



NationsUniversity® Mac Lynn Legacy Society

Letter of Intent

The NationsUniversity's Legacy Society honors individuals who have included NationsUniversity in their estate planning through a planned gift.

If you have included NationsUniversity® in your estate plans, please take a moment to complete the form below and return it to us. Donors who have named NationsUniversity as a beneficiary of a will, trust, retirement plan, or life insurance policy are recognized as members of the Heritage Society. Thank you very much!

Name: _____ **Is this a joint gift? (Y/N)** _____

Spouse: _____ **Class Year(s)** _____

Mailing Address: _____

Telephone: _____ **Email:** _____

Date of Birth: _____ **Spouse Date of Birth:** _____

I/We have named NationsUniversity as a beneficiary in one or more (please indicate if the University is named as a primary, secondary, or contingent beneficiary):

(Circle all that apply)

Will or Living Trust

Life Insurance Policy

Charitable Remainder Trust

Charitable Gift Annuity

Retirement plan funds

Other: _____

(please describe)

in the amount of \$ _____ or Percentage of Estate: _____ %.
(approximate amount)

My/our planned gift is to be directed toward:

☐ General Scholarship Fund (greatest need) Other: _____ (please describe)

Please attach documents that further describe the nature of the above referenced provision(s) with any section of your will or trust that references NationsUniversity®.

While this form is not a binding agreement or pledge, it simply permits us to record your estimated gift, recognize you for this intention, and "have the files in order" for future use. The details of this form as well as any additional information you share with us will remain confidential.

John Baxter NationsUniversity P.O. Box 3342, Brentwood, TN 37024, johnb@nationsu.edu

Please recognize me/us as a member of the The Mac Lynn Legacy Society:

- ☐ I/We may be included in a list of The Mac Lynn Legacy Society in NationsUniversity publications
☐ I/We prefer to remain anonymous, but will accept other benefits of membership

Signature(s): _____ **Date:** _____