

1 Current Account Information

DONOR NAME
()
DAYTIME PHONE
()
EVENING PHONE

ACCOUNT NAME
ACCOUNT NUMBER

2 Complete This Section To Change Current Information

NAME
- - / /
SOCIAL SECURITY NUMBER (required) DATE OF BIRTH
() ()
DAYTIME PHONE EVENING PHONE
E-MAIL ADDRESS (optional)

MAILING ADDRESS
CITY STATE ZIP
COMPANY NAME
TITLE

3 Complete This Section To Add New Donor(s)

The Donor(s) named have full and equal rights to recommend grant distributions and to elect the successor(s) of the account. There can be more than two Donors. If there is more than one mailing address, all account correspondence will be sent to the current donor. Please attach additional sheets if necessary.

NAME
- - / /
SOCIAL SECURITY NUMBER (required) DATE OF BIRTH
() ()
DAYTIME PHONE EVENING PHONE
E-MAIL ADDRESS (optional)

MAILING ADDRESS
CITY STATE ZIP
COMPANY NAME
TITLE

4 Complete This Section To Change Or Modify How You Would Like to Be Addressed

This will appear on account correspondence and letters that accompany grants to charities unless otherwise requested. For example: Dr. and Mrs. John A. Smith, Joan and John Smith, etc...

SALUTATION

5 Complete This Section To Change Or Modify The Account Name Noted In Section 1 Above

Grants made to charity are accompanied by a letter which may include the account name at the discretion of the Donor, unless anonymity has been requested.

ACCOUNT NAME

6 Successor Election Donor(s) may elect individuals to succeed them on the account with full rights as Donor(s) to direct the remaining assets. Refer to the Program Circular for details. This election can be changed by a Donor at any time via the Account Change form. There can be more than 2 elections. Please attach additional sheets if necessary.

INDIVIDUAL 1:

NAME		
-	-	/ /
SOCIAL SECURITY NUMBER (required)		DATE OF BIRTH
MAILING ADDRESS		
CITY	STATE	ZIP
()	()	
DAYTIME PHONE	EVENING PHONE	

INDIVIDUAL 2:

NAME		
-	-	/ /
SOCIAL SECURITY NUMBER (required)		DATE OF BIRTH
MAILING ADDRESS		
CITY	STATE	ZIP
()	()	
DAYTIME PHONE	EVENING PHONE	

SUCCESSOR CHARITABLE ORGANIZATIONS:

Donor(s) may recommend that charitable organization(s) receive the remaining assets or that the assets be held in endowment for the benefit of the recommended charitable organization(s). There can be more than 2 elections. Please attach additional sheets if necessary.

- Funds to be held as a permanent endowment with annual distributions, in accord with the Spending Policy of Univest Foundation (see page 3)**
- One time total distribution**

ORGANIZATION 1:

ORGANIZATION		
-		
FEDERAL TAX ID NUMBER (if available)		
MAILING ADDRESS		
CITY	STATE	ZIP
()		
PHONE		
%	OR	\$
PERCENTAGE OF FOUNDATION ACCOUNT		DOLLAR AMOUNT

ORGANIZATION 2:

ORGANIZATION		
-		
FEDERAL TAX ID NUMBER (if available)		
MAILING ADDRESS		
CITY	STATE	ZIP
()		
PHONE		
%	OR	\$
PERCENTAGE OF FOUNDATION ACCOUNT		DOLLAR AMOUNT

7 Investment Options Your contribution can be allocated to one of the six investment options. If you do not specify the investment option, your contribution will be allocated to the Money Market Option. Please refer to the Program Circular before making your selection.

INVESTMENT OPTIONS:

- Aggressive Option (100% Equity)
- Growth Option (80% Equity/20% Fixed Income)
- Balanced Option (60% Equity/40% Fixed Income)
- Moderate Option (40% Equity/60% Fixed Income)
- Conservative Option (20% Equity/80% Fixed Income)
- Money Market Option

8 I/We acknowledge that I/we have read the Program Circular and agree to the terms and/or conditions described therein. I/We understand that any contribution, once accepted by the Directors, represents an irrevocable contribution to Univest Foundation and is not refundable to me/us. I/We hereby certify that, to the best of my/our knowledge, all the information presented in connection with this application is accurate, and I/we will promptly notify Univest Foundation in writing of any changes. (Please attach any additional donor signatures).

DONOR 1 SIGNATURE

DATE

DONOR 2 SIGNATURE

DATE

Univest Foundation is a public charity and donor-advised fund. Univest Corporation of Pennsylvania provides investment management and administrative services to the Foundation.

Please mail completed forms to:

UNIVEST FOUNDATION
14 North Main Street
P. O. Box 64559
Souderton, PA 18964

Or

Fax: 215.721.4010

DISTRIBUTION BEQUEST GUIDELINES:

Univest Foundation Spending Policy The Spending Policy is designed to allow the assets to be invested on a “total return” basis to maintain and, if possible, increase the real value (as adjusted for inflation) of the funds over time, while at the same time providing a relatively steady and predictable level of funding for distributions. The Spending Policy currently in effect provides for annual distributions equal to 5% of the trailing twelve-quarter average market value of the Fund. Until such time as the fund shall have twelve trailing-quarters of history the disbursements from the fund shall be 5% of the average number of trailing-quarters since inception.