



**KEAN UNIVERSITY  
MEDALLION  
SOCIETY**

Welcome to the Kean University Medallion Society! Founded to celebrate planned gifts by individuals and their families, The Medallion Society recognizes those who have generously provided for the future of the university through their estate plans.

**To confirm your membership in the Kean University Medallion Society, please fill out this form and return it by mail or email using the contact information below.** The information you provide will be kept in the strictest confidence by The Kean University Foundation, subject to the authorization below.

Name \_\_\_\_\_  
*(please print)*

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spouse Name \_\_\_\_\_  
*(please print)*

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**I/we have included the Kean University Foundation in my/our will or revocable trust\*:**

- A specific bequest of \$ \_\_\_\_\_
- A percentage bequest of \_\_\_\_\_%  
Estimated Value: \$ \_\_\_\_\_
- Other (describe): \_\_\_\_\_  
\_\_\_\_\_

*\*Note: Remote contingencies do not qualify for membership.*

**I/we have named Kean University Foundation in an irrevocable trust or life-income arrangement:**

- Charitable Remainder Trust  
Foundation interest: \_\_\_\_\_% Market Value: \$ \_\_\_\_\_  
Payout: \$ \_\_\_\_\_
- Charitable Lead Trust  
Foundation interest: \_\_\_\_\_% Payout: \$ \_\_\_\_\_  
Term of years: \_\_\_\_\_
- Other (describe): \_\_\_\_\_  
\_\_\_\_\_

**I/we have made Kean University Foundation the beneficiary of:**

- A Life Insurance Policy.  
Death Benefit: \$ \_\_\_\_\_  
Cash Surrender Value: \$ \_\_\_\_\_

The Kean University Foundation is:

- Primary Beneficiary     Secondary Beneficiary (check one)
- A Qualified Retirement Plan (IRA, 401k, 403b).  
Foundation interest: \_\_\_\_\_%  
Current market value of plan: \$ \_\_\_\_\_  
The Foundation is:  Primary Beneficiary  
 Secondary Beneficiary  
*(check one)*

**PURPOSE**

My/our future gift is:

- Unrestricted
- Restricted to the following purpose or program (specify):  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENTATION**

- Yes, I/we will share a copy of the portion of the will that applies to Kean University Foundation, or the Trust Agreement or Change of Beneficiary Form (401k, 403b, IRAs, Insurance) in which the Kean University Foundation is named.

**AUTHORIZATION FOR USE OF NAME**

- I/we authorize The Kean University Foundation to include my/our names(s) on the membership list of The Medallion Society in University and Foundation publications and on public recognition devices. I/we understand that this authorization is limited to the use of my/our name(s) only, and that the type and amount of my/our gift to the Foundation will remain strictly confidential.
- In all public displays, list my/our name(s) as follow:
- I prefer to remain an anonymous member of The Medallion Society.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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