



Confidential Membership Form

Thank you for including Westminster School in your estate plans. Please fill out this Confidential Membership Form and return it in the enclosed postage-paid envelope or by email attachment to confirm your membership in the Thring Society. The information you share with us is kept in the strictest confidence and is subject to the authorizations you provide below.

Type of Gift:

I/We have included Westminster School in my/our will or revocable trust:

- Specific Bequest Amount: \$ _____
- Percentage Bequest Percentage: _____ %
- Other (describe below):

I/We have named Westminster School as a beneficiary of:

- Life insurance policy Face Value: \$ _____ Cash Value: \$ _____
- Retirement Plan (IRA, 401k, 403b, SEP)
Westminster Interest: _____ % Current value of plan: \$ _____
Westminster is (*check one*)
 - Primary Beneficiary Secondary Beneficiary Westminster is a contingent beneficiary
- Other (describe below):

I/We have named Westminster School in a charitable trust:

- Charitable Remainder Unitrust
Market value: \$ _____ Westminster Interest: _____ % Payout: _____ %
- Charitable Remainder Annuity Trust
Market value: \$ _____ Westminster Interest: _____ % Payout: _____ %
- Charitable Lead Annuity Trust
Market value: \$ _____ Westminster Annuity: _____ % No. of years: _____ %
- Other (describe below):

Purpose of Gift:

My/Our future gift is (check one):

- Unrestricted
- Designated for a specific program or purpose (specify):

All undesignated planned gifts are applied to the Westminster School general endowment.

Documentation:

- Yes! A copy of the portion of my/our will that applies to the Westminster School, or the trust agreement or Change of Beneficiary Form in which the School is named, is attached hereto for your confidential files.

Authorization for use of name:

- Yes! I/We authorize Westminster School to include my/our name(s) on the membership list of Thring Society in official 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 will remain strictly confidential. I/We prefer to be listed as (Please print):

- I/We prefer to remain anonymous.

SIGNATURE #1 DATE

PLEASE PRINT NAME DATE OF BIRTH

SIGNATURE #2 (IF APPLICABLE) DATE

PLEASE PRINT NAME DATE OF BIRTH

JENNIFER KEYO, DIRECTOR OF PLANNED GIVING DATE

Please return this form to:

Westminster School
Office of Planned Giving
995 Hopmeadow Street
Simsbury, CT 06070

Have questions:

Jennifer Keyo
Director of Planned Giving
860-408-3039
jkeyo@westminster-school.org

