



SENIOR STEWARDS  
ACTING FOR THE ENVIRONMENT



## THE GREEN CIRCLE LEGACY SOCIETY CONFIDENTIAL MEMBERSHIP FORM

Thank you for including Senior Stewards Acting For the Environment (SSAFE) in your estate plans. Please fill out this Confidential Membership Form and return it to our office by regular mail or by scanned PDF attachment to confirm your membership in The Green Circle Legacy Society. The information you share with us is kept in the strictest confidence and is subject to the authorizations you provide below. Please complete this form to the best of your ability. Estimated values help us to plan for the future.

### TYPE OF GIFT

**I/We have included SSAFE in my/our will or trust\*:**

- Specific Bequest Dollar Amount: \$ \_\_\_\_\_
- Percentage Bequest Percent to SSAFE \_\_\_\_%. Est. value : \$ \_\_\_\_\_
- Family Trust Percent to SSAFE \_\_\_\_%. Est. value: \$ \_\_\_\_\_
- Other (describe):

*\*Note: remote contingencies do not qualify for membership*

**I/We have named SSAFE as a beneficiary of:**

- A Life Insurance Policy Face Value: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
SSAFE is (check one): \_\_\_ Primary Beneficiary \_\_\_ Secondary Beneficiary
- A Retirement Plan (IRA, 401k, 403b, SEP)  
SSAFE % Allocation: \_\_\_\_\_% Current value of plan: \$ \_\_\_\_\_  
SSAFE is (check one): \_\_\_ Primary Beneficiary \_\_\_ Secondary Beneficiary
- Other (describe):

**I/We have named SSAFE in a charitable trust:**

- Charitable Remainder Unitrust  
Market Value: \$ \_\_\_\_\_ Percent to SSAFE: \_\_\_\_% Payout: \_\_\_\_%
- Charitable Remainder Annuity Trust  
Market Value: \$ \_\_\_\_\_ Percent to SSAFE: \_\_\_\_% Payout: \$ \_\_\_\_\_
- Charitable Lead Annuity Trust  
Market Value: \$ \_\_\_\_\_ SSAFE annuity: \$ \_\_\_\_\_. No. of years: \_\_\_\_
- Other (describe):

**PURPOSE OF GIFT**

My/Our future gift is (check one):

- Unrestricted
- Designated for a specific program or purpose (specify)\*:

*\*Note: Please check with our office to make sure your gift can be used exactly as you intend.*

**DOCUMENTATION**

- Yes!** A copy of the portion of my/our will that applies to SSAFE, or the trust agreement or Change of Beneficiary Form in which SSAFE is named, is attached hereto for your confidential files.

**AUTHORIZATION FOR USE OF NAME**

- Yes!** I/we authorize SSAFE to include my/our name(s) on the membership list of *The Green Circle Legacy Society* in official 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.

**HOW I/WE WISH TO BE LISTED (Please Print):**

\_\_\_\_\_  
SIGNATURE #1

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Please print name

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

\_\_\_\_\_  
SIGNATURE #2 (if applicable)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Please print name

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

**PLEASE RETURN THIS FORM TO:**

Michelle Goodwin, Executive Director, SSAFE, 31775 Quilt Way, Menifee, CA 92584 OR email a signed PDF attachment to michelle@ssafe.org.