

Newfields Legacy Circle

NAME(S) _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

DATE OF BIRTH _____

DATE OF BIRTH _____

RELATIONSHIP WITH THE IMA

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> Board of Governors | <input type="checkbox"/> Affiliate Group Member | <input type="checkbox"/> SCS/PC Member Basic | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Docent | <input type="checkbox"/> Member | <input type="checkbox"/> Volunteer |

GIFT INFORMATION

I /we have made a provision for IMA in my/our estate plan as follows:

- | | |
|--|--|
| <input type="checkbox"/> Bequest | <input type="checkbox"/> Gift of Residence of Farm of Retained Life Estate |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> IRA/Retirement Plan Beneficiary |
| <input type="checkbox"/> Charitable Remainder Annuity Trust | <input type="checkbox"/> Life Insurance Policy Beneficiary |
| <input type="checkbox"/> Charitable Lead Trust | <input type="checkbox"/> Other <i>(please describe)</i> |
| <input type="checkbox"/> Charitable Remainder Unitrust | |
| <input type="checkbox"/> Gift(s) of Art <i>(please describe)</i> | |

Please indicate the approximate current market value of the planned gift(s):

\$ _____ *(Optional information and will not be published)*

If your gift to IMA is for other than IMA's general purposes, please describe any restrictions on the back of this form. A copy of the section of your will, trust agreement, or other document containing the provision(s) helps document your gift commitment and assists with the ultimate fulfillment of your wishes. In the event of unforeseen circumstances that require any change in the above estate planning provision(s), I agree to notify IMA of such change.

I/we wish to be listed as: _____

I/we wish to remain an anonymous member of the Legacy Circle.

OTHER CONTACT INFORMATION

NAME OF ATTORNEY OR FINANCIAL ADVISOR _____

ADDRESS _____

PHONE _____

EMAIL _____

NAME OF EXECUTOR OF ESTATE OR FAMILY MEMBERS

ADDRESS

PHONE

EMAIL

SIGNATURES

DATE

PLEASE RETURN FORM TO:

IMA
4000 Michigan Road
Indianapolis, Indiana 46208