

## MY LEGACY GIFT FOR ANDOVER

Oonor Information	
Name	Class year
Spouse name	Class year
Address	
	State Zip
Gift Intention	
	as a beneficiary in the following way(s):   IRA, 401(k), or other retirement plan
☐ Trust ☐ Life insurance policy	Other (please specify)
Estimated gift amount \$	
/We would like my/our gift directed to	):
☐ Wherever it is needed most (unrest	ricted)
Other purpose (please specify)	
Will this gift to Andover be distributed f so, whom (e.g. spouse, child, or sib	following the death of any additional persons? ling)?
Recognition Preferences	
My name will be included in listings o	f the Samuel Phillips & Sarah Abbot Society including
he Academy's digital Honor Roll.	
No details of my intention will be mad	·
☐ OK ☐ I/We prefer to be anor	
Signature	Date
	Date

## **Questions?**

Contact Grace Curley '81, Director of Gift Planning, 978-749-4281 or gcurley@andover.edu or Signe Lindberg, CFRE, Associate Director of Gift Planning, at 978-749-4529 or slindberg@andover.edu. You can also reach us by mail: Phillips Academy, Office of Gift Planning, McKeen Hall, Andover, MA 01810.

Andover recognizes that both the value of estate-related gifts and the provisions themselves may change over time. This form is used for gift recognition purposes only, and it does not bind your estate or heirs in any way.