



KEAN UNIVERSITY MEDALLION SOCIETY

Welcome to the Kean University Medallion Society! Founded to celebrate planned gifts by individuals and their families, the Medallion Society recognizes those who have generously provided for the future of Kean University through their estate plans.

To confirm your membership in the Kean University Medallion Society, please fill out this form and return it by mail or email using the contact information below. The information you provide will be kept in the strictest confidence by the Kean University Foundation, subject to the authorization below.

Name _____
(please print)

Date of Birth _____ / _____ / _____

Spouse Name _____
(please print)

Date of Birth _____ / _____ / _____

Street Address _____

City, State, Zip _____

☐ **I/we have included the Kean University Foundation in my/our will or revocable trust*:**

☐ A specific bequest of \$ _____

☐ A percentage bequest of _____ %
Estimated Value: \$ _____

☐ Other (describe): _____

**Note: Remote contingencies do not qualify for membership.*

☐ **I/we have named Kean University Foundation in an irrevocable trust or life-income arrangement:**

☐ Charitable Remainder Trust

Foundation interest: _____ % Market Value: \$ _____

Payout: \$ _____

☐ Charitable Lead Trust

Foundation interest: _____ % Payout: \$ _____

Term of years: _____

☐ Other (describe): _____

☐ **I/we have made Kean University Foundation the beneficiary of:**

☐ A Life Insurance Policy.

Death Benefit: \$ _____

Cash Surrender Value: \$ _____

☐ A Qualified Retirement Plan (IRA, 401k, 403b).

Foundation interest: _____ %

Current market value of plan: \$ _____

The Kean University Foundation is:

☐ Primary Beneficiary ☐ Secondary Beneficiary (check one)

PURPOSE

My/our future gift is:

☐ Unrestricted

☐ Restricted to the following purpose or program (specify):

DOCUMENTATION

☐ Yes, I/we will share a copy of the portion of my/our will that applies to the Kean University Foundation, or the Trust Agreement or Change of Beneficiary Form (401k, 403b, IRAs, Insurance) in which the Kean University Foundation is named.

AUTHORIZATION FOR USE OF NAME(S)

☐ I/we authorize the Kean University Foundation to include my/our names(s) on the membership list of the Medallion Society in Kean University and Foundation publications and on public recognition devices. I/we understand that this authorization is limited to the use of my/our name(s) only, and that the type and amount of my/our gift to the Foundation will remain strictly confidential.

☐ In all public displays, list my/our name(s) as follows:

☐ I prefer to remain an anonymous member of the Medallion Society.

Signature _____

Date _____

Signature _____

Date _____



Lori Funicello
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