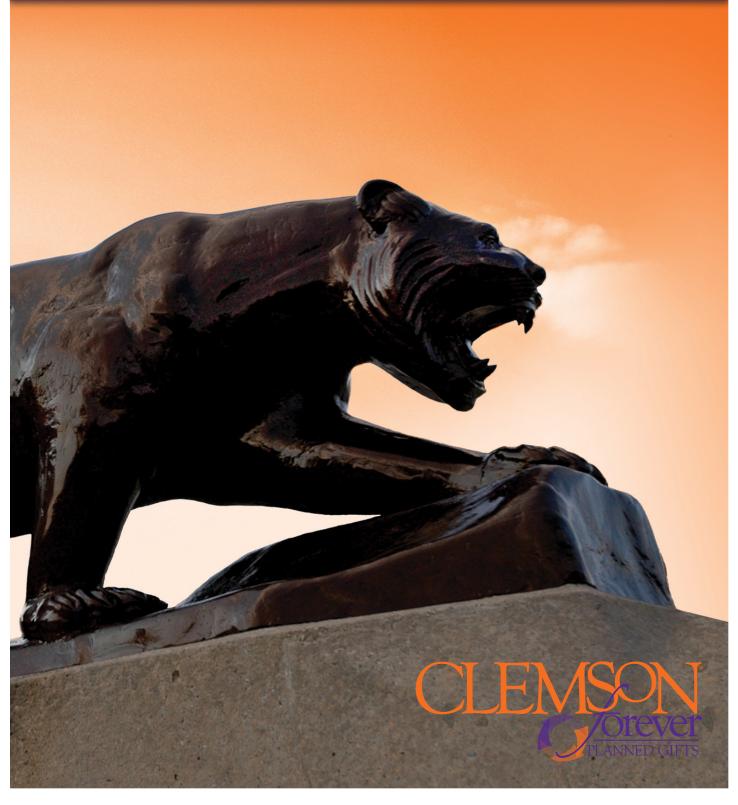
Provide Protect

A Guide to Planning Your Will and Trust



This guide is meant to be used as a planning tool for your convenience in working with your advisers. We appreciate any consideration of the Clemson University Foundation in your future plans. Please call Clemson's Office of Gift and Estate Planning at 864-656-0663 if we can be of assistance to you and your family.

I. You & Your Family

Please tell us about you and your family. Print names in ink, not pencil. Spell names exactly as you want them to appear in your estate documents. Use full legal names, not nicknames.

YOUR PERSONAL INFORMATION

Date	
Your Full Legal Name	
Date of Birth	Gender:MaleFemale
Present marital status:	
MarriedSingleDivorced	Legally SeparatedWidowed
If you are widowed, what date did this occur?	
Home Address	
City	State Zip
Preferred Phone () H	Email
Employer	
Job Title Work Phone ()
Are you a U.S. Citizen or Lawful Permanent	t Resident?
NoBorn in the U.S	NaturalizedLPI
Check which documents you presently have: Will	
Living Will	
Living Trust	
Durable Power of Attorney/Health Car	e
Durable Power of Attorney/Finances	

Your Spouse

Spouse's Full Legal Name	
Date of Birth	Gender:MaleFemale
Have you previously been married? YesNo To Whom?	
If you are widowed, what date did this occur?	
Preferred Phone () E	mail
Employer	
Job Title	Work Phone ()
Is your spouse a U.S. Citizen or Lawful Perm	anent Resident?
NoBorn in the U.S	NaturalizedLPR
Check which documents your spouse present Will	ly has:
Living Will	
Living Trust	
Durable Power of Attorney/Health Care	2
Durable Power of Attorney/Finances	
Do you or your spouse have a prenuptial agree	eement that identifies and disposes of
separate spousal property? (If yes, attach a cop	ру.)
YesNo	
Religious Affiliation	
Religious Organization	
City	State

Your Children

Please list *all* children, whether minors or adults, *including deceased children and children of a prior marriage.* If you need more space, attach additional pages. If you wish to exclude a child as a beneficiary of your estate, check the "Exclude" box. If you have no children, write "NONE."

1. Full Legal Name		
Date of Birth	Social Security #	
Marital Status MarriedSingle	Needs Special Care	DependentExclude
Home Address		
City	State	Zip
Origin Child of Present Marriage	Child of Prior Mar	riageDeceased
2. Full Legal Name		
Date of Birth	Social Security #	
Marital Status MarriedSingle	Needs Special Care	DependentExclude
Home Address		
City	State	Zip
Origin Child of Present Marriage 3. Full Legal Name		
Date of Birth		
Marital StatusMarriedSingle Home Address	_Needs Special Care	DependentExclude
City		
Origin Child of Present Marriage	Child of Prior Ma	arriageDeceased

II. Your Contacts & Health Care

YOUR EXECUTOR/PERSONAL REPRESENTATIVE

Your executor/personal representative is the manager of your estate. Because he or she will make many decisions about the management and distribution of your estate, you should select a trusted person who understands your circumstances. A executor/personal representative will usually complete eight separate steps to ensure an orderly transfer of all of your property to the right individuals.

- 1. Submit your Will to the probate court
- 2. Locate your heirs
- 3. Determine your estate assets and values
- 4. Pay bills and the estate attorney
- 5. Make debt payments
- 6. Resolve any estate controversies
- 7. File your income and estate tax returns
- 8. Distribute your assets to heirs

Please name your executor/personal representative.

Executor	
Address	
City	_ State Zip
Preferred Phone ()	Email

Relationship, if not a spouse _

Your Alternate Personal Representative

In case the person above is unable to serve, please name an alternate personal representative.

Name	
Address	
City	
Preferred Phone ()	_Email
Relationship	

YOUR GUARDIAN FOR MINOR CHILDREN

Guardian		
Address		
City	State	Zip
Preferred Phone ()	Email	
Relationship, if not a spouse		
Your Alternate Guardian		
Guardian		
Address		
City	State	Zip
Preferred Phone ()	Email	
Relationship		
HEALTHCARE REPRESENTATIVE	E	
Power of Attorney For Heal	thcare	

Healthcare Power of Attorney		
Address		
City	State Zip	
Preferred Phone ()	Email	
Relationship, if not a spouse		

Alternate Power of Attorney for Healthcare

Name	
Address	
City	State Zip
Preferred Phone ()	Email
Relationship, if not a spouse	

III. Your Finances

Please list all of your assets and liabilities. This will help your adviser plan your estate. Most people learn at the end of this exercise that they are worth more than they think!

Asset	\$ Total Value of Asset	Check if Joint Property	Check if Husband's Property	Check if Wife's Property
Example Property	\$298,000		\checkmark	
Real Estate				
Main Residence Address				
Second Residence Address				
Vacation Home				
Checking Accounts				
Checking Accounts Bank, Account Number				
	oney Market Funds	s/Credit Unior	Accounts	
Bank, Account Number	oney Market Funds	s/Credit Unior	Accounts	
Bank, Account Number Savings Accounts/ CDs/ Mo	oney Market Funds	s/Credit Unior	Accounts	
Bank, Account Number Savings Accounts/ CDs/ Mo	oney Market Funds	s/Credit Unior	Accounts	

Asset	\$ Total Value of Asset	Check if Joint Property	Check if Husband's Property	Check if Wife's Property
Investments				
Bonds or Bond Fund Custodian, Account Number				
Stocks or Stock Fund Custodian, Account Number				
Saving Bonds				
Personal Property				
Furniture/Household Furnishings				
Tools & Equipment				
Antiques/Collections				
Jewelry				
Automobiles/Vehicles				
Business Interests				
Life Insurance— Face Amount/Death Benefit				
Retirement (IRA/401(k)/403(b)) Custodian, Account Number				
Miscellaneous				
Total Assets: \$				

Liabilities	\$ Total Amount of Debt	Check if Joint Debt	Check if Husband's Debt	Check if Wife's Debt
Mortgage on Personal Residence				
Mortgage on Second Residence				
Mortgage on Vacation Home				
Vehicle Debts				
Charge Accounts				
Installment Contracts				
Loans on Life Insurance				
Other Debts				
Total Liabilities/Debts: \$				
TOTAL ESTATE: \$ (Assets Less Liabilities)				
Sources of your Property				

IV. Your Estate Plan

1. SIMPLE WILL – MARRIED COUPLE

First Estate — Specific Bequests, Balance to Spouse

Bequests of items or amounts to family or to charities.

ITEM OR AMOUNT

RECIPIENT, CITY AND STATE

1.	 _	
2		
Ζ.	 -	
3.		

Bequests of Percentage of First Estate to Family or Charities, Balance to Spouse

PERCENT

RECIPIENT, CITY AND STATE

1.	% to	
2.	% to	
3.	% to	

2. SIMPLE WILL – SINGLE/SURVIVING SPOUSE

Specific Bequests

Bequests of items or amounts to family or to charity.

ITEM OR AMOUNT

RECIPIENT, CITY AND STATE

1.		
2.		
3		

Residue of Estate

Percent of residue to family or to charity.

PERCENT		RECIPIENT, CITY AND STATE	
1	_% to		
2	_% to		
3	_% to		

Specific Bequests, Ba	-
Bequests of items or amounts	
ITEM OR AMOUNT	RECIPIENT, CITY AND STATE
3	
Bequests of Percenta Balance to Spouse PERCENT	Ige of First Estate to Family or Charities RECIPIENT, CITY AND STATE
1% to	
2% to	
2	
2.	
3% to	
3% to	
3% to TILL WITH TRUST FOR CHII Specific Bequests	LDREN – SINGLE/SURVIVING SPOUSE
3% to TILL WITH TRUST FOR CHII Specific Bequests ITEM OR AMOUNT	LDREN – SINGLE/SURVIVING SPOUSE RECIPIENT, CITY AND STATE
3% to TILL WITH TRUST FOR CHII Specific Bequests ITEM OR AMOUNT 1	LDREN – SINGLE/SURVIVING SPOUSE RECIPIENT, CITY AND STATE
3% to ILL WITH TRUST FOR CHII Specific Bequests ITEM OR AMOUNT 1 2	LDREN – SINGLE/SURVIVING SPOUSE RECIPIENT, CITY AND STATE
3% to TILL WITH TRUST FOR CHII Specific Bequests ITEM OR AMOUNT 1	LDREN – SINGLE/SURVIVING SPOUSE RECIPIENT, CITY AND STATE
3% to ILL WITH TRUST FOR CHIL Specific Bequests ITEM OR AMOUNT 1 2 3	LDREN – SINGLE/SURVIVING SPOUSE RECIPIENT, CITY AND STATE
3% to TILL WITH TRUST FOR CHIN Specific Bequests ITEM OR AMOUNT 1 2 3 Name, City and State	LDREN – SINGLE/SURVIVING SPOUSE RECIPIENT, CITY AND STATE
 3% to ILL WITH TRUST FOR CHIL Specific Bequests ITEM OR AMOUNT 1 2 3 Name, City and State Primary Name 	LDREN – SINGLE/SURVIVING SPOUSE RECIPIENT, CITY AND STATE Of Trustee
3% to % to ILL WITH TRUST FOR CHIL Specific Bequests TTEM OR AMOUNT 1	LDREN – SINGLE/SURVIVING SPOUSE RECIPIENT, CITY AND STATE Of Trustee
3% to ILL WITH TRUST FOR CHIN Specific Bequests ITEM OR AMOUNT 1	LDREN – SINGLE/SURVIVING SPOUSE RECIPIENT, CITY AND STATE Of Trustee

5. "GIVE IT TWICE" TRUST FOR FAMILY — MARRIED COUPLE

A married couple with an estate below the federal exemption amount may desire a simple will. The first estate may include specific bequests to children or charity with the balance transferred outright to the surviving spouse.

First Estate — Specific Bequests, Balance to Spouse

Bequests of items or amounts to family or to charities.

Bequests of Percentage of First Estate to Family or Charities, Balance to Spouse

PERCENT		RECIPIENT, CITY AND STATE
1	% to	
2	% to	
3	% to	
4.	% to	

6. "GIVE IT TWICE" TRUST FOR FAMILY — SINGLE/SURVIVING SPOUSE

Specific Bequests

1

Bequests of items or amounts to family or to charities.

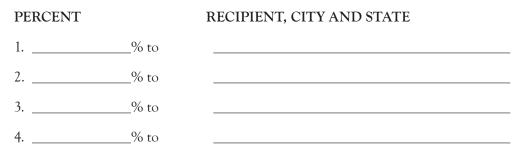
ITEM OR AMOUNT

RECIPIENT, CITY AND STATE

1.	 -	
2.	 -	
3.	 -	
1.		

Residue of Second Estate

Percentage of residue to family or to charities.



Another popular option for the estate of a surviving spouse is to divide the second estate into two parts. The first portion of the estate is given to the children when you pass away. The other part is transferred to a "Give It Twice" Trust. This is a charitable remainder unitrust that pays 5% each year to children for 20 years (5% times 20 years equals 100% – or you may select 6% for 18 years). After paying income to children for 20 years, the trust corpus is given to favorite charities. If you select this option, please choose the portion outright and the part in the "Give It Twice" Trust (the total of the two percentages will equal 100%).

Outright to Children____% To "Give It Twice" Trust____%

Children In Trust

Children to receive trust income - % Share, Legal Name, City and State



Charities at the End of The Trust

Charities to receive trust remainder - % Share, Legal Name, City and State



Sample Bequest Language

Example bequest language. Please feel free to change the numbers or percentages as you desire.

Please state whether your gift is a fixed sum, a specific asset (such as shares of stock), or calculated from the remainder of your estate:

"I give, devise and bequeath to the Clemson University Foundation (EIN: 57-0426335), a nonprofit corporation organized in accordance with the laws of the State of South Carolina for the purpose of supporting Clemson University, an educational institution, located at Clemson, SC (choose from a, b, or c below)"

a) the sum of \$_____.

b) the following described property _____

c) _____% of the rest, residue and remainder of my estate.

Select the language below that most closely matches your wishes for how your gift will be used:

The property comprising this gift may, for investment purposes, be merged with any of the general investment assets of the Clemson University Foundation, but the gift shall be entered in the Foundation's books and recorded as the _____

_____ (ex., John & Jane Doe Family Endowment/Fund), and shall always be so designated. The distributions from the fund shall be used for:

a) Unrestricted Bequest/Current Operations

"This gift is to be used for the benefit of Clemson University to support current operations as it deems advisable with no restrictions."

b) Restricted Bequest**

"This gift is to be used by (College/Dept./Program)_____

for the following purpose:

(If a contribution is to be restricted, it is recommended that the intended provision be reviewed with University officials to be certain that your wishes may be carried out.) c) Unrestricted Endowment

"This gift is to be used for the benefit of Clemson University to add to its permanent endowment. Income generated from this fund shall be expended for the benefit of Clemson University to support students, faculty and programs it deems advisable with no restrictions."

d) Restricted Endowment Scholarship, Fellowship or Program:**

"This gift is to be used for the purpose of creating the _

(List endowment name and choice of endowed scholarship, fellowship or program area.)

If you select a specific purpose for your gift, inclusion of the following sentence will ensure that the bequest remains useful through many decades.

"If at the time this devise and bequest is received by the Clemson University Foundation, or at any time thereafter, the Clemson University Foundation Board of Directors determines that all or part of said income of the Fund can no longer be utilized to the best advantage for the purpose designated herein, then all or any part of the annual income may be used for such other institutional purpose which, in the sole discretion of Clemson University Foundation Board of Directors, shall most closely carry out my original intent."

**Please be advised that fund minimum may apply.

For assistance with this form or to discuss ways you can support Clemson University through your estate plans, contact us:

Office of Gift & Estate Planning 110 Daniel Drive Clemson, SC 29631 864-656-0663 jovanna@clemson.edu clemsongiving.org

Disclosure on Attorneys and This Charity

Thank you for completing this form. It is offered by us to you as an educational service. While we attempt to provide helpful estate and financial background, we are not able to offer specific legal advice on your personal situation. Because you may have special needs, we know that you will want to contact your own attorney. He or she will be your independent adviser and will have an obligation of trust and confidence to you. With the advice of your independent attorney, you may have a customized estate plan that truly fulfills your unique family, health care, estate and planning circumstances.



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ClemsonForward will position Clemson for the next 50 years and make an impact on real issues facing the people of our state and nation. Clemson Forever supports the goals of ClemsonForward through its unrelenting mission to strengthen the University by building a solid financial base of private giving, providing exemplary stewardship of those gifts and clearly communicating to donors the impact of their gift and the gratitude of the Clemson Family.

864-656-2121 cufund-L@clemson.edu clemson.edu/giving

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