



HENRY M. FLAGLER HERITAGE SOCIETY

MEMBERSHIP PROFILE

Thank you for considering Flagler College in your estate plans and for notifying us of your intentions. Please complete this form and provide us with as much information as you care to disclose.

Name: _____ Class Year: _____

Address: _____

City, State Zip: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

<i>Preferred ways to join the Flagler Society:</i>	<i>Additional ways to join the Flagler Society:</i>
<input type="checkbox"/> OUTRIGHT BEQUEST <input type="checkbox"/> RESIDUARY BEQUEST	<input type="checkbox"/> CONTINGENT BEQUEST
<input type="checkbox"/> TRUST DISTRIBUTION <input type="checkbox"/> DISTRIBUTION OF TRUST REMAINDER	<input type="checkbox"/> CONTINGENT DISTRIBUTION FROM TRUST
<input type="checkbox"/> BENEFICIARY OF RETIREMENT PLAN ASSETS	<input type="checkbox"/> CONTINGENT BENEFICIARY OF RETIREMENT PLAN ASSETS
<input type="checkbox"/> BENEFICIARY OF LIFE INSURANCE	<input type="checkbox"/> CONTINGENT BENEFICIARY OF LIFE INSURANCE

Amount (or percentage) and purpose of your bequest:

Executor/Trustee: _____

Address: _____

City: _____ State: _____ Zip: _____

Occasionally we publish the Henry M. Flagler Heritage Society membership list and indicate the individuals who are members in this society. If you do not wish to be recognized, please check the box below.

- ☐ *I/we wish to remain anonymous. Please do not list my name with other Flagler Heritage Society members.*

