

## **BEQUEST NOTIFICATION FOR M**

## 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/wehave: *(please check all that apply below)* 

Dated: Name(s):	Signature(s):
Dated—Name(s):	Signature(s):

### 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: \$\_\_\_\_\_

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# NAME(S)

First M.I.	Last Fi	irst M.I. Last	
Title	Title		
Address	Address		
City State Zip Code		City	State
Zip Code			
Telephone ( )	Telephone	( )	
Email (optional)	E-mail (optio	onal)	

## NAME OF EXECUTOR OF TRUSTEE

First	M.I.	Last			
Title					
Address	3				
City	State	Zip Code			
Telephone (			)		
E-mail Address (optional)					

Please complete the information requested above and return to:

David Morgan 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 David directly at 203-736-5420 Ext. 1218 or email at dmorgan@teaminc.org . He would be happy to discuss your ideas and wishes, and answer your questions.