***CONFIDENTIAL NON-BINDING ESTATE PLAN DECLARATION***

|  |  |
| --- | --- |
|  | I am pleased to make known my current provisions for the future benefit of the Society for Integrative and Comparative Biology (SICB). Please credit the estimated value to the campaign. I agree to notify SICB of any changes to these plans. I retain the right to change my mind and understand that this statement does not obligate me or my estate in any way. It is my intention to provide future support to SICB as follows: |

|  |  |  |
| --- | --- | --- |
| Wills**& Revocable Living Trusts** |  | SICB is named as a non-contingent beneficiary in my will or revocable living trust.Please attach first page, signature page, and all of the article that contains the paragraph that benefits SICB from your will or trust. Please feel free to black out the names of other beneficiaries. Check all that apply below: |
|  | I have made a bequest provision for SICB for a specific amount. |
|  | I have made a bequest provision for SICB of specific property or assets, as follows: |
|  | I have made a bequest provision for SICB for a percentage of my estate. |
|  | I have made a bequest provision for SICB of the rest and remainder of my estate. This bequest will come after the life of my spouse/partner and he/she has an identical provision in his/her will ***(please attach information above from both wills/trusts).*** |
|  | This bequest will come after the life of my child or children. |
|  | SICB is named as a contingent beneficiary in my will if one or more of my heirs do not survive me. (Please note that contingent provisions are not creditable to the campaign). |
|  | I have named SICB a beneficiary of a Charitable Remainder Trust to be established under my will ***(please complete information in the Trust section on reverse).*** |
| I estimate the current value of my will/trust provisions for SICB to be $ . |
| **Retirement Plans/Beneficiary Designations** |  | I have named SICB as: |
|  | Primary Beneficiary ( %) Contingent Beneficiary ( %) |
|  |  of my IRA 401(K) Commercial Annuity Other  |
|  | The estimated present value of this provision for SICB is $  |
|  | Please attach a copy of confirmation from your retirement account administrator of the beneficiary/ies named for your retirement account. Please feel free to black out the names of other beneficiaries. |

|  |  |  |
| --- | --- | --- |
| **Charitable Remainder Trusts** |  | I have funded a Charitable Remainder Trust naming SICB or one of its related foundations as a remainder beneficiary of %. This trust is not held by SICB’s designated corporate trustee. |
|  | The estimated present value of this provision for SICB is $  |
|  | Please attach a copy of your charitable remainder trust agreement; feel free to black out the names of other charitable remainder beneficiaries. |
| **For More Information** |  | I have not made provisions for SICB in my estate plans, but I would be interested in receiving information on making a bequest to SICB. |
|  | I would like information about charitable income plans. |

## PLEASE NOTE: Only your name will be included in campaign never the amount.

***PLEASE CHOOSE ONE:***

I give my permission to have my name listed in campaign rosters with no amounts reported.

Please do not list my name in campaign.

Name

Spouse’s/Partner’s Name

 Address

City State Zip  Phone Email

Date of Birth Spouse’s/Partner’s Date of Birth Signature(s) Date

Please return this form to:

**The Society for Integrative and Comparative Biology**

**950 Herndon Parkway, Suite 450**

**Herndon, VA 20170**

**USA**

**Phone: 703-790-1745 or 1-800-955-1236**

**Fax: 703-790-2672**

**Executive Director, Brett Burk:** **ExecDir@sicb.org**