

"I devise and bequeath \_\_\_\_\_ of my personal, real or mixed property of every kind and wheresoever located, determined as of the date of my death, to Loyola University Medical Center, 2160 South First Avenue, Maywood, Illinois 60153, Tax ID 36-4015560, for the \_\_\_\_\_.

This bequest may be utilized in conjunction with or contributed to Loyola University Medical Center's Academic affiliation partner, Loyola University of Chicago, as may be necessary to achieve research and educational objectives."



# Confidential Bequest Intention Form

I have made a provision for Loyola University Medical Center in my estate plan.

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The information you provide about your gift will help ensure your wishes are fulfilled.  
Please check all that apply:

- I have included Loyola University Medical Center as a beneficiary of my:
  - Will/living trust
  - Retirement plan(s)
  - Life insurance policy(ies)
  - Charitable trust
  - Financial or investment account(s)
  - Other

My bequest is in the specific amount of: \$\_\_\_\_\_

My bequest is a percentage of my estate, for a percentage of:  
\_\_\_\_\_%

Currently this may result in a gift in the amount of: \$\_\_\_\_\_

- I request that my bequest be used:
  - Where the need is greatest (unrestricted)
  - Designated to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am enclosing the relevant pages of my will, trust, or beneficiary designation forms.

Name (please print):		
Address:		
City:	State:	ZIP:
Email:	Phone:	
Signature:	Date:	

I understand that by sharing this information, my estate(s) will not be legally bound and that I may choose to change revocable commitments at any time and at my sole discretion. I will inform you if my plans change in the future.