



THE UNIVERSITY AT ALBANY FOUNDATION

Request for Remainder Funds

Donor: _____ Date of Death: _____

Beneficiary: _____ Date of Death: _____

(copy or PDF of death certificate attached): ____ Yes ____ No

Official Name of Organization for check to be payable to:

Mail check to: _____ Date of request: _____

Person requesting payment: _____

(Please Print)

Signature: _____

Title: _____

Phone: _____

Email: _____

RETURN TO:

Lori A. Matt-Murphy, Associate Vice President
University Development, University at Albany
1400 Washington Avenue, UAB 226
Albany, NY 12222

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