

AIChE® Foundation Legacy Society Form



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CONFIDENTIAL MEMBERSHIP INFORMATION FORM

We are pleased to welcome you as a member of the AIChE Legacy Society—the planned giving society at the **American Institute of Chemical Engineers (AIChE)**. This important circle of supporters is composed of a select group of visionaries who have included AIChE in their estate plans through a bequest, a life-income gift, or other planned gift that provides long-term support to AIChE. Please fill out this membership form and **return it by fax to the AIChE Foundation at 646-495-1505** or mail it to the address indicated above to confirm your membership. This information is kept in the strictest confidence, subject to the authorizations you provide below.

Name (please print) _____ Date of Birth _____

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TYPE OF GIFT

I/We have included the American Institute of Chemical Engineers in my/our will:

- A Specific Bequest of \$ _____ A Percentage Bequest of: _____%. Est. Value: \$ _____
- Other (describe): _____

I/We have named the American Institute of Chemical Engineers in an irrevocable trust:

- Charitable Remainder Unitrust** — Market Value: \$ _____ AIChE Interest: _____% Payout: _____%
- Charitable Remainder Annuity Trust** — Market Value: \$ _____ AIChE Interest: _____% Payout: \$ _____
- Charitable Lead Annuity Trust** — Market Value: \$ _____ AIChE Annuity: \$ _____ No. of Years: _____
- Other** (describe): _____

I/We have made the American Institute of Chemical Engineers the beneficiary of:

A LIFE INSURANCE POLICY

Death Benefit: \$ _____ Cash Value: \$ _____ AIChE is (check one): Primary Beneficiary Secondary Beneficiary

- A QUALIFIED RETIREMENT PLAN (IRA, 401k, 403b)** AIChE Interest: _____% Current market value of plan: \$ _____

AIChE is (check one): Primary Beneficiary Secondary Beneficiary

- OTHER** (describe): _____

PURPOSE OF GIFT

My/Our future gift is to be used for: (check one):

- DOING A WORLD OF GOOD FUND
- ENDOWMENT (select preferred): Foundation General Restricted (must be > \$50,000) to be used for (specify program): _____

DOCUMENTATION (OPTIONAL)

- Yes, I/we will share a copy of the portion of my/our will that applies to the American Institute of Chemical Engineers (AIChE), or the trust agreement or Change of Beneficiary form in which the American Institute of Chemical Engineers is named.

AUTHORIZATION FOR USE OF NAME

- I/we authorize the American Institute of Chemical Engineers to include my/our name(s) on the membership list of the AIChE Legacy Society in official AIChE publications and on public recognition devices. I/we understand that this authorization is limited to the use of my/our names(s) only, and that the type and amount of my/our gift will remain strictly confidential.
- I/we prefer to remain anonymous.

Signature _____ Date _____ Print Name _____

Signature _____ Date _____ Print Name _____