



INSTRUCTIONS FOR MY ESTATE GIFT TO CALIFORNIA STATE UNIVERSITY, BAKERSFIELD (CSUB)

Name(s) (please print) _____

Address _____

Phone _____

Email _____

CSUB class year(s) if applicable _____

Birth date(s) _____

THE GIFT

I/we have already designated CSUB as a revocable beneficiary in my/our:

Will/Living Trust

IRA or Other Retirement Plan

Life Insurance

Other (please describe): _____

The estimated value of this gift as of today's date is \$ _____

Please use the gift wherever it is most needed.

Please direct the gift to the following campus need: _____

(Attach letter of intent or additional sheets if necessary)

When my gift arrives, I would like my gift to set up an endowment. Please contact me to do the paperwork.

I would like my gift to go to a current endowment: _____

If you need assistance or clarification, the name and contact info for my attorney, trustee, tax advisor or financial advisor is: _____

RECOGNITION (NOTE: you may change your choice at any time by notifying the University Advancement office In writing)

I/we agree to be recognized in CSUB's Legacy Circle, a donor recognition group and receive invitations to campus events, publications, and publishing my/our name(s) without disclosing the gift amount.

Please do not include me/us in the Legacy Circle or publish my/our name(s) now or when the gift arrives.

These Instructions declare my/our charitable Intent to support CSUB. I/we may modify or revoke the plans at any time and will notify the University in writing if my/our plans change. I/we understand the estimated value stated here may change before the gift arrives and that this information will be used only to assure the estate gift is used according to my/our wishes when the funds arrive many years from now. I/we understand that the strategic and planned giving team at CSUB may contact us from time to time about our plan for their files even if we indicate we do not wish to receive campus recognition. I understand all planned and deferred gifts are subject to the administrative fee in effect at the time the gift arrives.

Signature(s) _____

Date _____

PLEASE RETURN BY MAIL OR EMAIL:

MAIL:

CSUB Foundation
9001 Stockdale Highway, 19-AW
Bakersfield, CA 93311

EMAIL:

Legacy@csub.edu

PHONE:

(661) 654-3965