

# Statement of Bequest Provision For St. Bonaventure University

## CONFIDENTIAL

Name: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail address \_\_\_\_\_  
Class year (if alumnus): \_\_\_\_\_  
Relationship to university \_\_\_\_\_  
Date of birth \_\_\_\_\_ Spouse date of birth \_\_\_\_\_

## TYPE OF PROVISION

*I have included a specific or residual provision for St. Bonaventure University in my estate plan as follows:*

Residuary Bequest; estimate of present value \$ \_\_\_\_\_

Outright Bequest of specific amount or asset \$ \_\_\_\_\_

Outright Bequest in my spouse's estate plan \$ \_\_\_\_\_

Bequest in my Will if my spouse predeceases me and a similar bequest in my spouse's Will if I predecease my spouse \$ \_\_\_\_\_

Trust arrangement with St. Bonaventure as a Remainder beneficiary  
Income beneficiaries of trust:

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

St. Bonaventure percentage remainder interest: \_\_\_\_\_ % \$ \_\_\_\_\_

Current trustee: \_\_\_\_\_

Designation of St. Bonaventure as beneficiary of my qualified retirement plan (IRA, 403(b), 401(k)) \$ \_\_\_\_\_

Other (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

I wish my bequest to St. Bonaventure to remain anonymous.

I would like my bequest to be recognized in The Seraphim Society under the following name(s). Please print.

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

*Please return to: Office of Planned Giving  
St. Bonaventure University  
St. Bonaventure, NY 14778  
(1-800-664-1273)*