



UMS-WRIGHT
THE *Wright Legacy* SOCIETY

CONFIDENTIAL MEMBERSHIP REGISTRATION

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Email: _____ Date of Birth: _____

UMS-Wright Affiliation: _____

I have made the following provision(s) for UMS-Wright in my estate plans:

BEQUEST

1. Residual Bequest (UMS-Wright's percentage of estate or estimated value of bequest.) - \$ or % _____

2. Outright bequest in my will: \$ _____

401K/RETIREMENT PLAN ACCOUNT

UMS-Wright is a primary or secondary beneficiary of my retirement account

Current cash value: \$ _____

Policy number/name of company: _____

LIFE INSURANCE POLICY

Policy face amount: \$ _____

Current cash value: \$ _____

Policy number/name of company: _____

OTHER PLANNED GIFT

Please describe: _____

Please include me as a member of **The Wright Legacy Society** with the opportunity to participate in any and all special programs available to **The Wright Legacy Society** members. List my name and/or spouse's name in the following manner: _____

I prefer that you do **NOT** include my name in the published list of **The Wright Legacy Society** members and that this gift be considered anonymous.

Signature: _____ Date: _____