



# MAKE MORE POSSIBLE

## Legacy Club Member Profile



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SPOUSE /PARTNER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PREFERRED PHONE \_\_\_\_\_

Thank you for commitment to strengthen future generations through your legacy planning. Please complete all that apply to your plans and/or your spouse's/partner's plans for the benefit of the YMCA of Pierce and Kitsap Counties. This information will help ensure that your intentions are properly implemented. Completion of this form in no way obligates you to make a bequest or beneficiary designation to the YMCA.

### Your Plans

**BEQUEST** (  WILL  REVOCABLE LIVING TRUST )

THE SUM OF \$ \_\_\_\_\_

OR % OF MY TOTAL ESTATE \_\_\_\_\_ %

OR % OF REMAINDER \_\_\_\_\_ %  
(AFTER GIFTS TO OTHERS)

**ESTIMATED VALUE OF MY GIFT TODAY** \$ \_\_\_\_\_

### Partner/Spouse Plans

**BEQUEST** (  WILL  REVOCABLE LIVING TRUST )

THE SUM OF \$ \_\_\_\_\_

OR % OF MY TOTAL ESTATE \_\_\_\_\_ %

OR % OF REMAINDER \_\_\_\_\_ %  
(AFTER GIFTS TO OTHERS)

**ESTIMATED VALUE OF MY GIFT TODAY** \$ \_\_\_\_\_

### REPRESENTATIVES

NAME OF ATTORNEY \_\_\_\_\_

NAME OF PERSONAL REPRESENTATIVE/TRUSTEE \_\_\_\_\_

### BENEFICIARY DESIGNATIONS

	% DESIGNATION	ESTIMATED VALUE	YOU	PARTNER/ SPOUSE
IRA/RETIREMENT PLAN	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
COMMERCIAL ANNUITY	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
CHARITABLE TRUST	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
BANK OR BROKERAGE ACCOUNT	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
DONOR ADVISED FUND	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
BENEFICIARY DEED OR REAL ESTATE	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
LIFE INSURANCE POLICY	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

COMPANY WHERE ASSETS ARE HELD \_\_\_\_\_

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

### GIFT PURPOSE

PROGRAM(S), UNIT(S), FUND(S) \_\_\_\_\_

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

I/We have enclosed a copy of document(s) detailing the gift(s) described above.

YES  NO YMCA of Pierce and Kitsap Counties may print my/our name(s) in publications recognizing our commitment to include the Y in our/my estate plans.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_