

**PERSONAL INFORMATION**

Donor Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Joint Donor / Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
 Telephone \_\_\_\_\_ Mobile Home Business Email \_\_\_\_\_

**GIFT INFORMATION**

Will / Living Trust   Real Estate   Retirement Account   Life Insurance Policy   Charitable Remainder Trust

Does your gift benefit someone else (i.e. spouse or family member) before UC Riverside?   Yes   No

If so, does that person have a similar gift provision?   Yes   No   Date of birth of survivor beneficiary \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional gift details \_\_\_\_\_

This provision is stated as   Specific dollar amount   Specific Asset(s)   Percentage of Estate   Residue of Estate

Please provide a good faith estimate of the current dollar value of this provision \$ \_\_\_\_\_

**GIFT DESIGNATION AND ACKNOWLEDGMENT**

I / We would like this gift to be   Unrestricted (used where the need is greatest)   Applied to the following area(s):

\_\_\_\_\_  
 \_\_\_\_\_

I want this gift to set up a new named and/or restricted fund (a fund with award criteria)

This is my first time alerting the university of my/our intentions

This is an update to a previously recorded intention to the university

I / we wish to remain anonymous; please DO NOT list my name in contribution or university publications.

UC Riverside recognizes that values of deferred gifts as well as the provisions themselves may change over time. My signature below verifies that this information is accurate as of the date indicated and does not represent a binding commitment to the university.

Donor Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Joint Donor / Spouse Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*For Gift Planning Use Only:*

Amt: _____	Type: _____	Rlzd:   Y   N
Date: _____	Vhcl: _____	Asst Type: _____
Rcpt Amt: _____	Mat: _____	Desc: _____
Rmdr Val: _____ as of: _____	Stts: _____	Amt: _____
NPV: _____ as of: _____	Rvcble:   Y   N	Cst Bss: _____