



**American Bar Foundation (“ABF”) Legacy Society
Enrollment Statement**

This document will be treated confidentially to the extent permitted by law and is not considered to be a legal or financial obligation.

Please select all boxes that apply and complete the blank spaces below:

I/we have designated the ABF as a beneficiary in my/our estate plan or other planned giving instrument.

I/we have not yet designated the ABF as a beneficiary in my/our estate plan or other planned giving instrument, but I/we intend to do so within the next six (6) months or as discussed with an ABF representative.

My/our name/s may be published as (a) member(s) of the *ABF Legacy Society*.

I/we prefer to remain anonymous.

Signature:

Spouse's Signature (optional):

Date:

Print Name/s:

Address:

City:

State:

Zip:

Telephone:

Email:

Completing the following section is encouraged, but is optional: The instrument I /we are using, or intend to use, for my/our planned gift to the ABF is as follows (*please select all boxes that apply*):

Bequest in my/our Will

Provision in my/our Revocable Living Trust

Beneficiary Designation in a Charitable Remainder Trust or Charitable Lead Trust

Beneficiary Designation in my/our IRA, Qualified Retirement Plan or Commercial Annuity

Life Insurance Gift by Beneficiary Designation or Gift of Policy

Establishment of an Endowment Fund

Other [*Please attach any other details you wish to share about your intended gift.*]

I/we estimate the current value of the assets covered by my/our planned giving provision to be approximately \$. The ABF recognizes that values are subject to change and dependent upon unforeseen circumstances. This information will be used only to help the ABF project possible future financial support and *is not considered a legally binding obligation.*

I/we worked with the following advisor to establish the gift:

Name:

Profession:

Company/Address:

City:

State:

Zip:

Thank you for your generous support!