



Legacy Society

REQUEST NOTIFICATION FORM

AGREEMENT OF CONFIDENTIALITY

Your information will be kept strictly confidential with TEAM, Inc. . Please feel free to tell us only what you are comfortable sharing.

D I/We would like to support the mission and vision of TEAM, Inc. with a legacy gift, and I/we have:
(please check all that apply below)

Dated: _____ Name(s): _____ Signature(s): _____
mo/day/yr

Dated _____ Name(s): _____ Signature(s): _____
mo/day/yr

REVOCABLE BEQUEST

D Included a bequest for TEAM, Inc. in my/our will or living trust. I/We anticipate that the approximate value of my/our bequest(s) will be: \$ _____

REVOCABLE BENEFICIARY DESIGNATION

D Included TEAM, Inc. as a beneficiary of an asset.

The asset of which TEAM, Inc. is a beneficiary is a: *(check all that apply)*

D Retirement asset(s) (e.g., IRA, 401k, 403b, pension, etc.):

D Life insurance policy(ies):

D Other asset(s):

I/We anticipate that the approximate value of my/our beneficiary designation(s) will be:
\$ _____

IRREVOCABLE BENEFICIARY DESIGNATION

D Included TEAM, Inc. as a beneficiary of a charitable trust.

I/We anticipate that the approximate value of my/our remainder trust(s) will be: \$ _____

NAME(S)

| | | | | | |
|------------------------|-------|-------------------------|-------|-------|------|
| _____ | | | _____ | | |
| First | M.I. | Last | First | M.I. | Last |
| _____ | | | _____ | | |
| Title | | Title | | | |
| _____ | | _____ | _____ | | |
| Address | | Address | | | |
| _____ | | _____ | _____ | | |
| City | State | Zip Code | City | State | |
| _____ | | _____ | _____ | | |
| Zip Code | | | | | |
| _____ | | | | | |
| Telephone () _____ | | Telephone () _____ | | | |
| _____ | | _____ | | | |
| Email (optional) _____ | | E-mail (optional) _____ | | | |
| _____ | | _____ | | | |

NAME OF EXECUTOR OF TRUSTEE

| | | |
|---------------------------------|-------|----------|
| _____ | | |
| First | M.I. | Last |
| _____ | | |
| Title | | |
| _____ | | |
| Address | | |
| _____ | | |
| City | State | Zip Code |
| _____ | | |
| Telephone () _____ | | |
| _____ | | |
| E-mail Address (optional) _____ | | |
| _____ | | |

Please complete the information requested above and return to:

Mrs. Diane Stroman,
Ex. Vice President
TEAM, Inc.

30 Elizabeth Street
Derby, CT 06418

You may also fax it to: 203-736-5425

Please feel free to contact Diane directly at 203-736-5420 Ext. 234 or email at dstroman@teaminc.org . She would be happy to discuss your ideas and wishes, and answer your questions.