



## Estate Gift Intent Form

Thank you for providing for the future of the Newport Beach Public Library through a provision in your estate plan to contribute to the Newport Beach Public Library Foundation.

Should you have any questions, do not hesitate to reach out to Jerold D Kappel, CEO, at [jkappel@nbplf.foundation](mailto:jkappel@nbplf.foundation) or by phone 949-717-3890.

Before filling out this document, the Foundation recommends that you discuss it with your legal counsel or estate planning professional.

### \* Required information

Email: \* \_\_\_\_\_

I/we desire to provide for the future well-being of the Newport Beach Public Library through a provision in my/our estate plans. I/we have made a provision to leave a legacy to the Library Foundation through my/our:

- Will
- Retirement Plan or IRA
- Living Trust
- Life Insurance Policy
- Other: \_\_\_\_\_

I/we understand that this future commitment can be revoked or modified by me/us at any time.\*

- Yes
- No

I/we wish to inform the Library Foundation, a tax-exempt organization #33-0593010, for long-term planning purposes only, that the estimated current value of my/our future gift is \* \$ \_\_\_\_\_

This amount is kept confidential; if your gift is a percentage of your estate, please indicate the approximate value.

I/we understand that by stating an amount my/our estate is not legally bound by the statement and that I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion.

I/we wish to have my/our bequest used in the following manner:

- For the Foundation's General Endowment
- To Endow a specific program of the Foundation (please discuss with the Foundation CEO)
- To support a Newport Beach Public Library program or library branch. Please specify the branch or program: \_\_\_\_\_
- Where the Board of Directors sees the greatest need

### Gift Recognition

You may publish my/our names in your list of Legacy Society members as motivation for others.

- I/we do not want my/our names published.

First Name: \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Preferred Email Address: \* \_\_\_\_\_

Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_

State/ZIP: \* \_\_\_\_\_

Phone: \* \_\_\_\_\_ Cell: \_\_\_\_\_

\* I understand and agree to the use of my electronic signature if this form is filled out online. My electronic signature is legally binding.

Please type in your full name to sign this document online.

\_\_\_\_\_

If document form is downloaded and filled out, please sign below.

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

\_\_\_\_\_  
Spouse's Signature (if applicable) Date