

The Stewart Legacy Society Form

We are privileged to welcome you into the Stewart Legacy Society of Westview School. The Stewart Legacy Society honors those individuals who have made a planned gift or included Westview School in their estate plans. We are grateful to you for your foresight in helping to support the long-term success and growth of our programs.

Please take a moment to complete the information below for our records.

The Westview School understands that this form is non-binding and that your future bequest remains fully revocable. The specifics of your gift will be kept strictly confidential. We recommend that you consult with your attorney and/or financial advisor.

I. Contact Info

NAME(S) *(As you would like to be listed on the membership list)*

Name _____ Birth Date _____

Spouse/Partner _____ Birth Date _____

Address: _____

Address 2: _____

City, State, Zip: _____

Email: _____

Phone Number: _____

II. TYPE AND VALUE OF GIFT

| Type of Gift | Specific Amount | OR | Percentage |
|--|-----------------|----|------------|
| <input type="checkbox"/> Bequest gift through will/trust | _____ | | _____ |
| <input type="checkbox"/> Retirement plan beneficiary | _____ | | _____ |
| <input type="checkbox"/> Gift Annuity | _____ | | _____ |
| <input type="checkbox"/> Life insurance beneficiary | _____ | | _____ |
| <input type="checkbox"/> Charitable Trust | _____ | | _____ |
| <input type="checkbox"/> Other type of gift | _____ | | _____ |

Enclosed is a copy of the relevant section of my will/trust/beneficiary designation

IV. ADDITIONAL CONSIDERATIONS

- This gift takes effect upon my passing
- This gift takes effect upon the passing of both myself and my spouse
- This gift is contingent, based upon my surviving my heirs or other beneficiaries

V. CONTACT INFORMATION

Where applicable, it is helpful to have contact information for the relevant person or entity that will be administering the gift.

Executor/Trustee

Name: _____

Address: _____

Phone/Email: _____

Beneficiary Designation: (such as of retirement plan or life insurance policy)

Administrator/Company _____

Additional Information/Contacts You Would like Us to Know (such as family or friends to whom we may express our gratitude for your gift):

VI. SIGNATURES

Date _____

Signature _____

Date _____

Signature _____

I prefer not to be publicly recognized as a Legacy Society member.

Thank you for your legacy

If you have questions about your legacy or the society, please contact the Director of Development, Roger Browning at rbrowning@westviewschool.org. Or call 713-973-1900, ext. 114.