

Declaration of Intent for Legacy Giving

Please complete this form to notify us if your intent is to bequest to the Facial Pain Association and indicate your name preference regarding publication as a Legacy Society Member. This form should also be shared with your Estate Attorney. All information is held in the strictest confidence. This form is for information purposes only. Your estate is not legally bound by submitting this statement. Your intentions may remain revocable and can be modified at any time.

I have named the Facial Pain Association as a beneficiary in my will/trust:

- for the amount of: \$ _____
- to receive _____ % of my estate. I estimate the present value of my estate to be \$ _____
- to receive the following tangible personal property _____

▪ My bequest is contingent: Yes No

I have named the Facial Pain Association as a beneficiary of my life insurance policy.

▪ Current cash value of policy: \$ _____ or the face value of the policy: \$ _____

I have named the Facial Pain Association as a beneficiary of my IRA/retirement plan.

▪ I estimate that the Facial Pain Association will receive \$ _____

I have established a Charitable Remainder Trust (CRT) which benefits the Facial Pain Association.

▪ The principal of my CRT when established was \$ _____ and the Facial Pain Association will receive _____ % of the remainder when the CRT terminates.

I have established a Charitable Lead Trust (CLT) to benefit the Facial Pain Association.

▪ The Facial Pain Association will receive \$ _____ per year for _____ years under my CLT

Legacy Society Name Preference: _____

I wish to remain anonymous

Signature: _____ Date: _____

Please return this form, along with the relevant pages of your will, trust documents, insurance policy or retirement plan information to the Facial Pain Association at the address above.