

DECLARATION OF FUTURE INTENT

Thank you for your intention to include Adrienne Arsht Center Foundation in your estate plan.

New Intention Updated Intention

My/Our Information: Name (print): _____

Spouse/Partner Name (if joint Gift): _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

Email Address for Each: _____ and _____

Gift Information: I/We shall provide a gift (the "Gift") to the Adrienne Arsht Center Foundation as set forth in my/our (check all that apply):

- Will Trust Charitable Gift Annuity Life Insurance Policy
 Charitable Remainder Unitrust Other Method of Devise (please describe):

- Retirement Plan or Beneficiary Designation (401(k), 403(b), IRA, Keogh, Brokerage Account)
 The Adrienne Arsht Center Foundation is a contingent beneficiary of the indicated asset above (Please explain):

The Gift is for \$ _____ or is _____% of the asset indicated above.

If a percentage is listed above, what is the current estimated value?

\$ _____

Gift Purpose:

- Gift Agreement/Letter - I/We have signed a Gift Letter or Agreement with Adrienne Arsht Center Foundation stating the designation or purpose for this Gift.
 I/We have not signed a Gift Letter or Agreement. It is my/our intention that the Adrienne Arsht Center Foundation use this future Gift for (Briefly describe the program or fund or endowment you would like your Gift to benefit. If multiple areas, please provide percentages or specific amounts):

Recognition: In consideration of the Gift to benefit the Adrienne Arsht Center Foundation, your name will be listed under The Weiser Way of Giving Legacy Society or successor entity as indicated by your choice below:

I/we prefer no public recognition Please list my/our name(s) as follows:

Please list my/our name upon execution of this Declaration of Future Intent.

Please do not list my/our name until after the gift is completed upon demise.

Estate Contact Information:

Although optional, the following information is very helpful:

Personal Representative, Trustee (if your Gift is through a will, trust):

Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

Email: _____

Administrating Company (e.g., TIAA, Fidelity, etc., if your Gift is through a retirement account or life insurance policy):

Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

Email: _____

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: _____

Relation: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____

Email: _____

I/We understand this form does not create a binding obligation. Unless I/we agree otherwise, any details about my/our Gift will remain confidential.

[SIGNATURE PAGE FOLLOWS]

SIGNATURE PAGE

SIGNED:

By: _____

_____ Dated

By: _____

_____ Dated

Adrienne Arsht Center
FOR THE PERFORMING ARTS OF MIAMI-DADE COUNTY

Return to:
Madeleine Weigel, J.D.
Director, Estate and
Gift Planning
1300 Biscayne Blvd.
Miami, FL 33132

786.468.2051
estateandgiftplanning@
arshtcenterfoundation.org