

CONFIDENTIAL STATEMENT OF LEGACY GIFT

LEGACY GIFT INFORMATION

If you have made a legacy gift to Quest, Inc., please take a moment to complete the form below and return it to us. Legacy donors who have remembered Quest, Inc. with a life income gift or have named Quest, Inc. as a beneficiary of a will, trust, retirement plan, or life insurance policy are recognized as members of the Legacy Society.

Name:	isthisa joi	nt gift? (Y/N) ☐ Yes ☐ No	
Spouse:	 		
Relationship with Quest, Inc:			
Mailing Address:			
City:	State:	Zip:	
Telephone:	Email:		
Date of Birth:	Spouse Date	Spouse Date of Birth:	
I/We have named Quest, Inc. as a benefic contingent beneficiary) to bequest in my	iary in one or more (please indi /our will:	cate if Quest, Inc. is named as a primary, secondary, or	
(Check all that apply)			
☐ Will or Living Trust: IRA pension, 401(k), 403(b) or othe ☐ Life Insurance Policy ☐ Donor-Advised Fund ☐ Charitable Remainder Trust (CRT) ☐ Charitable Lead Trust (CLT) ☐ Other (please specify): (Please initial) I/We have attachforms, bank or brokerage statements, e Gift Value (or best estimated in the company of the company o	ed copies of the documentation tc.).	(ex. sections of my will or trust, beneficiary designation	
Comments:			
Please enroll me/us as a member of the	Legacy Society:		
☐ I/We may be included in a list of Leg ☐ I/We prefer to remain anonymous, I	•		
9 0		us to record your estimated gift, recognize you for this form as well as any additional information you	
Signature(s):		Date	