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

☐ **New Intention** ☐ **Updated Intention**

My/Our Information:

Name (print):_____ Spouse name (if joint gift):_____
Address:_____ City:_____ State:_____ Zip Code: _____
Phone Number: _____ Email Address: _____

Gift Information:

I/We have provided a gift to the Florida Kiwanis Foundation as set forth in my/our:

☐ Will or Trust
☐ Life Insurance Policy
☐ Other Asset(s) (please describe):
_____
_____
☐ Charitable Gift Annuity
☐ Charitable Remainder Unitrust
☐ Retirement Plan or Beneficiary Designation (401(k), 403(B), IRA, Keogh, Brokerage Account)

The Florida Kiwanis Foundation is a contingent beneficiary of the indicated asset above (Please Explain):
_____

The current estimated value of my/our gift is $_____. My/Our gift is _____% of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars $_____.

Gift Purpose:

Gift Agreement/Letter - I/We have signed a Gift Letter or Agreement with Florida Kiwanis Foundation stating the designation or purpose for this gift.

I/We have not signed a Gift Letter or Agreement. It is my/our intention that the Florida Kiwanis Foundation use this future gift for (Briefly describe the program, scholarship, or fund you would like your gift to benefit. If multiple areas, please provide percentages or specific amounts):

_____

_____

_____

Please continue to the reverse side to complete the form.

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Recognition:
Donors who provide a planned gift to benefit the Florida Kiwanis Foundation will be enrolled in the Legacy Society.

☐ I/we prefer no public recognition ☐ Please list my/our name(s) as follows:

_____

Estate Contact Information: Providing the following optional information is very helpful:

Executor or Trustee:
Name (print):_____ Company name:_____
Address:_____ City:_____ State:_____ Zip Code: _____
Phone Number: _____ Email Address: _____

Administrating Company:
Name (print):_____ Company name:_____
Address:_____ City:_____ State:_____ Zip Code: _____
Phone Number: _____ Email Address: _____

Additional Note:
_____

_____

_____

_____

Additional Contact/Relationship you may want us to know (family, attorney, etc.)
Name: _____ Relation: _____
Address: _____ City, State: _____ Zip Code: _____
Phone: _____
Email: _____

Name: _____ Relation: _____
Address: _____ City, State: _____ Zip Code: _____
Phone: _____
Email: _____

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

Signature: _____ **Date:** _____
Spouse Signature (if joint): _____ **Date:** _____