Documenting Your Provision for Bowdoin Name(s): _____ _____ Class Year(s): _____ _____ City: ____ Address: State: _____ Country. _____ Postal code: _____ Date(s) of Birth: _____ Email: Telephone: GIFT TYPE: BOWDOIN WILL RECEIVE THIS GIFT: ☐ Will or trust provision ☐ Upon my death ☐ Retirement or investment account beneficiary provision ☐ Life insurance beneficiary provision □ Other: THIS PROVISION IS STATED AS: I WOULD LIKE MY GIFT TO SUPPORT: ☐ A specific dollar amount: \$ ☐ A College priority as determined by the Board of Trustees (unrestricted) CF☐ A percentage of my estate/account: _____percent. ☐ An existing fund: _ ☐ A department or program: If based on a percentage, please estimate the current value of the gift to Bowdoin: \$ _____ ☐ Please contact me to discuss how my gift could be used. ATTACHED IS: ☐ A copy of my will or trust provision pertaining to my bequest to Bowdoin ☐ A copy of my provision designating Bowdoin as a beneficiary of a percentage of an account or financial instrument I own NEXT OF KIN: Name: _____ Address: _____ Email: Telephone: __ THE PERSON WHO WILL HANDLE MY ESTATE AFFAIRS (EXECUTOR OR PERSONAL Name: Address: Telephone: _____ Email:

SIGN AND DATE:

☐ Same as next of kin

Print name(s): Signature(s): ___ Date:

6dxXlbfYXdbhYghUhh\lgf|ZilggVYWkrWUbfYXXdbXbf dbdYgbUUbX Ydbca JWWWagibWg"H\jgZfa jgbchjbYbXXXlv"VU YUmYbYb(d'XYYbXUbm]bZfaUjcbdfg]XXXk]``fYaUjbWbZXXbHU"

H\lg[]Ziei U]ZYgmi ZfaYa Ya Wfg\ld']b'h\Y6dkXc]bD]bYgGc**\Yh**n'h

Bowdoin



RETURN BY MAIL:

Office of Gift Planning Bowdoin College 4100 College Station Brunswick, Maine 04011

RETURN BY EMAIL: Bowdoil nwe